

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization: **PROJECT ORBIS INTERNATIONAL, INC.**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: \_\_\_\_\_  
**520 8TH AVENUE, 12TH FLOOR**  
 City or town, state or province, country, and ZIP or foreign postal code: \_\_\_\_\_  
**NEW YORK, NY 10018**

**D** Employer identification number: **23-7297651**

**E** Telephone number: **(646) 674-5500**

**F** Name and address of principal officer: **DEREK HODKEY**  
**520 8TH AVENUE, 12TH FLOOR, NEW YORK, NY 10018**

**G** Gross receipts \$: **384,645,625.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.ORBIS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **1973** **M** State of legal domicile: **NY**

**H(c)** Group exemption number ▶ \_\_\_\_\_

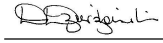
## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OUR MISSION: WITH OUR NETWORK OF PARTNERS, WE MENTOR, TRAIN AND INSPIRE LOCAL TEAMS SO THEY CAN SAVE SIGHT IN THEIR COMMUNITIES.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>20.</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>19.</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>5</b> <b>91.</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>191.</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>243,412,945.</b> <b>Prior Year</b> <b>374,687,319.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>673,189.</b> <b>479,308.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>1,080,676.</b> <b>848,680.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>245,166,810.</b> <b>376,015,307.</b>
	<b>Expenses</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>18,689,194.</b> <b>19,264,259.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>9,108,430.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>215,391,746.</b> <b>348,459,381.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>243,652,360.</b> <b>378,841,218.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>1,514,450.</b> <b>-2,825,911.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>65,469,262.</b> <b>Beginning of Current Year</b> <b>61,930,400.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>3,797,199.</b> <b>4,618,693.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20. <b>61,672,063.</b> <b>57,311,707.</b>

## Part II 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.

**Sign Here**

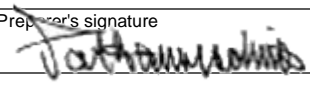
Signature of officer:  Date: **11/16/2020**

Danusia Dzierzbinski, Chief Financial & Administrative Officer, Treasurer

Type or print name and title

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**Paid Preparer Use Only**

Print/Type preparer's name: **PAUL HAMMERSCHMIDT** Preparer's signature:  Date: **11/16/2020** Check  if self-employed PTIN: **P01384178**

Firm's name ▶ **BDO USA, LLP** Firm's EIN ▶ **13-5381590**

Firm's address ▶ **100 PARK AVENUE NEW YORK, NY 10017-5001** Phone no. **212-885-8000**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

WITH ITS NETWORK OF PARTNERS, ORBIS MENTORS, TRAINS AND INSPIRES LOCAL TEAMS SO THEY CAN PREVENT AND TREAT AVOIDABLE BLINDNESS AND SAVE SIGHT IN THEIR COMMUNITIES.

**2** Did the organization undertake any significant program services during the year which were not listed on the 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  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 expenses. 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 \$ 360,573,845. including grants of \$ 11,117,578. ) (Revenue \$ 0. )

ATTACHMENT 1

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 360,573,845.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

		Yes	No
<b>2a</b>	Enter 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. <span style="float:right">2a</span> <span style="float:right">91</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
<b>4a</b>	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)? . .	X	
<b>b</b>	If "Yes," enter the name of the foreign country <span style="float:right">▶ ATTACHMENT 2</span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .		
<b>15</b>	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 instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (20), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

**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  X

**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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOB RANCK PRESIDENT & CEO	40.00 0.	X		X				385,541.	0.	46,732.
(2) DANNY HADDAD CHIEF OF PROGRAMS	40.00 0.				X			295,691.	0.	17,949.
(3) LOUISE HARRIS CHIEF, GLOBAL COMM & MARKETING	40.00 0.					X		264,210.	0.	33,213.
(4) THOMAS HILL THRU 8/29/2019 CFAO	40.00 0.			X				276,419.	0.	15,097.
(5) KRISTIE DEKOKER CHIEF DEVELOPMENT OFFICER	40.00 0.				X			254,713.	0.	25,279.
(6) GEORGE SMITH DIRECTOR, NORTH ASIA	40.00 0.					X		258,409.	0.	20,704.
(7) MANU NATHAN GENERAL COUNSEL & CCO	40.00 0.			X				243,480.	0.	14,789.
(8) DAVID HUNTER CHERWEK VP OF CLINICAL SERVICES	40.00 0.					X		217,652.	0.	22,653.
(9) BRUCE JOHNSON DIRECTOR - AIRCRAFT OPERATIONS	40.00 0.					X		200,439.	0.	31,959.
(10) ELISE CARLSON GLOBAL DIRECTOR FOUND. & GOV.	40.00 0.					X		184,013.	0.	20,362.
(11) DANUSIA DZIERZBINSKI TREASURER & CFAO EFF. 9/2019	40.00 0.			X				89,429.	0.	5,868.
(12) KEVIN G. MCALLISTER CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(13) DAVID GITLIN VICE CHAIRMAN & DIRECTOR	2.00 0.	X		X				0.	0.	0.
(14) DIANA L. WHEELER SECRETARY	2.00 0.	X		X				0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JOHN HOWITT ----- VICE CHAIRMAN & DIRECTOR	2.00 ----- 0.	X		X				0.	0.	0.
( 16) PETER ALLEN ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 17) JUSTIN BROWNLEE ----- DIRECTOR FROM 5/16/2019	1.00 ----- 0.	X						0.	0.	0.
( 18) SHARON DOGONNIUCK ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 19) DR. PRAVIN DUGEL ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 20) JAMES FORBES ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 21) DR. DAVID S. FRIEDMAN ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 22) JENNIE FRIEDMAN ----- DIRECTOR FROM 5/16/2019	1.00 ----- 0.	X						0.	0.	0.
( 23) DR. GIL KLIMAN ----- DIRECTOR FROM 3/13/2019	1.00 ----- 0.	X						0.	0.	0.
( 24) AMBASSADOR PATRICIA MOLLER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 25) RAM PALANKI ----- DIRECTOR FROM 3/13/2019	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								2,669,996.	0.	254,605.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,669,996.	0.	254,605.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 29

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) ADRIAN J. PAULL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 27) DATO' KULASEGARAN SABARATNAM ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 28) CHARLES VYVYAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 29) JAMES PARKER ----- DIRECTOR THRU 5/16/2019	1.00 ----- 0.	X						0.	0.	0.
( 30) GREGORY HALL ----- DIRECTOR THRU 5/16/2019	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 29

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	965,836.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	328,533,945.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	45,187,538.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 326,320,707.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			374,687,319.			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			159,922.		159,922.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			0.			
	<b>5</b>	Royalties . . . . .			0.			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . .				0.		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
						8,346,005.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	8,026,619.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	319,386.				
	<b>d</b>	Net gain or (loss) . . . . .				319,386.	319,386.	
<b>8a</b>	Gross income from fundraising events (not including \$ 965,836. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			280,389.			
					527,082.			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events. . . . .				-246,693.	-246,693.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			1,102,813.			
					76,617.			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities. . . . .				1,026,196.	1,026,196.		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0.			
					0.			
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory. . . . .				0.			
<b>Miscellaneous Revenue</b>	<b>11a</b>	MISCELLANEOUS REVENUE	Business Code	900099	69,177.		69,177.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .				69,177.		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				376,015,307.		1,327,988.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	11,117,578.	11,117,578.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,379,471.	717,757.	356,962.	304,752.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	15,206,315.	7,938,640.	3,890,413.	3,377,262.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	636,390.	318,357.	186,031.	132,002.
9 Other employee benefits . . . . .	1,495,842.	748,303.	437,267.	310,272.
10 Payroll taxes . . . . .	546,241.	273,260.	159,678.	113,303.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	301,662.		301,662.	
c Accounting . . . . .	222,640.		222,640.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,075,601.	1,390,821.	684,780.	
12 Advertising and promotion . . . . .	2,651,258.	613,343.	242,540.	1,795,375.
13 Office expenses . . . . .	3,055,051.	578,180.	696,009.	1,780,862.
14 Information technology . . . . .	559,395.	267,170.	22,596.	269,629.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	2,227,244.	1,205,192.	637,232.	384,820.
17 Travel . . . . .	755,517.	683,917.		71,600.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	3,261,867.	2,690,358.	229,549.	341,960.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	2,449,548.	2,301,733.	75,579.	72,236.
23 Insurance . . . . .	558,743.	365,032.	119,322.	74,389.
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 O.)				
a MEDICAL SUPPLIES	326,724,805.	326,724,805.		
b AIRCRAFT OPERATIONS & FUEL	1,766,484.	1,766,484.		
c EQUIPMENT RENTAL & MAINT.	1,367,044.	872,915.	414,161.	79,968.
d MISCELLANEOUS EXPENSES	482,522.		482,522.	
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	378,841,218.	360,573,845.	9,158,943.	9,108,430.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	12,803,071.	<b>1</b>	11,282,640.
	<b>2</b> Savings and temporary cash investments . . . . .	323,896.	<b>2</b>	268,136.
	<b>3</b> Pledges and grants receivable, net . . . . .	4,450,981.	<b>3</b>	7,042,631.
	<b>4</b> Accounts receivable, net. . . . .	2,257,519.	<b>4</b>	1,877,145.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	2,502,725.	<b>8</b>	1,772,967.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,317,774.	<b>9</b>	1,147,695.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 40,942,274.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 9,891,943.		
		35,133,657.	<b>10c</b>	31,050,331.
	<b>11</b> Investments - publicly traded securities. . . . .	6,019,516.	<b>11</b>	6,816,485.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	540,967.	<b>12</b>	540,967.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	119,156.	<b>15</b>	131,403.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	65,469,262.	<b>16</b>	61,930,400.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,584,960.	<b>17</b>	4,423,899.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	212,239.	<b>25</b>	194,794.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	3,797,199.	<b>26</b>	4,618,693.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	48,800,429.	<b>27</b>	45,549,454.
	<b>28</b> Net assets with donor restrictions. . . . .	12,871,634.	<b>28</b>	11,762,253.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	61,672,063.	<b>32</b>	57,311,707.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	65,469,262.	<b>33</b>	61,930,400.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	376,015,307.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	378,841,218.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,825,911.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	61,672,063.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	325,263.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-1,859,708.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	57,311,707.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 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 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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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 . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

PROJECT ORBIS INTERNATIONAL, INC.

Employer identification number

23-7297651

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  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 or 990-EZ).)
- 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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 10  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.)
- 11  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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 . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	162,444,210.	214,794,650.	210,058,087.	243,412,945.	374,687,319.	1,205,397,211.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	162,444,210.	214,794,650.	210,058,087.	243,412,945.	374,687,319.	1,205,397,211.
<b>5</b> 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). . . . .						0.
<b>6 Public support.</b> Subtract line 5 from line 4						1,205,397,211.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	162,444,210.	214,794,650.	210,058,087.	243,412,945.	374,687,319.	1,205,397,211.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	139,870.	170,091.	160,696.	183,005.	159,922.	813,584.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	2,065,888.	1,737,402.	1,171,750.	839,276.	779,503.	6,593,819.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	75,470.	634,562.	950,752.	241,400.	69,177.	1,971,361.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,214,775,975.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	99.23%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.88%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> 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? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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? <i>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.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> 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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 . . . . .			
b From 2015 . . . . .			
c From 2016 . . . . .			
d From 2017 . . . . .			
e From 2018 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 . . . . .			
b Excess from 2016 . . . . .			
c Excess from 2017 . . . . .			
d Excess from 2018 . . . . .			
e Excess from 2019 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS INCOME	75,470.	634,562.	950,752.	241,400.	69,177.	1,971,361.
TOTALS	<u>75,470.</u>	<u>634,562.</u>	<u>950,752.</u>	<u>241,400.</u>	<u>69,177.</u>	<u>1,971,361.</u>

# Schedule of Contributors

# 2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization PROJECT ORBIS INTERNATIONAL, INC.	Employer identification number 23-7297651
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **PROJECT ORBIS INTERNATIONAL, INC.**

Employer identification number  
23-7297651

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MINISTRY OF HEALTH-REPUBLIC OF ETHIOPIA  SUDAN ST  ADDIS ABABA ETHIOPIA	\$ 325,944,118.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **PROJECT ORBIS INTERNATIONAL, INC.**

**Employer identification number**

23-7297651

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part 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
1	MEDICAL SUPPLIES	\$ 325,944,118.	VAR



Name of organization PROJECT ORBIS INTERNATIONAL, INC.

Employer identification number  
23-7297651

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part 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
_____ _____ _____	_____ _____ _____

(a) No. from Part 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
_____ _____ _____	_____ _____ _____

(a) No. from Part 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
_____ _____ _____	_____ _____ _____

(a) No. from Part 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
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

PROJECT ORBIS INTERNATIONAL, INC.

Employer identification number

23-7297651

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	194,794.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	194,794.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 376,015,307.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 378,841,218.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

**Part XIII Supplemental Information** (continued)

PART X, LINE 2:

UNDER ASC 740, "INCOME TAXES", AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY.

ORBIS WAS INCORPORATED IN THE STATE OF NEW YORK AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE). THE INTERNAL REVENUE SERVICES HAS RULED, PURSUANT TO SECTION 501(C)(3) OF THE CODE, ORBIS IS EXEMPT FROM FEDERAL INCOME TAXES AND IS A PUBLICLY SUPPORTED ORGANIZATION, AS DEFINED IN SECTION 509(A)(1) OF THE CODE. AS A NOT-FOR-PROFIT ORGANIZATION, ORBIS IS ALSO EXEMPT FROM STATE AND LOCAL INCOME TAXES. ACCORDINGLY, ORBIS IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSES. ORBIS UTILIZES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL YEAR 2019.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

PROJECT ORBIS INTERNATIONAL, INC.

Employer identification number

23-7297651

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EAST ASIA AND THE PACIFIC	1.	54.	FUNDRAISING		3,859,288.
<b>(2)</b> EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		1,776,602.
<b>(3)</b> EAST ASIA AND THE PACIFIC	3.	23.	PROGRAM SERVICES	TO FIGHT BLINDNESS	6,214,993.
<b>(4)</b> SOUTH AMERICA	0.	0.	GRANTMAKING		1,346.
<b>(5)</b> SOUTH AMERICA	0.	0.	GRANTMAKING		165,550.
<b>(6)</b> SOUTH AMERICA	0.	0.	PROGRAM SERVICES	TO FIGHT BLINDNESS	254,840.
<b>(7)</b> SOUTH ASIA	0.	0.	GRANTMAKING		1,155,094.
<b>(8)</b> SOUTH ASIA	3.	46.	PROGRAM SERVICES	TO FIGHT BLINDNESS	2,703,656.
<b>(9)</b> SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		6,827,892.
<b>(10)</b> SUB-SAHARAN AFRICA	2.	95.	PROGRAM SERVICES	TO FIGHT BLINDNESS	328,472,128.
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	9.	218.			351,431,389.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	9.	218.			351,431,389.

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

Schedule F (Form 990) 2019

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	43,009.	WIRE			
(2)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	27,243.	WIRE			
(3)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	41,481.	WIRE			
(4)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	39,656.	WIRE			
(5)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	19,568.	WIRE			
(6)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	158,396.	WIRE			
(7)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	56,415.	WIRE			
(8)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	18,992.	WIRE			
(9)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	15,365.	WIRE			
(10)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	504,526.	WIRE			
(11)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	150,114.	WIRE			
(12)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	29,567.	WIRE			
(13)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	44,982.	WIRE			
(14)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	5,423.	WIRE			
(15)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	98,718.	WIRE			
(16)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	17,636.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	73,779.	WIRE			
(2)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	15,612.	WIRE			
(3)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	5,064.	WIRE			
(4)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	16,021.	WIRE			
(5)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	12,196.	WIRE			
(6)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	12,901.	WIRE			
(7)			EAST ASIA/PACIFIC	PROGRAMS SUPPLIES/EQ.	67,182.	WIRE			
(8)			SOUTH AMERICA	PROGRAMS SUPPLIES/EQ.	83,827.	WIRE			
(9)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	124,918.	WIRE			
(10)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	72,768.	WIRE			
(11)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	28,778.	WIRE			
(12)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	14,877.	WIRE			
(13)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	75,345.	WIRE			
(14)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	63,544.	WIRE			
(15)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	43,101.	WIRE			
(16)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	10,539.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	199,422.	WIRE			
(2)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	49,750.	WIRE			
(3)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	14,245.	WIRE			
(4)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	12,793.	WIRE			
(5)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	37,445.	WIRE			
(6)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	13,272.	WIRE			
(7)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	12,058.	WIRE			
(8)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	37,857.	WIRE			
(9)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	19,467.	WIRE			
(10)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	21,931.	WIRE			
(11)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	5,348.	WIRE			
(12)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	6,664.	WIRE			
(13)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	181,993.	WIRE			
(14)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	5,127.	WIRE			
(15)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	65,568.	WIRE			
(16)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	64,899.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	77,524.	WIRE			
(2)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	60,152.	WIRE			
(3)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	18,132.	WIRE			
(4)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	25,602.	WIRE			
(5)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	25,602.	WIRE			
(6)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	8,357.	WIRE			
(7)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	27,280.	WIRE			
(8)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	230,808.	WIRE			
(9)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	13,221.	WIRE			
(10)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	17,162.	WIRE			
(11)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	320,378.	WIRE			
(12)			SOUTH ASIA	PROGRAMS SUPPLIES/EQ.	138,333.	WIRE			
(13)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	21,207.	WIRE			
(14)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	193,990.	WIRE			
(15)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	297,384.	WIRE			
(16)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	351,921.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	198,750.	WIRE			
(2)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	62,884.	WIRE			
(3)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	47,208.	WIRE			
(4)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	15,514.	WIRE			
(5)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	14,959.	WIRE			
(6)			SUB-SAHARAN AFRICA	PROGRAMS	36,080.	WIRE			
(7)			SUB-SAHARAN AFRICA	PROGRAMS	42,977.	WIRE			
(8)			SUB-SAHARAN AFRICA	PROGRAMS	37,480.	WIRE			
(9)			SUB-SAHARAN AFRICA	PROGRAMS	81,933.	WIRE			
(10)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	471,422.	WIRE			
(11)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	84,900.	WIRE			
(12)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	363,062.	WIRE			
(13)			SUB-SAHARAN AFRICA	PROGRAMS SUPPLIES/EQ.	219,895.	WIRE			
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2.

3 Enter total number of other organizations or entities 72.

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

---

PART I, LINE 2:

PROJECT ORBIS INTERNATIONAL, INC. MONITORS THE USE OF GRANTS FUNDS  
OUTSIDE THE UNITED STATES THROUGH THE COMBINATION OF SITE VISITS IN WHICH  
THE ORGANIZATION MONITORS THE PROGRESS OF THE GRANTS AND FINAL FINANCIAL  
AND PROGRAMMATIC REPORTS AS SPECIFIED IN THE DONOR AGREEMENT.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		MID-AUTUMN	ANNUAL GALA	1.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts . . . . .	459,009.	486,010.	301,206.	1,246,225.
	2	Less: Contributions . . . . .	459,009.	413,845.	92,982.	965,836.
	3	Gross income (line 1 minus line 2) . . . . .		72,165.	208,224.	280,389.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	154,969.	332,610.	39,503.	527,082.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				527,082.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-246,693.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			1,102,813.
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .			76,617.	76,617.
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				76,617.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				1,026,196.	

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_  
 N/A, GAMING WAS CONDUCTED OUTSIDE THE UNITED STATES.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	100.0000 %
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ LEO CHENG

Address ▶ ROOM C, 5/F, CYBER PRESS CENTER  
21 HUNG TO ROAD, KWUN TONG KOWLOON HK

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ LEE TZE CHIU

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ PLANNING AND EXECUTION

Director/officer     Employee     Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
TRIFI CONSULTING ASSOCIAT  225 PLUTARCH RD HIGHLAND NY 12528	DIRECT MAIL		X	1,646,682.	167,871.	

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

PROJECT ORBIS INTERNATIONAL, INC.

Employer identification number

23-7297651

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BOB RANCK PRESIDENT & CEO	(i)	385,541.	0.	0.	19,080.	27,652.	432,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DANNY HADDAD CHIEF OF PROGRAMS	(i)	295,691.	0.	0.	17,949.	0.	313,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 THOMAS HILL THRU 8/29/2 CFAO	(i)	223,419.	0.	53,000.	12,253.	2,844.	291,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LOUISE HARRIS CHIEF, GLOBAL COMM & MARKETING	(i)	264,210.	0.	0.	13,612.	19,601.	297,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 GEORGE SMITH DIRECTOR, NORTH ASIA	(i)	258,409.	0.	0.	12,732.	7,972.	279,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KRISTIE DEKOKER CHIEF DEVELOPMENT OFFICER	(i)	254,713.	0.	0.	15,479.	9,800.	279,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 DAVID HUNTER CHERWEK VP OF CLINICAL SERVICES	(i)	217,652.	0.	0.	12,951.	9,702.	240,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 BRUCE JOHNSON DIRECTOR - AIRCRAFT OPERATIONS	(i)	200,439.	0.	0.	12,358.	19,601.	232,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MANU NATHAN GENERAL COUNSEL & CCO	(i)	243,480.	0.	0.	14,789.	0.	258,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ELISE CARLSON GLOBAL DIRECTOR FOUND. & GOV.	(i)	184,013.	0.	0.	3,700.	16,662.	204,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

THOMAS HILL FORMER TREASURER, CHIEF FINANCIAL OFFICER AND CHIEF ADMIN  
OFFICER HAD A SEPARATION PAYMENT DURING 2019.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>PROJECT ORBIS INTERNATIONAL, INC.</b>	Employer identification number <b>23-7297651</b>
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X		250,749.	MARKET QUOTATION
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X		325,944,118.	PRICING SOURCE INPUT
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .			112,320.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 1.

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .	<b>30a</b>		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	<b>31</b>	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2019

JSA

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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PART I, COLUMN B:

PART I, COLUMN B DATA IS A COMBINATION OF NUMBER OF CONTRIBUTIONS AND  
NUMBER OF ITEMS CONTRIBUTED.



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
SUPPLIES & EQUIPMENT	X		47,031.	COST
FOOD & ROOM	X		44,812.	COST
TRAVEL	X		20,477.	COST
TOTALS			<u>112,320.</u>	

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

PROJECT ORBIS INTERNATIONAL, INC.

**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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

23-7297651

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE OFFICERS OF THE CORPORATION AND THEN  
PRESENTED TO THE AUDIT AND FINANCE COMMITTEES AND THE BOARD OF DIRECTORS  
FOR ENDORSEMENT BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES AS WELL AS BOARD  
COMMITTEE MEMBERS WHO ARE NOT DIRECTORS MUST COMPLETE THE CONFLICT OF  
INTEREST FORM ANNUALLY. NEWLY APPOINTED DIRECTORS AND OFFICERS AS WELL AS  
NEW KEY EMPLOYEES ARE ALSO REQUIRED TO COMPLETE THE CONFLICT OF INTEREST  
FORM. THE COMPLIANCE DEPARTMENT MONITORS AND ENFORCES COMPLIANCE THE  
CONFLICT OF INTEREST POLICY. THE GENERAL COUNSEL (IN THE CASE OF  
EMPLOYEES) OR THE AUDIT COMMITTEE (IN THE CASE OF BOARD MEMBERS AND  
OFFICERS) WILL EVALUATE CONFLICT DISCLOSURES AND MAKE OTHER NECESSARY  
INQUIRIES TO DETERMINE THE EXTENT AND NATURE OF ANY ACTUAL OR POTENTIAL  
CONFLICT OF INTEREST AND, IF APPROPRIATE, INVESTIGATE ALTERNATIVES TO THE  
PROPOSED TRANSACTION OR ARRANGEMENT. BOARD/COMMITTEE MEMBERS AND OFFICERS  
ONLY: IN THE CASE OF BOARD/COMMITTEE MEMBERS AND OFFICERS, AFTER  
DISCLOSURE OF ALL MATERIAL FACTS IN RESPECT OF SUCH CONFLICT OF INTEREST,  
AND AFTER ANSWERING ANY QUESTIONS, THE RELEVANT BOARD/COMMITTEE MEMBER OR  
OFFICER SHALL WITHDRAW FROM DELIBERATIONS AND SHALL REFRAIN FROM  
ATTEMPTING TO INFLUENCE THE GENERAL COUNSEL, AUDIT COMMITTEE OR THE  
BOARD, AS THE CASE MAY BE, IN CONNECTION WITH THE CONFLICT OF INTEREST  
UNDER REVIEW. FOR BOARD MEMBERS, ORBIS MAY ENTER INTO A COVERED

Name of the organization PROJECT ORBIS INTERNATIONAL, INC.	Employer identification number 23-7297651
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TRANSACTION ONLY IF AT A DULY HELD MEETING OF THE BOARD A MAJORITY OF THOSE BOARD MEMBERS (IF A QUORUM IS PRESENT AT SUCH TIME) WHO HAVE NO INTEREST IN THE COVERED TRANSACTION APPROVE THE COVERED TRANSACTION AFTER CONSIDERING THE ABOVE.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR THE PRESIDENT/CEO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. DOCUMENTATION OF DISCUSSIONS IN RELATION TO COMPENSATION IS RECORDED IN THE BOARD MINUTES AND IS ALSO DOCUMENTED WITH THE HUMAN RESOURCES DEPARTMENT. THIS PROCESS INVOLVES GATHERING AND ANALYZING COMPARABLE DATA, DELIBERATION AND DETERMINATION THAT IS CONDUCTED BY HUMAN RESOURCES DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15B:

COMPENSATION FOR OTHER OFFICERS ARE DISCUSSED AND APPROVED BY THE FINANCE COMMITTEE. DOCUMENTATION OF DISCUSSIONS IN RELATION TO COMPENSATION IS RECORDED IN THE FINANCE COMMITTEE MINUTES AND IS ALSO DOCUMENTED WITH THE HUMAN RESOURCES DEPARTMENT. THIS PROCESS INVOLVES GATHERING AND ANALYZING COMPARABLE DATA, DELIBERATION AND DETERMINATION THAT IS CONDUCTED BY HUMAN RESOURCES DEPARTMENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9:

FOREIGN CURRENCY TRANSLATION LOSS.....\$130,921.

Name of the organization PROJECT ORBIS INTERNATIONAL, INC.	Employer identification number 23-7297651
---	--

FIXED ASSET DISPOSAL LOSS.....\$(1,729,012.)

REDUCTION IN VALUE OF INVENTORY DUE  
TO OBSOLESCENCE.....\$(261,617.)

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TOTAL.....\$(1,859,708.)

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

1. TRAINING PROJECTS THROUGH THE FLYING EYE HOSPITAL, LOCAL PARTNER INSTITUTIONS, AND OUR TELEMEDICINE PLATFORM, CYBERSIGHT:

WITH DONOR SUPPORT AND THE HELP OF OUR EXPERT VOLUNTEER FACULTY, ORBIS PROVIDED HIGH-QUALITY TRAINING TO ALL TYPES OF EYE CARE PROFESSIONALS IN 2019, FROM DOCTORS TO NURSES TO COMMUNITY HEALTH WORKERS. THESE TRAININGS WERE DELIVERED IN PARTNERSHIP WITH LOCAL HOSPITALS, AGENCIES, AND GOVERNMENTS, AND WERE TAILORED TO EACH REGION'S NEEDS AS PART OF A LONG-TERM EYE HEALTH STRATEGY. IN 2019, A TOTAL OF 66,006 IN-PERSON TRAININGS WERE COMPLETED BY DOCTORS, NURSES, AND OTHER EYE HEALTH WORKERS THROUGH OUR IN-COUNTRY PROGRAMS AND ON BOARD THE ORBIS FLYING EYE HOSPITAL, A FULLY-ACCREDITED TEACHING HOSPITAL HOUSED ON AN MD-10 AIRCRAFT. ADDITIONALLY, 7,621 EYE HEALTH PROFESSIONALS IN 183 COUNTRIES WERE TRAINED THROUGH CYBERSIGHT (CYBERSIGHT.ORG), OUR ONLINE TELEMEDICINE PLATFORM.

2. PEDIATRIC EYE SCREENING AND CARE IN INDIA:

Name of the organization PROJECT ORBIS INTERNATIONAL, INC.	Employer identification number 23-7297651
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ATTACHMENT 1 (CONT'D)

INDIA IS HOME TO THE LARGEST POPULATION OF BLIND CHILDREN (270,000) IN ANY ONE COUNTRY. BECAUSE SIGHT COULD BE RESTORED IN OVER 50 PERCENT OF THESE CASES WITH EARLY INTERVENTION AND TIMELY COMPREHENSIVE TREATMENT, ORBIS CONDUCTED EIGHT REACH (REFRACTIVE ERROR AMONG CHILDREN) PROJECTS IN INDIA IN 2019, ALONG WITH THREE COMPREHENSIVE CHILDHOOD BLINDNESS PROJECTS, PLUS QUALITY IMPROVEMENT AND ADVOCACY INITIATIVES. OUR WORK TO REDUCE BLINDNESS AND VISUAL IMPAIRMENT AMONG CHILDREN IN INDIA INCLUDED TRAINING LOCAL WORKERS ON SCREENING AND EYE HEALTH, PROVIDING EQUIPMENT, DEVELOPING OUTREACH PLANS FOR SCREENINGS, AND DEVELOPING QUALITY EDUCATIONAL MATERIALS ON EYE HEALTH. RESULTS IN 2019 INCLUDED 978,540 SCREENINGS/EXAMINATIONS ON CHILDREN; 40,530 EYEGLOSS PRESCRIPTIONS FOR CHILDREN; AND 18,638 TRAININGS COMPLETED BY DOCTORS, NURSES, AND OTHER EYE HEALTH WORKERS WHO WILL GO ON TO SERVE THEIR LOCAL COMMUNITIES FOR YEARS TO COME.

### 3. INTEGRATED EYE CARE IN AN EMERGENCY SETTING:

THE ROHINGYA ARE A STATELESS MINORITY POPULATION WIDELY REGARDED AS ONE OF THE MOST PERSECUTED ETHNIC GROUPS IN THE WORLD. APPROXIMATELY 1.2 MILLION ROHINGYA HAVE TAKEN REFUGE IN THE COX'S BAZAR DISTRICT OF BANGLADESH, A COUNTRY WHERE ORBIS HAS MAINTAINED AN ONGOING PRESENCE FOR 20 YEARS. IN 2019, ORBIS RESPONDED TO THIS MAJOR GLOBAL HUMANITARIAN CRISIS BY WORKING TO INTEGRATE EYE CARE SERVICES IN THE ROHINGYA CAMPS AND IN THE SURROUNDING HOST

Name of the organization PROJECT ORBIS INTERNATIONAL, INC.	Employer identification number 23-7297651
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ATTACHMENT 1 (CONT'D)

COMMUNITY. SPECIFIC ACTIVITIES INCLUDED CONDUCTING OUTREACH AT THE CAMPS' CHILD FRIENDLY SPACES AND ON MOBILE EYE CARE CENTERS; PROVIDING TRAINING FOR DOCTORS AND HEALTH PROFESSIONALS; PROVIDING EQUIPMENT AND BUILDING THE CAPACITY OF LOCAL HOSPITALS; AND ESTABLISHING COMMUNITY-BASED PRIMARY EYE CARE FACILITIES. AS A RESULT OF THIS WORK, OVER 84,696 PEOPLE RECEIVED EYE SCREENINGS; 4,504 PEOPLE RECEIVED FREE SPECTACLES; 12,457 PEOPLE RECEIVED FREE MEDICINE; AND 1,769 PEOPLE RECEIVED SIGHT-SAVING SURGERIES.

ATTACHMENT 2FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BANGLADESH  
CHINA  
ETHIOPIA  
HONG KONG  
INDIA  
SOUTH AFRICA  
VIETNAM  
ZAMBIA

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AK, CA, CT,  
FL, GA, HI, IL, KS, KY, MD, MA, MI,  
MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA,

Name of the organization PROJECT ORBIS INTERNATIONAL, INC.	Employer identification number 23-7297651
<u>ATTACHMENT 3 (CONT'D)</u>	
<u>FORM 990, PART VI, LINE 17 - STATES</u>	

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GRANT THORNTON, LLP 757 THIRD AVENUE NEW YORK, NY 10017	INTERNAL AUDIT SVCS	382,577.
BDO USA LLP 100 PARK AVENUE NEW YORK, NY 10017	AUDIT/TAX SERVICES	185,514.
TRIPI CONSULTING ASSOCIATES, INC. 255 PLUTRACH RD HIGHLAND, NY 12528	FUNDRAISING	167,871.
GEOFF OLIVER BUGBEE 3612 NE 66 AVE PORTLAND, OR 97213	COMMUNICATIONS	131,033.
KEY ACQUISITION PARTNERS 199 E. MONTGOMERY AVE. #100 ROCKVILLE, MD 20850	FUNDRAISING	117,242.