#### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Yes

Department of the Treasury

Inspection A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change THE OLIVE BRANCH INTERNATIONAL, Name change 84-1247760 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (949) 573-5207 5550 CERRITOS AVE STE A 148,082. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amendec return CYPRESS, CA 90630 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: for subordinates? H(b) Are all subordinates included? ∫Yes Tax-exempt status: X 501(c)(3) 527 4947(a)(1) or (insert no.) If "No," attach a list. See instructions HTTP://WWW.OLIVEBRANCHINTL.COM J Website: H(c) Group exemption number L Year of formation: 1994 M State of legal domicile: VA K Form of organization: X Corporation Trust Other Association |Part I | Summarv Briefly describe the organization's mission or most significant activities: TO ENCOURAGE, EQUIP AND EMPOWER Governance INDIVIDUALS AND ORGANIZATIONS INTERNATIONALLY THROUGH HUMANITARIAN if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T. Part I. line 11 Prior Year **Current Year** 241,692 151,634. Contributions and grants (Part VIII, line 1h) 0 0. Program service revenue (Part VIII, line 2g) 0 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,718-3,552. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 248,410 148.082. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 46,334 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 15,092. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 159,370 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 154,560. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 205.704 169,652. 42,706. -21,570. Revenue less expenses. Subtract line 18 from line 12 ..... Beginning of Current Year End of Year 154,371 132,801. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0. 0. 154,371. 132,801. Net assets or fund balances. Subtract line 21 from line 20 | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JEFF JERNIGAN, CHAIRMAN Here Type or print name and title Print/Type preparer's name Preparer's signature 07/29/24 P00959831 Paid HANAA EBRAHIEM, CPA HANAA EBRAHIEM, HR PROFESSIONAL TAX SERVICES Preparer Firm's name Firm's EIN Use Only 5550 CERITTOS AVE, SUITE A Firm's address CYPRESS, CA 90630 Phone no.

Га	Obselvić Oskodula O sastajna a managrapa angata ta angulina in this Dart III	
4	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:  TO ENCOURAGE, EQUIP AND EMPOWER INDIVIDUALS AND ORGANIZATIONS	
	INTERNATIONALLY THROUGH HUMANITARIAN SERVICE AND AID, EDUCATION	)NT
		<u> </u>
	PROGRAMS, AND SUPPORT NETWORKS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	∟ Yes 🕰 No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	)
	UKRAINE AND OTHER PROGRAMS - ORPHAN PROJECTS, HOSPITAL PROGRAM	1S,
	CHAPLAIN PROGRAMS AND ENGLISH AS A SECOND LANGUAGE PROGRAMS.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
70	(Code:) (Expenses \$	,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 163,953 • including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 163,953.	
		Form <b>990</b> (2023)

# Form 990 (2023) THE OLIVE BR. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
•	If "Yes," complete Schedule A	2	X	$\vdash$
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 25	$\vdash$
3		3		х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		<del> </del>
_	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		l
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		┝╧╌
ıza		12a		х
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<del></del>
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<b>₩</b>
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del>                                     </del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

332003 12-21-23

Form 990 (2023) THE OLIVE BRANCH I Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			Х
L-	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	000		Х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 25
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	131		
02		32		Х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	100		
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		L
			aan .	(0000)

Form 990 (2023) THE OLIVE BRANCH INTERNATIONAL, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If Yes, Finals if tiled a Form 990-17 for this year? If "Mo" for time 3b, provide an explanation on Schedule O  d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes to limb 6a or 5b, did the organization the Form 8886-1?  6b Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions?  c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and party for goods and services provided to the payor bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and party for goods and services provided to the organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation and express property for which it was required to file fo					Yes	No				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If Yes, 'nate if filed a Form 990-Tr for this year,' ho' to fire 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (PBAR)  b If Yes,' enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Id any taxable party notify the organization life Form 886617?  6a Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization site organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  c Organizations that may receive deductible contributions under section 170(c).  b If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor b If Yes,' indicate the number of Forms 8282 filed during the year  b If Yes,' indicate the number of Forms 8282 filed during the year  c If Yes,' indicate the number of Forms 8282 filed during the year  b If Yes,' indicate the number of Forms 8282 filed during the year  b If the organization received an contribution of qualified intellectual property, did the organization file Form 1098-C7  b If the organization received an contribution of cance, boots, an injunce, or otherwise benefit contract?  If the organization rece	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
38 bit the organization have unrelated business gross income of \$1,000 or more during the year?  b if Yee, "isset iffied a Form 900-17 for this year? If *No* to line, 8p, provide an explanation on Schedule O  48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accountry?  50 bit if Yee, "inter the name of the foreign country (such as a bark account, securities account, or other financial accountry?  50 bit any taxable party notify the organization That it was or is a party to a prohibited tax shetter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction?  c if Yee's to line 5 or 50, did the organization file Form 886677.  60 bit on the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if Yee, and the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a bit the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor of if Yees, indict the organization norify the donor of the value of the goods or services provided?  b If Yees, and the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  d If Yees, indicate the number of Forms 8282 filed during the year  of If Yees, indicate the number of Forms 8282 filed during the year  of If the organization received a contribution of cars, boats, alripanes, or other vehicles, did the organization free was a capitation received a contribution of cars, boats, alripanes, or other vehicl		filed for the calendar year ending with or within the year covered by this return 2a	0							
38 bit the organization have unrelated business gross income of \$1,000 or more during the year?  b if Yee, "isset iffied a Form 900-17 for this year? If *No* to line, 8p, provide an explanation on Schedule O  48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accountry?  50 bit if Yee, "inter the name of the foreign country (such as a bark account, securities account, or other financial accountry?  50 bit any taxable party notify the organization That it was or is a party to a prohibited tax shetter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction?  c if Yee's to line 5 or 50, did the organization file Form 886677.  60 bit on the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if Yee, and the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a bit the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor of if Yees, indict the organization norify the donor of the value of the goods or services provided?  b If Yees, and the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  d If Yees, indicate the number of Forms 8282 filed during the year  of If Yees, indicate the number of Forms 8282 filed during the year  of If the organization received a contribution of cars, boats, alripanes, or other vehicles, did the organization free was a capitation received a contribution of cars, boats, alripanes, or other vehicl				2b						
4a A arv time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization appropriate to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes' to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in access of \$5's made party as a contribution and partly for goods and services provided to the payor b If "Yes," did the organization notity the donor of the value of the goods or services provided?  b If the organization received a payment in access of \$5's made party as a contribution of organization received a contribution of uptaking the year  c Did the organization received a contribution of uptaking the year  b Id the organization received a contribution of uptaking the year  c Did the organization received a contribution of uptaking the year  b Id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1089-0?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1089-0?  Section 501(c)(27) organizations. Enter  initiation f	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
thinancial account, in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any staxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes" to line 5a or 5b, did the organization file Form 8886-T7  69 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  a) Did the organization state may receive deductible contributions under section 170(c).  b) If "Yes," did the organization notify the donor of the value of the goods or services provided?  c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d) If "Yes," indicate the number of Forms 8282 filed during the year  b) If the organization received a contribution of qualified intellectual property, did the organization file form 8282?  d) If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization have excess business holdings at any time during the year?  Sectio	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b						
b   1º Yes.* enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c   1º Yes's 10 ine 5a or 50, did the organization file Form 8868-17  6a   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b   1º Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organization shat may receive deductible contributions under section 170(c).  a   Did the organization shat may receive deductible contributions under section 170(c).  a   Did the organization shat may receive deductible contributions under section 170(c).  a   Did the organization shat may receive deductible contributions under section 170(c).  a   Did the organization shat may receive deductible contribution and party for goods and services provided to the payor' of   1º Yes,' did the organization notify the donor of the value of the goods or services provided?  b   1º Yes,' did the organization motify the donor of the value of the goods or services provided?  c   Did the organization secure and the donor done the goods or services provided?  d   1º Yes,' did the organization motify the year   7d    d   1º Yes,' did the organization secure and the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  f   Did the organization received a contribution of qualified intellectual property, did the organization file Form 8599 as required?  if the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-0?  Spons	la .	At any time during the calendar year, did the organization have an interest in, or a signature or other author	rity over, a							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization file Form B886-17  6a Does the organization reason annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of 5f made partly as a contribution and partly for goods and services provided to the payor b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  f Did the organization received a contribution of draw, but as intellectual property, did the organization file a Form 8999 as required?  If the organization received a contribution of draw, but as intellectual property, did the organization file a Form 8999 as required?  Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund property in the form 1098-07 sponsoring organization make a distribution to a donor, d		financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	4a		X				
b Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter fransaction?  c If Yes's to line 5a or 5b, did the organization file Form 8886-17.  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions contributions of the were not tax deductible?  b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization shall not receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor of If Yes," did the organization notify the donor of the value of the goods or services provided?  b If Yes," indicate the number of Forms 8282 filed during the year  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations make a distribution to a donor, donor advisor, or related person?  Section 501(c)(2) qualizations. Enter:  a Did the sponsoring organization make a distri	b	If "Yes," enter the name of the foreign country								
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  of if "Yes" to line 5a or 5b, did the organization life Form 8886-17?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? idled during the year  c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  file the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organization make value a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make values we keep the submisses holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  b Did the sponsoring organization make a pay taxable distributions under section 4966?  b Did the sponsoring organization make a pay taxable distributions and organization flie a Form 1098-C?  Sponsoring organization section section funds.  b Gross receipts, included on Form 990 Part VIII, line 12, for public use of club facilities  b Gross receipts, included on Form 990 Part VIII, line 12,		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nts (FBAR).							
c If 'Yes' to line Sa or Sb, did the organization file Form 8886-17  a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization treative a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor' b If 'Yes', did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If 'Yes', indicate the number of Forms 8282 filed during the year	a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible; were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor.  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If "Yes," indicate the number of Forms 8282 filed during the year.  If deform 8282?  If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part Vill, line 12  Gross income from members or shareholders  B dross income from other sources. (Do not near the account of the sponsoring organization of the expense of the section 4960 to the sponsoring organization of the expense of the section of accounts due or received from them).  Section 501(c)(21) qualified nonprofi	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	?	5b		X				
any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b If de organizations and partity for goods and services provided to the payor b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year pay premiums on a personal benefit contract?  f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organization make a distribution of a sairplanes, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(X) organizations. Enter:  a forse receipts, included on Form 990, Part VIII, line 12  initiation fees and capital contributions included on Part VIII, line 12  f Organization fees on the sources. (Do not net amounts due or paid to other sources against amounts due or received from them)  I 10a  Section 501(c)(X) organizations. Enter:  a first the amount of res										
b   f"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Pilet the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund funds are sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization and a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a finitiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of clu										
were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor of it "Yes," did the organization notify the donor of the value of the goods or services provided?  b If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make a distribution to a donor, donor adviser, or related person?  Section 501(c)(7) organizations. Enter:  linitiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  b Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or peaid to other sources against amounts due or received from them.)  10 Section 501(c)(21) organizations. Enter:  a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b Section 501(c)(21) organization is incensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization				6a		Х				
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor bit "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2282? d if "Yes," indicate the number of Forms 8282 filed during the year  Pilot the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  Section 501(c)(x) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12.  Section 501(c)(x) organizations. Enter:  Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organizatio										
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year				6b						
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year						37				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a 10b 10c 11c 12c 11c 1			•	7a		Х				
to file Form 8282?  d if 'Yes,' indicate the number of Forms 8282 filed during the year				7b						
d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization iscensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand  13c  14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 "Yes," has				_		37				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b Section 501(c)(1) organizations. Enter:  a Is the organization in create the amount of tax-exempt interest received or accrued during the year  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b If section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  13c Inter the amount of reserves on hand  13d Inter the amount of re				7c		X				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to adonor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a linitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13c  13c  14b Old the organization and educational institution subject to the section 4968 excise tax on net investment income?  15f "Yes," has it flied a Form 720 to report these payments? If "No," provide a			-10							
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Did  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  Did Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Did 11b  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Denote the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  Is the organization and educational institution subject to the section 4968 excise tax on net investment income? If "Yes," see the in			1	7e 7f						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  112a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Center the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If 'Yes,' has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization and file Form 4720, Schedule N.  Is the organization and educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in an										
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. ls the organization are educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4										
Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  11b  11b  11c  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or				7h						
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12				8						
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12										
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?										
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12										
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?										
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b								
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	1	Section 501(c)(12) organizations. Enter:								
amounts due or received from them.)  11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	а	Gross income from members or shareholders								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14b 15c 15b 16c										
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		amounts due or received from them.)								
a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				12a						
a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?										
Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			ŀ	40-						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				13a						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		- · · · · · · · · · · · · · · · · · · ·								
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?										
<ul> <li>14a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.</li> <li>17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?</li> </ul>										
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				14a		Х				
<ul> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. </li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. </li> <li>17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? </li> </ul>				14b						
excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?										
If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				15		Х				
<ul> <li>Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         If "Yes," complete Form 4720, Schedule O.     </li> <li>Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?     </li> </ul>			····							
If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?										
	7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	s							
If "Yes," complete Form 6069.		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
		If "Yes," complete Form 6069.			لــِــا					

332005 12-21-23

THE OLIVE BRANCH INTERNATIONAL, INC Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a										
	more members of the governing body?	7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
-	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	Х							
b		8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l						
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only	) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
40	Own website Another's website X Upon request Other (explain on Schedule O)	1.0								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	id tinai	icial							
00	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records NANCY JERNIGAN - (949) 573-5207									
	5550 CERRITOS AVE SUITE A, CYPRESS, CA 90630									
	· · · · · · · · · · · · · · · · ·									

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)			1041	(D)	(E)	(F)		
Name and title	Average hours per week	box offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BRUCE KITTLESON PRESIDENT/EMERITUS	10.00	х		х				0.	0.	^
(2) CAROLINE GRUBE	2.00	^		Δ				0.	0.	0.
FAMILY SUPPORT	2.00	х						0.	0.	0.
(3) VALENTYN KORENEVYCH	40.00									
DIRECTOR - OBU		х						0.	0.	0.
(4) LINDA SHEIMO	40.00									
EXECUTIVE DIRECTOR		Х						0.	0.	0.
(5) NOEL DAWES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JEFF JERNIGAN	10.00									
CHAIRMAN		Х						0.	0.	0.
(7) DIANE CARNAHAN	2.00								_	_
BOARD MEMBER/PR		Х						0.	0.	0.
(8) NANCY JERNIGAN	30.00	l							_	_
FINANCE DIRECTOR	0 00	Х						0.	0.	0.
(9) JAMES MOLLOY	2.00	,,								
BOARD MEMBER	2 00	Х						0.	0.	0.
(10) KELLY MOLLOY	2.00	₩.							^	^
BOARD MEMBER		Х						0.	0.	0.
		1								
										_
		1								
		$\vdash$								
_										
		_								
	-	_	_	_		_	_	•		

гап	Section A. Officers, Directors, Trus	stees, Key Em	<u>ploy</u>	ees	, and	d Hi	ighe	st C	ompensated Employe	<b>es</b> (continued)	_			
	(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	n	an	(F) timate nount	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s	com fr orga	other pensa om the anizati d relati	e ion ed
			_											
			┢											
1b S	Subtotal	<u> </u>	Ш			<u> </u>	<u> </u>	<u> </u>	0.		0.			0.
	Fotal from continuation sheets to Part V Fotal (add lines 1b and 1c)								0.		0.			0.
	Fotal number of individuals (including but neompensation from the organization	ot limited to th	ose	liste	ed at	bove	e) wl	no re	eceived more than \$100	0,000 of reportab	le			0
	Did the organization list any <b>former</b> officer,	director trust	ee l	cev e	emnl	love	e o	r hia	hest compensated emr	olovee on			Yes	No
li	ine 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		Х
г	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4		X
r	Did any person listed on line 1a receive or a endered to the organization? If "Yes," com							elat	ed organization or indiv	idual for services		5		Х
	on B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
t	he organization. Report compensation for (A)	the calendar y	ear e	endi	ng w	vith	or w	ithin	the organization's tax (B)	year.		(C	;)	
	Name and business	address	NC	INC	3			+	Description of s	services	С		nsatio	n
								_						
								_						
	Total number of independent contractors (i \$100,000 of compensation from the organi	_	ot lii	mite	d to		se li: 0	sted	above) who received n	nore than				

THE OLIVE BRANCH INTERNATIONAL, INC 84-1247760 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above ... 151,634. 1f g Noncash contributions included in lines 1a-1f 151,634 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a d f All other program service revenue ..... Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses **c** Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses ..... c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** scellaneous 11 a THIRD PARTY ADMINISTRA 200,128. 200,128. b AZ FOR UKRAINE -8,295 -8,295.

Form **990** (2023)

0.

0.

-195,385.

-3,552.

148,082

e Total. Add lines 11a-11d

Total revenue. See instructions

THIRD PARTY ADMINISTRA d All other revenue -195,385

-3,552.

Faitix	Otatement of Functional Expen	1303		
Continu FO	1/a//2) and E01/a//1) argonizations much a	amalata all aglumana	All ather argenizations much somel	-+

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	(A)	/B)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	( <b>C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	15 000	15 000		
7	Other salaries and wages	15,092.	15,092.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	1 062	1 062		
a	Management	1,863.	1,863.		
b	<u> </u>	21 175	2/ 175		
С.	Accounting	34,175.	34,175.		
d	3				
e	, L				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	, -				
40	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	4,543.	4,543.		
13	Office expenses	4,545•	4,545.		
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	OBU UKRAINE PROGRAM	89,825.	89,825.		
b	CONFERENCES, CONVENTION	10,293.	10,293.		
С	BANK & MERCHANT CHARGES	4,590.	4,590.		
d	RWANDA PROGRAM	3,572.	3,572.		
е	All other expenses	5,699.	-	5,699.	
25	Total functional expenses. Add lines 1 through 24e	169,652.	163,953.	5,699.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	educational campaign and fundraising solicitation.				

		Check if Schedule O contains a response or n	ote to any line in this Part X			
		•		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		154,371.	1	132,801.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of th		5		
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ			6	
Š	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	B :1			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	Ь	Less: accumulated depreciation			10c	
	111	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must ed		154,371.		132,801.
	17	Accounts payable and accrued expenses			17	·
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
ý	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sub				
abil		controlled entity or family member of any of the			22	
Ë	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	•			
					25	
	26	Total liabilities. Add lines 17 through 25		0.		0.
		Organizations that follow FASB ASC 958, c	heck here X			
Ses		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions			27	132,801.
Ва	28	Net assets with donor restrictions			28	
п		Organizations that do not follow FASB ASC				
Ţ		and complete lines 29 through 33.	,			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ds I		29	
set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
ě	32	Total net assets or fund balances		154,371.	32	132,801.
_	33	Total liabilities and net assets/fund balances		154,371.	33	132,801.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			82.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>52.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3			70. 71.			
4								
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				01.			
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
<b>2</b> a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Name of the organization

THE OLIVE BRANCH INTERNATIONAL,

84-1247760 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. **f** Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization listed (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

332021 12-21-23

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2023 (I					14	%
15	Public support percentage from 2022	? Schedule A, Parl	t II, line 14			15	%
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact					VI how the organiz	ration
	meets the facts-and-circumstances to				•		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box		S

# Schedule A (Form 990) 2023 THE OLIVE BRANCH INTERNATIONAL Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please comp	nete Fart II.)				
_	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4)2010	(8) 2020	(0)2021	(G) LOLL	(0)2020	(i) i otai
·	membership fees received. (Do not						
	include any "unusual grants.")	200,080.	190,671.	182,387.	241,522.	151,634.	966,294.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	200,000					
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	200,080.	190,671.	182,387.	241,522.	151,634.	966,294.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						966,294.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	200,080.	190,671.	182,387.	241,522.	151,634.	966,294.
108	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	42.					42.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	42.					42.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		7,424.				7,424.
13	Total support. (Add lines 9, 10c, 11, and 12.)	200,122.	198,095.	182,387.	241,522.	151,634.	973,760.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	check this box and stop here						<u></u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	99.23 %
16							99.21 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.00 %
18	Investment income percentage from	<b>2022</b> Schedule A, I	Part III, line 17			18	.06 %
19a	33 1/3% support tests - 2023. If the	organization did n				3 1/3%, and line 1	
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
•		_					
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

332023 12-21-23

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

ec	uon A. Ali Supporting Organizations		Vaa	l Na
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	_		
_	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described	٥-		
L-	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		-
D	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	Oh		
_		9b		
Ü	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	00		
ıΩα		9c		<b>-</b>
ua	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
D	determine whether the organization had excess business holdings.)	10b		

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
	detail in Part VI.	110		
Sact	ion B. Type I Supporting Organizations	11c		
0000			V	N1 -
	~		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ion D. All Type III Supporting Organizations	•		
	1011 217 thi Type in Capper and C		Yes	No
4	Did the averagination provide to each of its comparted averaginations, by the last day of the fifth month of the		162	NO
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	· · · · · · · · · · · · · · · · · · ·	20		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly experience a point or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23 Schedule A (Form 990) 2023

Schedule A (Form 990) 2023	THE	OLIVE	BRANCH	INTERNATIONAL,	INC	84-1247760	Page 6
Part V   Type III Non-Function	onally	Integrate	d 509(a)(3)	Supporting Organizati	ons		

Pai	T V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	ganization (see
	instructions)		_	

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

332028 12-21-23

### Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

**Schedule of Contributors** 

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

**Employer identification number** 

T	THE OLIVE BRANCH INTERNATIONAL, INC	84-1247760						
Organization type (check	cone):							
Filers of:	Section:							
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	ı						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.						
General Rule								
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions ny one contributor. Complete Parts I and II. See instructions for determining a cont							
Special Rules								
sections 509(a)(1 contributor, durin	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	16b, and that received from any one						
contributor, durir literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ng the year, total contributions of more than \$1,000 exclusively for religious, charitational purposes, or for the prevention of cruelty to children or animals. Complete P (b) instead of the contributor name and address), II, and III.	ble, scientific,						
year, contribution is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ins exclusively for religious, charitable, etc., purposes, but no such contributions to be the total contributions that were received during the year for an exclusively recomplete any of the parts unless the <b>General Rule</b> applies to this organization because, contributions totaling \$5,000 or more during the year	taled more than \$1,000. If this box eligious, charitable, etc., ause it received <i>nonexclusively</i>						
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Sched ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 ling requirements of Schedule B (Form 990).							

Name of organization

Employer identification number

#### THE OLIVE BRANCH INTERNATIONAL, INC

84-1247760

Part I	Contributors	(see instructions)	. Use duplicate cop	ies of Part I if a	additional space is needed.
--------	--------------	--------------------	---------------------	--------------------	-----------------------------

(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
1	COL LINDA K SHEIMO  11886 STATE ROAD 48  FREDERIC, WI 54837	\$ 37,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	GRUBE, CAROLINE 7803 LONGTAIL LANE, MECHANICSVILLE, VA 23116	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	BRUCE KITTLESON  4676 GOLDENROD AVE  TOETERVILLE, IA 50481	\$6,301.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	ARTHUR HALVORSON  462 INDIAN GREENS LANE  MANNS, PA 15550	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>5</u>	JOHN GRINALDS  PO BOX 30445  CHARLESTON, SC 29417	\$\$, 5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
323452 12-2	6-23	 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2023)

Name of organization

Employer identification number

#### THE OLIVE BRANCH INTERNATIONAL, INC

84-1247760

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		=	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Name of organization Employer identification number

		tions to organizations described in section	84-1247760 n 501(c)(7), (8), or (10) that total more than \$1,000 for the y		
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or less for	or organizations or the year. (Enter this info. once.) \$		
	Use duplicate copies of Part III if additiona	l space is needed.			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_   '					
-		(e) Transfer of gift			
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_   '					
		(e) Transfer of gift			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
,					
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee				
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
No. om rt I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held		

#### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

THE OLIVE BRANCH INTERNATIONAL, INC	84-1247760
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SERVICE AND AID, EDUCATION PROGRAMS, AND SUPPORT NETWORKS	•
FORM 990, PART VI, SECTION A, LINE 7A:	
LINE 7A EXPLANATION - ELECTION OF MEMBERS AND THEIR RIGHT	S - THE OFFICERS
AND DIRECTORS ARE NOMINATED AND ELECTED BY THE CURRENT GO	VERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:	
LINE 11B EXPLANATION - ORGANIZATION'S PROCESS TO REVIEW FO	ORM 990 - THE
EXECUTIVE BOARD OF DIRECTORS REVIEW THE 990 BEFORE IT IS	FILED.
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR KEY EMPLOYEES AND DIRECTORS ARE DISCUSSES	D BY THE OFFICERS
AND DIRECTORS AND ARE LIMITED TO THE FUNDS RAISED BY EACH	PERSON.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

TAXABLE YEAR

## California Exempt Organization Annual Information Return

328941	12-26-23
FORM	Λ

2023

199

Ca	lendar Year	2023 or fiscal year beginning (mm/dd/yyyy) , and ending (r	nm/dd/yyy	/y)				
		anization name		fornia corp	oration	number		
_		IVE BRANCH INTERNATIONAL, INC		<u>4203</u>	<u>075</u>	j		
Ad	ditional inform	nation. See instructions.	FE		^ 4 F			
				84-1	247	760		
	eet address (s			PMB no.				
<u>Cit</u>		ERRITOS AVE STE A	State	ZIP code				
	y YPRES			9063	Λ			
_	reign country		CA	Foreign p		ode.		
	o.g., ooa,	, so sign provided southly		. o. o.g p	0014. 01	,40		
_ A	First retu	rn Yes X No I Did the organization have	any chan	nes to its	auide	lines		
В	Amended							
C		on 4947(a)(1) trust Yes X No J If exempt under R&TC Se						
D		rmation return? engaged in political activit				• — —		
	•					3701g? ● Yes <b>X</b> No		
		(mm/dd/yyyy) • If "Yes," enter the gross re	ceipts fro	m nonme	ember			
Ε		counting method: (1) X Cash (2) Accrual (3) Other L Is the organization a limite	ed liability	company	/ <b>?</b>	• Yes X No		
F		eturn filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990)						
	(4) <b>X</b>	Other 990 series report taxable income?				• Yes X No		
G		roup filing? See instructions Yes X No N Is the organization under						
Н		, , , , , , , , , , , , , , , , , , , ,						
	If "Yes," w	what is the parent's name?  O Is federal Form 1023/1024 pending?						
		Date filed with IRS						
Ŧ	Oort I C	omplete Part I unless not required to file this form. See General Information B and C.						
	Part I	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		_	1	-3,552 00		
		2 Gross dues and assessments from members and affiliates			2	3,33 <u>2</u> 00		
		3 Gross contributions, gifts, grants, and similar amounts received S			3	151,634 00		
		4 Total gross receipts for filing requirement test. Add line 1 through line 3.						
	Receipts	<b>This line must be completed.</b> If the result is less than \$50,000, see General Information B		•	4	148,082 00		
	and			00				
ı	Revenues	5 Cost of goods sold		00				
		7 Total costs. Add line 5 and line 6			7	00		
		8 Total gross income. Subtract line 7 from line 4		•	8	148,082 00		
	Evnanasa	9 Total expenses and disbursements. From Side 2, Part II, line 18		•	9	169,652 00		
	Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		•	10	-21,570 <sub>00</sub>		
		11 Total payments		•	11	00		
		12 Use tax. See General Information K			12	00		
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		13	00			
I	Payments	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		······· •	14	00		
		15 Penalties and interest. See General Information J			15	00		
_		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statem it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	ents, and to	the best o	16 i my kr	nowledge and bellef,		
	gn			ny knowlec	lge.	_		
He	ere	Signature of officer CHAIRMAN	Date			<ul><li>Telephone</li></ul>		
_		of officer Date	-	.,		● PTIN		
		Preparer's ► HANAA EBRAHIEM, CPA 07/29/24	Check self-en	ıt nployed ▶	<b>.</b> x	₽00959831		
Paid Preparer's		Firm's name		, ,		● Firm's FEIN		
		(or yours, UP DDOFFCCTONAL TAY CFRVICEC						
	e Only	employed) 5550 CERITTOS AVE, SUITE A				● Telephone		
	•	and address CYPRESS, CA 90630						
_		May the FTB discuss this return with the preparer shown above? See instructions		•	Yes	No		

### THE OLIVE BRANCH INTERNATIONAL, INC

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951	12-26-23

	1	Gross sales or receipts from all bu	ısiness activities. See instr	uctions		•	1	00
	2	! Interest				•	2	00
	3						3	00
Receipts	4 Gross rents							00
from	5						5	00
Other	6	<ul><li>5 Gross royalties</li><li>6 Gross amount received from sale of assets (See instructions)</li></ul>						00
Sources	7		7	-3,552 00				
	8		other sources. Add line 1	through lin	e 7. Enter here and o	on Side 1, Part I, line 1	8	-3,552 00
	9	=		-			9	, 00
	10						10	00
	11		rs, and trustees		SEE STA	TEMENT 3 •	11	0 00
	12					•	12	15,09200
Expense							13	00
and	14						14	00
ua Disburse							15	00
ments	16	Depreciation and depletion (See in	netructions)				16	00
	17	- F	te		SEE STA	TEMENT 4 •	17	154,560 00
		Total expenses and disbursement	ts Add line Q through line	 17 Enter he	ere and on Side 1 Pa	art I line Q	18	169,65200
Sched		·	Beginning (					able year
Assets	uic E		(a)	I axabio	(b)	(c)		(d)
1 Cash		<del>-</del>	(Ψ)		154,371	(*)		• 132,801
		ts receivable			134,371			• 132,001
2 Note	otoc re	eceivable						<u> </u>
								•
		state government obligations		+			-	•
				+				•
_				+				•
		s in stock						
8 Mort								•
9 Othe				1				•
10 a De	preciai	ble assets		1				
		umulated depreciation		+				
11 Lanc				1				•
		s		+	15/ 271			122 001
		ts		+	154,371			132,801
		net worth		+				
		ayable		+				•
		ns, gifts, or grants payable		-				•
		notes payable		+			_	•
		payable		+				•
18 Othe				+				
		k or principal fund		+				•
		pital surplus. Attach reconciliation		-				120 001
		rnings or income fund						• 132,801
		ities and net worth		1	0			132,801
Sched	ule r	<b>M-1</b> Reconciliation of income p	-		0 1 (-1) :- 1	- H MEO 000		
		Do not complete this schedu						
		per books		<u>,</u> 5 / 0	7 Income recorded			
	Federal income tax not included in this return. Attach schedu						e	•
3 Excess of capital losses over capital gains				;	8 Deductions in this	-		
		recorded on books this year.			against book inco	· ·		
		edule						•
5 Expenses recorded on books this year not						and line 8		
deducted in this return. Attach schedule				10 Net income per return.				<del></del>
6 Total	. Add l	ine 1 through line 5	-21	L, 570 Subtract line 9 from line 6				-21,570

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S.	STATEMENT		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT		
COL LINDA K SHEIMO	11886 STATE ROAD 48 FREDERIC, WI 54837		37,000	<u> </u>	
GRUBE, CAROLINE	7803 LONGTAIL LANE, MECHANICSVILLE, VA 23116		20,925	5.	
BRUCE KITTLESON	4676 GOLDENROD AVE TOETERVILLE, IA 50481		6,301	L.	
ARTHUR HALVORSON	462 INDIAN GREENS LANE MANNS, PA 15550		5,000	).	
JOHN GRINALDS	PO BOX 30445 CHARLESTON, SC 29417		5,000	).	
TOTAL INCLUDED ON LINE 3			74,226	 5 • —	
CA 199	OTHER INCOME	S'.	PATEMENT	2	
DESCRIPTION			AMOUNT		
THIRD PARTY ADMINISTRATOR AZ FOR UKRAINE THIRD PARTY ADMINISTRATOR			200,128 -8,295 -195,385	5.	
TOTAL TO FORM 199, PART	II, LINE 7		-3,552		

CA 199 COMPENSATION OF OFFICE	ERS, DIRECTORS AND TRUSTEES	STATEMENT 3		
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION		
BRUCE KITTLESON 5550 CERRITOS AVE STE A CYPRESS, CA 90630	PRESIDENT/EMERITUS 10.00	0.		
CAROLINE GRUBE 5550 CERRITOS AVE STE A CYPRESS, CA 90630	FAMILY SUPPORT 2.00	0.		
VALENTYN KORENEVYCH 5550 CERRITOS AVE STE A CYPRESS, CA 90630	DIRECTOR - OBU 40.00	0.		
LINDA SHEIMO 11886 STATE ROAD 48 FREDERIC, WI 54837	EXECUTIVE DIRECTOR 40.00	0.		
NOEL DAWES 5550 CERRITOS AVE STE A CYPRESS, CA 90630	BOARD MEMBER 2.00	0.		
JEFF JERNIGAN 5550 CERRITOS AVE STE A CYPRESS, CA 90630	CHAIRMAN 10.00	0.		
DIANE CARNAHAN 5550 CERRITOS AVE STE A CYPRESS, CA 90630	BOARD MEMBER/PR 2.00	0.		
NANCY JERNIGAN 5550 CERRITOS AVE STE A CYPRESS, CA 90630	FINANCE DIRECTOR 30.00	0.		
JAMES MOLLOY 5550 CERRITOS AVE STE A CYPRESS, CA 90630	BOARD MEMBER 2.00	0.		
KELLY MOLLOY 5550 CERRITOS AVE STE A CYPRESS, CA 90630	BOARD MEMBER 2.00	0.		
TOTAL TO FORM 199, PART II, LINE 11		0.		

CA 199 OTHER EXPEN	SES	STATEMENT 4
DESCRIPTION		AMOUNT
OBU UKRAINE PROGRAM CONFERENCES, CONVENTION BANK & MERCHANT CHARGES RWANDA PROGRAM MANAGEMENT FEES ACCOUNTING FEES OFFICE EXPENSES ALL OTHER EXPENSES		89,825. 10,293. 4,590. 3,572. 1,863. 34,175. 4,543. 5,699.
TOTAL TO FORM 199, PART II, LINE 17		154,560.
CA 199 FUND BALAN	CES	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	0.	132,801.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	0.	132,801.

Date Accepted	

TAXABLE YEAR

# **California e-file Return Authorization for**

20	23	Exemp	ot Organiza	ntions					8453-EO
Exempt Org	ganization name								Identifying number
			INTERNATIO						84-1247760
Part I	Electronic	Return Infor	<b>mation</b> (whole dollar	rs only)					
<b>1</b> Tota	al gross recei	pts or unrelat	ed business taxable	e income (Form 199, line	e 4 or Form 109	9, line 5)			1 148,082 2 148,082 3 169,652
2 Tota	al gross incor	me or total ta	x (Form 199, line 8 o	r Form 109, line 14)					2 148,082
3 Tota	al expenses a	and disburser	nents (Form 199, lin	e 9)					3 <u>169,652</u>
<b>4</b> rax	aue (Form 1	09, line 23)							4
	erpayment (Fo	orm 109, line	24)						5
Part II	1		ectronically for Tax	able Year 2023					
6	٦ .		(Form 109 only.)					, ,	
7 Part III	Liectronic for	unds withdra Fetimated Tax	wal <b>7a</b> Amoun	t <b>Vear 2024</b> (These are NO		Vithdrawal			yyy) t the exempt organization owes.)
rait III	Ochiculare of	1	-	,				Lamoun	
8 Amo	unt	FIIS	t Payment	Second Paymer	IT.	Third Pa	yment		Fourth Payment
	drawal Date								
		formation (H	ave vou verified the	exempt organization's I	oanking inform	ation?)			<u> </u>
	ting number	,				<u> </u>			
	ount number				12 Type of	account.	Ch	ecking	Savings
Part V	Declaration	n of Officer			: <b>L</b> 1980 01	account.		ooning	Cavinge
direct dep and any e Under per transmitte California	osit refund agr stimated paym nalties of perjur er, or intermedi electronic retu	rees with the au ent amounts lis ry, I declare tha ate service pro rn. To the best	thorization stated on m sted on Part III, line 8 fi t I am an officer of the vider and the amounts of my knowledge and I	ny return. If I check Part II, rom the bank account spec above exempt organizatior in Part I above agree with belief, the exempt organiza	box 7, I authorize ified in Part IV. In and that the infithe the amounts on the infither.	e an electror ormation I pr the correspo rue, correct, a	ic funds ovided to ading line and comp	withdray my electory es of the polete. If the	unt specified in Part IV for the wal for the amount listed on line 7a ctronic return originator (ERO), exempt organization's 2023 he exempt organization is filing
organizati statement delayed, Sign	on will remain is be transmitte	liable for the ta ed to the FTB by	x liability and all applica / the ERO, transmitter,	able interest and penalties.	I authorize the e ovider. If the pro-	xempt organ cessing of th the delay or	ization re e exemp	turn and t <b>organi</b>	ration's tax liability, the exempt I accompanying schedules and zation's return or refund is he refund was sent.
Here	Signature	of officer		Date	Title	<del></del>			
Part VI	Declaration	n of Electron	ic Return Originato	or (ERO) and Paid Prep	arer.				
am only a accurately provided i 1345, 202 the exemp I declare t	n intermediate  / reflects the da  the organization  23 Handbook fo  t organization  that I have exar	service provide ata on the return n officer with a or Authorized e return is filed, on nined the above	er, I understand that I a n.) I have obtained the copy of all forms and i -file Providers. I will ke whichever is later, and e exempt organization!	m not responsible for revion organization officer's signan formation that I will file wep form FTB 8453-EO on f I will make a copy available	ewing the exemp ature on form FT ith the FTB, and ile for <b>four</b> years e to the FTB upor g schedules and	t organization B 8453-E0 b I have followe from the due n request. If I	n's returr efore trai ed all oth e date of am also	n. I decla nsmitting er requir the retur the paid	ct to the best of my knowledge. (If I are, however, that form FTB 8453-EO of this return to the FTB. I have rements described in FTB Pub. In or four years from the date preparer, under penalties of perjury, in my knowledge and belief, they are
	ERO's				Date	Check if		Check	ERO's PTIN
ERO	signature					also paid preparer		if self- employe	∍d
Must	Firm's name (or y	ours H	ANAA EBRAH	IEM, CPA					Firm's FEIN
Sign	if self-employed) and address	<b>7</b> 5.	550 CERRIT YPRESS, CA	OS AVE, SUIT	E A				ZIP code 90630
		y, I declare tha	t I have examined the a					atements	s, and to the best of my knowledge
Paid	Paid				Date		Check if self-		Paid preparer's PTIN
Prepar							employ	ed X	D00959831
Must	Firm's nar if self-emp	me (or yours			SERVICES				Firm's FEIN
Sign	and addre		5550 CERI	TTOS AVE, SU CA	JITE A				ZIP code 90630

FTB 8453-EO 2023

#### DEPARTMENT OF JUSTICE PAGE 1 of 5

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

WEBSITE ADDRESS: www.oag.ca.gov/charities

STREET ADDRESS: 1300 | Street Sacramento, CA 95814

STATE OF CALIFORNIA

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

RRF-1 (Rev. 01/2024)

THE OLIVE BRANCH INTERNATIONAL, INC Name of Organization  List all DBAs and names the organization uses or has used	Am	ange of address ended report ganization requests email notifications				
5550 CERRITOS AVE STE A	Ctata Ch	arity Registration Number0261626				
Address (Number and Street)	State Ch	arity Registration Number				
CYPRESS, CA 90630	Corporat	ion or Organization No				
City or Town, State, and ZIP Code NJERNIGAN@OLIVEBRANCHIN						
(949) 573-5207 Telephone Number TL • COM E-mail Address	Federal E	Imployer ID No. $84-1247760$				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Departm						
Total Revenue <u>Fee</u> <u>Total Revenue</u>	Fee	Total Revenue	Fee	_		
Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million	\$100 \$000	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million	\$80			
Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million		Greater than \$500 million	. ,	,000 ,200		
PART A - ACTIVITIES		· · · · · · · · · · · · · · · · · · ·				
For your most recent full accounting period (beginning $01/01/202$	23 enc	ling 12/31/2023 ) list:				
Total Revenue (including noncash contributions) \$ 148,082   Noncash Contributions \$ Program Expenses \$ 163,953	Total Exp	0 Total Assets \$ 13 enses \$ 169,652	2,8	01		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS R	EPORT				
Note: All questions must be answered. If you answer "yes" to any of the ques	tions halo	www.vou.must.attach.a.sanarata.nana				
providing an explanation and details for each "yes" response. Please re			Yes	No		
During this reporting period, were there any contracts, loans, leases or other finand any officer, director or trustee thereof, either directly or with an entity in whany financial interest?		5		х		
2. During this reporting period, was there any theft, embezzlement, diversion or n or funds?	nisuse of tl	ne organization's charitable property		х		
3. During this reporting period, were any organization funds used to pay any pen-	alty, fine o	r judgment?		Х		
4. During this reporting period, were the services of a commercial fundraiser, fund commercial coventurer used?	draising co	unsel for charitable purposes, or		Х		
5. During this reporting period, did the organization receive any governmental fur	nding?			Х		
6. During this reporting period, did the organization hold a raffle for charitable pur	rposes?			Х		
7. Does the organization conduct a vehicle donation program?				Х		
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						
9. At the end of this reporting period, did the organization hold restricted net asse	ets, while r	reporting negative unrestricted net assets?		Х		
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowled and belief, the content is true, correct and complete, and I am authorized to sign.						
JEFF JERNIGAN	C	CHAIRMAN				
Signature of Authorized Agent Printed Name		itle Date				