

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning 06/01/23, and ending 05/31/24

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: ORPHAN GRAIN TRAIN, INC. D Employer identification number: 31-1614650. E Telephone number: 402-371-7393. G Gross receipts \$: 49,443,344. F Name and address of principal officer: PASTOR RAY WILKE. H(a) Is this a group return for subordinates? Yes [X] No. H(b) Are all subordinates included? Yes [ ] No.

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) (Insert no.) 4947(a)(1) or 527. J Website: WWW.OGT.ORG. K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other. L Year of formation: 1992. M State of legal domicile: NE.

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (PROVIDE CHRISTIAN HUMANITARIAN RELIEF), member counts, revenue (50,936,125), expenses (50,455,726), and net assets (32,054,283).

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: PASTOR RAY WILKE, PRESIDENT. Date: 9-16-24. Paid Preparer Use Only: BRENDÉE REINKE, HERLEY & REINKE ACCOUNTING, PC, 508 W PROSPECT AVE, NORFOLK, NE 68701.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE CHRISTIAN HUMANITARIAN RELIEF

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 \$ 46,547,818 including grants of \$ 44,598,821 ) (Revenue \$ )

VOLUNTEERS THROUGHOUT THE U.S.A. "CLIMB ABOARD" ORPHAN GRAIN TRAIN USING THEIR OWN VEHICLES, TIME AND EFFORT. DONATED CLEAN CLOTHING AND MEDICAL SUPPLIES ARE CAREFULLY SORTED AND PACKED IN BOXES AT REGIONAL WAREHOUSES ACROSS AMERICA. EACH YEAR MORE THAN 200 SEMI-TRAILER LOADS OF THESE SUPPLIES AS WELL AS FOOD, BLANKETS, TOOLS, EQUIPMENT, AND BIBLES ARE SHIPPED WHERE MOST NEEDED IN AMERICA AND OVER 100 SEMI-TRAILER LOADS ARE SHIPPED AROUND THE WORLD FOR HUMANITARIAN RELIEF. THEY ARE DISTRIBUTED TO CHURCHES, HOSPITALS, ORPHANAGES, PRISONS, AND SCHOOLS.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 46,547,818

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

**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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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

Yes No

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee reporting (2a), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), and various other IRS filing requirements (7a-7h, 8-17).

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> <b>12</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> <b>11</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>X</b>	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>X</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ, CA, CO, DE, IL, IN, IA, KS, MD, MI, MN, MO, NE**
- 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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 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.

**CASSIE KOERTING  
NORFOLK**

**PO BOX 1466**

**NE 68702-1466 402-371-7393**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) GRANT SCHMIDT VICE PRESIDENT	40.00 0.00			X			47,572	0	47,000	
(2) SHAWN BAUDETTE DIRECTOR	0.00 0.00	X					0	0	0	
(3) BILL BEGEMAN CHAIRMAN OF THE BOAR	0.00 0.00	X		X			0	0	0	
(4) NANCY BOE DIRECTOR	0.00 0.00	X					0	0	0	
(5) JENNIFER BUCKLEW DIRECTOR	0.00 0.00	X					0	0	0	
(6) KATHY CARTER DIRECTOR	0.00 0.00	X					0	0	0	
(7) BILL MEYER DIRECTOR	0.00 0.00	X					0	0	0	
(8) AARON OTTEN DIRECTOR	0.00 0.00	X					0	0	0	
(9) DOUG SUNDERMAN DIRECTOR	0.00 0.00	X					0	0	0	
(10) PAUL WARNEKE SECRETARY/TREASURER	20.00 0.00	X		X			0	0	0	
(11) PASTOR RAY WILKE PRESIDENT	10.00 0.00	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) <b>BERNIE WREDE</b>										
(12) ..... <b>DIRECTOR</b>	<b>0.00</b> <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....		CLIENT COPY								
(19) .....										
<b>1b Subtotal</b> .....							<b>47,572</b>		<b>47,000</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>47,572</b>		<b>47,000</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 **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<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> .....		<b>X</b>
<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> .....		<b>X</b>

**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 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	87,484			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48,423,582			
	g Noncash contributions included in lines 1a-1f	1g	\$ 41,904,988			
	<b>h Total. Add lines 1a-1f</b>		<b>48,511,066</b>			
<b>Program Service Revenue</b>	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		307,335			307,335
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real 4,800	(ii) Personal		
	b Less: rental expenses	6b	1,895			
	c Rental inc. or (loss)	6c	2,905			
	d Net rental income or (loss)		2,905		2,905	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities 4,995	(ii) Other 56,938		
	b Less: cost or other basis and sales exps.	7b	5,577			
	c Gain or (loss)	7c	-582	56,938		
	d Net gain or (loss)		56,356	1,817		54,539
	8a Gross income from fundraising events (not including \$ 87,484 of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b	55,796			
	c Net income or (loss) from fundraising events		-55,796			-55,796
	9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a	501,105				
b Less: cost of goods sold	10b	434,507				
c Net income or (loss) from sales of inventory		66,598	66,598			
<b>Miscellaneous Revenue</b>	11a MISCELLANEOUS	Business Code	56,865	56,865		
	b CONVENTION INCOME		240	240		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		57,105			
	<b>12 Total revenue. See instructions</b>		<b>48,945,569</b>	<b>125,520</b>	<b>2,905</b>	<b>306,078</b>

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	26,485,036	26,485,036		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	24,416	24,416		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	18,089,369	18,089,369		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	94,572		94,572	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	677,302	268,589	228,240	180,473
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	371,066	66,648	188,718	115,700
10 Payroll taxes	42,831	15,459	18,146	9,226
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	69,978	69,978		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	65,454	28,249	13,144	24,061
12 Advertising and promotion	124,292	11,062	987	112,243
13 Office expenses	42,815	27,133	5,112	10,570
14 Information technology				
15 Royalties				
16 Occupancy	199,915	188,677	9,387	1,851
17 Travel	95,377	36,264	8,563	50,550
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,205	7,381	645	179
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	252,863	252,863		
23 Insurance	254,153	246,983	7,170	
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 <b>SUPPLIES</b>	176,164	174,471	410	1,283
b <b>REPAIR &amp; MAINTENANCE</b>	171,264	168,055	3,209	
c <b>TRANSPORTATION</b>	146,918	146,918		
d <b>GAS &amp; FUEL</b>	141,959	141,959		
e All other expenses	129,353	98,308	285	30,760
25 Total functional expenses. Add lines 1 through 24e	47,663,302	46,547,818	578,588	536,896
26 Joint costs. 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)				

**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>	1 Cash—non-interest-bearing	1,555,832	1	1,706,142
	2 Savings and temporary cash investments	11,062,133	2	9,575,806
	3 Pledges and grants receivable, net	1,910,583	3	1,094,717
	4 Accounts receivable, net	69,825	4	10,538
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,453,129	8	9,888,553
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,586,826		
	b Less: accumulated depreciation	10b 3,350,186	6,422,045	10c 10,236,640
	11 Investments—publicly traded securities	452,286	11	493,658
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	324,466	13	455,564
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,920	15	8,266
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		32,264,219	16	33,469,884
<b>Liabilities</b>	17 Accounts payable and accrued expenses	209,936	17	83,793
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25		209,936	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	24,491,503	27	27,877,678
	28 Net assets with donor restrictions	7,562,780	28	5,508,413
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	32,054,283	32	33,386,091
33 <b>Total liabilities and net assets/fund balances</b>		32,264,219	33	33,469,884

**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>	<b>48,945,569</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>47,663,302</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>1,282,267</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>32,054,283</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>49,541</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<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>	<b>33,386,091</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ORPHAN GRAIN TRAIN, INC.**

Employer identification number

**31-1614650**

**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).)
- 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 on 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,387,357	39,545,516	48,253,927	50,936,125	48,511,066	235,633,991
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	48,387,357	39,545,516	48,253,927	50,936,125	48,511,066	235,633,991
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						235,633,991

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	48,387,357	39,545,516	48,253,927	50,936,125	48,511,066	235,633,991
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	91,958	113,774	93,347	236,743	307,335	843,157
9 Net income from unrelated business activities, whether or not the business is regularly carried on		1,111	102,989	452	1,905	106,457
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						236,583,605
12 Gross receipts from related activities, etc. (see instructions)					12	1,784,607
13 <b>First 5 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**

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	99.60%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.70%
16a <b>33 1/3% support test — 2023.</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 — 2022.</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"/>	
17a <b>10%-facts-and-circumstances test — 2023.</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 — 2022.</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"/>	
18 <b>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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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; 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; 8 Public support.

Section B. Total Support

Table with 6 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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; 11 Net income from unrelated business activities; 12 Other income; 13 Total support.

14 First 5 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 2 columns: Amount, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Amount, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 2023. 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

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
3b 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)?
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ("foreign supported organization")?
4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
4c 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)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
5b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
5c Substitutions only. 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?
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?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
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))?
9b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest?
9c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?
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)?
10b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 10b.

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Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
b A family member of a person described on line 11a above?
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Table with 2 columns: Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Table with 2 columns: Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Table with 2 columns: Yes, No. Row 1.

Section D. All Type III Supporting Organizations

- 1 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?
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Table with 2 columns: Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a [ ] The organization satisfied the Activities Test. Complete line 2 below.
b [ ] The organization is the parent of each of its supported organizations. Complete line 3 below.
c [ ] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3 Parent of Supported Organizations. Answer lines 3a and 3b below.
a 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? If "Yes" or "No," provide details in Part VI.
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Table with 2 columns: Yes, No. Rows 2a, 2b, 3a, 3b.

**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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount) see instructions.	4	
5	<b>Net value of non-exempt-use assets</b> (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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).		

**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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. 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 2024.</b> Add lines 3j and 4c.		
8	<b>Breakdown of line 7:</b>		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

**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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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization: ORPHAN GRAIN TRAIN, INC. Employer identification number: 31-1614650

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

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[ ] 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

[X] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization

**ORPHAN GRAIN TRAIN, INC.**

Employer identification number

**31-1614650**

**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	<b>AFFILIATED FOODS</b> 1301 W OMAHA AVENUE NORFOLK NE 68701	\$ 5,305,500	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.)
	CLIENT COPY		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

ORPHAN GRAIN TRAIN, INC.

Employer identification number

31-1614650

**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	FOOD	\$ 5,305,500	
	CLIENT COPY		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

ORPHAN GRAIN TRAIN, INC.

Employer identification number

31-1614650

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.



**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?  Yes  No

**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?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	441,969	499,208	112,830	87,826	56,975
b Contributions	50,000	561,722			30,000
c Net investment earnings, gains, and losses	65,042	1,560	-71,416	25,004	851
d Grants or scholarships	25,847	108,799	103,928		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	481,164	441,969	499,208	112,830	87,826

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 100.00 %
- 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:

	Yes	No
(i) Unrelated organizations?		X
(ii) Related organizations?		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		498,806		498,806
b Buildings		10,648,602	1,335,467	9,313,135
c Leasehold Improvements				
d Equipment		408,888	117,652	291,236
e Other		2,030,530	1,897,067	133,463
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))</b>				10,236,640

**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, line 12, col. (B)) .....		

**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, line 13, col. (B)) .....		

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**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, line 15, col. (B)) .....	

**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) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....	

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.

1	Total revenue, gains, and other support per audited financial statements		1	49,487,308
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	49,541	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	492,198	
e	Add lines 2a through 2d	2e		541,739
3	Subtract line 2e from line 1	3		48,945,569
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		48,945,569

**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.

1	Total expenses and losses per audited financial statements		1	48,155,500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	492,198	
e	Add lines 2a through 2d	2e		492,198
3	Subtract line 2e from line 1	3		47,663,302
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		47,663,302

**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.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

ENDOWMENT FUND IS RESTRICTED FOR ASSISTANCE WITH THE ADOPT AN ORPHANAGE PROGRAM.

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION, OTHER THAN A PRIVATE FOUNDATION, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE, HAS NO PROVISION FOR FEDERAL INCOME TAXES. THE ORGANIZATION FILES REQUIRED INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND VARIOUS STATES. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHROITIES FOR YEARS BEFORE 2020. THE ORGANIZATION HAD CONCLUDED NO

Part XIII Supplemental Information (continued)

MATERIAL UNCERTAIN TAX POSITIONS HAVE BEEN TAKEN ON ANY OPEN TAX RETURNS. FOR THE CURRENT YEAR, THE ORGANIZATION BELIEVES ALL TAX POSITIONS ARE FULLY SUPPORTABLE BY EXISTING FEDERAL LAW AND RELATED INTERPRETATIONS AND THERE ARE NO UNCERTAIN TAX POSTIONS TO CONSIDER.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

Table with 2 columns: Description and Amount. Rows include FUNDRAISING EVENT DIRECT EXPENSE (\$ 55,796), HOPE FOR THE STARVING - COGS (\$ 434,507), and RENTAL EXPENSES (\$ 1,895).

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

Table with 2 columns: Description and Amount. Rows include FUNDRAISING EVENT DIRECT EXPENSE (\$ 55,796), HOPE FOR THE STARVING - COGS (\$ 434,507), and RENTAL EXPENSES (\$ 1,895). A large 'CLIENT COPY' watermark is overlaid on the table.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

**ORPHAN GRAIN TRAIN, INC.**

Employer identification number

**31-1614650**

**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
(1) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	RELIEF & ASSISTANCE	1,319,805
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RELIEF & ASSISTANCE	196,632
(3) EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	RELIEF & ASSISTANCE	5,581,174
(4) RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	RELIEF & ASSISTANCE	5,867,733
(5) SUB-SAHARAN AFRICA			PROGRAM SERVICES	RELIEF & ASSISTANCE	4,048,885
(6) SOUTH AMERICA			PROGRAM SERVICES	RELIEF & ASSISTANCE	771,175
(7) NORTH AMERICA			PROGRAM SERVICES	RELIEF & ASSISTANCE	303,965
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					18,089,369
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					18,089,369

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA	RELIEF & ASSISTANCE AMERICA AND THE CARIBBEAN			1,319,805	VARIOUS SUPPLIE	OTHER
(2)			EAST ASIA AND THE PACIFIC	RELIEF & ASSISTANCE			196,632	VARIOUS SUPPLIE	OTHER
(3)			EUROPE (INCLUDING ICELAND & GREENLAND)	RELIEF & ASSISTANCE			5,581,174	VARIOUS SUPPLIE	OTHER
(4)			RUSSIA AND NEIGHBORING STATES	RELIEF & ASSISTANCE			5,867,733	VARIOUS SUPPLIE	OTHER
(5)			SUB-SAHARAN AFRICA	RELIEF & ASSISTANCE			4,048,885	VARIOUS SUPPLIE	OTHER
(6)			NORTH AMERICA	RELIEF & ASSISTANCE			303,965	VARIOUS SUPPLIE	OTHER
(7)			SOUTH AMERICA	RELIEF & ASSISTANCE			771,175	VARIOUS SUPPLIE	OTHER
(8)				CLIENT COPY					
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 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)							

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**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

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**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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

SUPPLIES ARE SENT TO APPROVED 3RD WORLD RECIPIENTS.

**PART I, LINE 3 - ACTIVITIES PER REGION**

REGION	EXPENDITURES	INVESTMENTS
CENTRAL AMERICA AND THE CARIBBEAN	\$ 1,319,805	\$ 0
EAST ASIA AND THE PACIFIC	\$ 196,632	\$ 0
EUROPE (INCLUDING ICELAND & GREENLAND)	\$ 5,581,174	\$ 0
RUSSIA AND NEIGHBORING STATES	\$ 5,867,733	\$ 0
SUB-SAHARAN AFRICA	\$ 4,048,885	\$ 0
SOUTH AMERICA	\$ 771,175	\$ 0
NORTH AMERICA	\$ 303,965	\$ 0

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**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

**ORPHAN GRAIN TRAIN, INC.**

Employer identification number

**31-1614650**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3	CLIENT COPY					
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

**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
		<b>SPECIAL EVENTS</b> (event type)	<b>FISH FEEDS</b> (event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	45,100	42,384	87,484
	2	Less: Contributions	45,100	42,384	87,484
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	50,202	5,594	55,796
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-55,796

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

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: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**ORPHAN GRAIN TRAIN, INC.**

Employer identification number

**31-1614650**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ASSEMBLY OF GOD CHURCH 331 PESHAKAI AVE TUBA CITY AZ 86045	86-0850056	501C3		66,522	OTHER	CLOTHING, SUPPLY	RELIEF & ASSISTANCE
(2)	CORNERSTONE CHILDRENS RANCH 2420 FML 664 QUEMADO TX 78877	74-2897724	501C3		3,077,085	OTHER	FOOD, SUPPLIES	RELIEF & ASSISTANCE
(3)	DENTON HUMANITARIAN ASSISTANCE PROG 1438 FOREMAN DR GRISSOM AFB IN 46971	CLIENT COPY GOV			51,580	OTHER	DISASTER SUPPLY	RELIEF & ASSISTANCE
(4)	HOWARD/GREELEY CO. FOOD PANTRY 422 HOWARD AVE ST. PAUL NE 68873	84-3295851	501C3		22,958	OTHER	FOOD	RELIEF & ASSISTANCE
(5)	KY MISSION 150 YOUTH HAVEN RD BEATTYVILLE KY 41311	34-4437213	501C3		36,234	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(6)	LALM 3519 SALINAS AVE LAREDO TX 78041	14-0827207	501C3		1,299,173	OTHER	FOOD, SUPPLY	RELIEF & ASSISTANCE
(7)	LINDA'S LEGACY PO BOX 461 SEVERNA PARK MD 21146	26-4714181	501C3		21,346	OTHER	FOOD, SUPPLY	RELIEF & ASSISTANCE
(8)	LUTHERAN BORDER CONCERNS 3060 54TH ST SAN DIAGO CA 92105	95-6153939	501C3		70,767	OTHER	FOOD, SUPPLY	RELIEF & ASSISTANCE
(9)	MANNA FROM HEAVEN 7269 HWY 610 WEST MYRA KY 41549	04-3771182	501C3		1,422,849	OTHER	FOOD, SUPPLY	RELIEF & ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DA4

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ORPHAN GRAIN TRAIN, INC.**

Employer identification number

**31-1614650**

OMB No. 1545-0047

**2023**

Open to Public Inspection

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NAHA 12085 QUAAL RD BLACK HAWK SD 57718	46-0414439	501C3		5,896,903	OTHER	FOOD, SUPPLY	RELIEF & ASSISTANCE
(2)	NAVAJO EVANGELICAL MISSION 1 W MISSION LN ROCK POINT AZ 86545	86-0136564	501C3		122,372	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(3)	NORTH AMERICAN LUTHERAN DISASTER 16500 NOBLE AVE CALDWELL OH 43724	27-3736567	501C3		113,542	OTHER	CLOTHING, SUPPLY	RELIEF & ASSISTANCE
(4)	PAVILION 29864 RESACA VIEW CIRCLE SAN BENITO TX 78586	74-2602075	501C3		1,489,698	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(5)	PEOPLE CITY MISSION 110 Q STREET LINCOLN NE 68508	47-0376896	501C3		202,255	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(6)	ST. PAUL CATHOLIC CHURCH 469 MAIN ST MCKEE KY 40447	61-1132894	501C3		375,286	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(7)	TRINITY KLEIN - LUTHERAN CHURCH 5201 SPRING CYPRESS RD SPRING TX 77379	74-6082122	501C3		30,358	OTHER	FOOD	RELIEF & ASSISTANCE
(8)	TRINITY NAVAJO BIBLE CHURCH PO BOX 1078 THOREAU NM 87323	38-3785293	501C3		1,140,563	OTHER	FOOD, SUPPLY	RELIEF & ASSISTANCE
(9)	UNITED METHODIST MOUNTAIN MISSION 950 KY-30 JACKSON KY 41339	61-0659448	501C3		6,000	OTHER	SUPPLIES	RELIEF & ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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DAA

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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Name of the organization

**ORPHAN GRAIN TRAIN, INC.**

Employer identification number

**31-1614650**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	VALLEY BAPTIST RETREAT CENTER 1600 EAST HWY 83 MISSION TX 78572	16-1735743	501C3		725,952	OTHER	FOOD, SUPPLY	RELIEF & ASSISTANCE
(2)	YSLETA LUTHERAN MISSION 301 S SCHULTZ DR EL PASO TX 79907	30-0288965	501C3		2,137,728	OTHER	FOOD, SUPPLY	RELIEF & ASSISTANCE
(3)	APPALACHIA REACH OUT 2570 ROCKCASTLE RD INEZ KY 41224	38-2008076	501C3		74,075	OTHER	CLOTHING, GOODS	RELIEF & ASSISTANCE
(4)	BEACON OF HOPE SHELTER 1021 1ST AVE N FORT DODGE IA 50501	01-0953997	501C3		9,852	OTHER	CLOTHING, GOODS	RELIEF & ASSISTANCE
(5)	BROADMOOR COMMUNITY CHURCH 2021 S DUPRE ST NEW ORLEANS LA 70125	72-0804276	501C3		484,796	OTHER	FOOD, SUPPLIES	RELIEF & ASSISTANCE
(6)	CHRISTIAN APPALACHIAN PROJECT 485 PONDEROSA DR PAINESVILLE KY 41240	61-0661137	501C3		978,569	OTHER	FOOD, SUPPLIES	RELIEF & ASSISTANCE
(7)	CHURCH ON THE STREET 3118 W CLARENDON AVE PHOENIX AZ 85017	94-2954528	501C3		68,250	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(8)	EVERYTHING BEAUTIFUL 200 EAST MEDICINE LODGE DR LAME DEER MT 59043	14-1838965	501C3		241,868	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(9)	GBARNGA LUTHERAN MISSION PROJECT 445 ELMWOOD AVE PROVIDENCE RI 02907	46-5637972	501C3		11,311	OTHER	SUPPLIES	RELIEF & ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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DAA

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

**ORPHAN GRAIN TRAIN, INC.**

**31-1614650**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GO SERVE GLOBAL 310 E BROADWAY ST EAGLE GROVE IA 50533	45-2875491	501C3		27,716	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(2)	GOOD SAMARITAN THRIFT SHOP 6510 S HWY 27 SOMERSET KY 42501	20-4257018	501C3		16,749	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(3)	HOUSE OF I AM 2625 GRAPEVINE RD MADISONVILLE KY 42431	85-3916150	501C3		6,621	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(4)	MATTHEW 25 MINISTRIES 11060 KENWOOD ROAD CINCINNATI OH 45242	31-1348100	501C3		39,816	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(5)	ST ANDREW UKRANIAN ORTHODOX 235 FAIRVIEW AVENUE WEST CALDWELL NJ 07006	52-0125440	501C3		165,849	OTHER	FOOD	RELIEF & ASSISTANCE
(6)	THE WAY COMMUNITY CENTER 449 LEBANON ST WINGO KY 42088	65-1092525	501C3		762,457	OTHER	FOOD, SUPPLY	RELIEF & ASSISTANCE
(7)	TOHONO O'ODHAM NATION P.O. BOX 837 SELLS AZ 85634	86-0044545	501C3		85,451	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(8)	CONCORDIA SEMINARY - ST. LOUIS 801 SEMINARY PL. ST. LOUIS MO 63105	43-0658188	501C3		53,481	OTHER	FOOD	RELIEF & ASSISTANCE
(9)	COVE HOUSE 108 E. HALSTEAD AVE COPPERAS COVE TX 76522	74-2764062	501C3		185,533	OTHER	SUPPLIES	RELIEF & ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

**ORPHAN GRAIN TRAIN, INC.**

**31-1614650**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CY-FAIR HELPING HANDS 9606 KIRKTON DR. HOUSTON TX 77095	45-2820606	501C3		109,017	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(2)	EBENEZER AKWANGA HUMAN RIGHTS 11103 BIRCH WAY CLINTON MD 20735	46-0528260	501C3		123,070	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(3)	JUSTICE FOR ALL 1335 VALLEY DR. ROCK VALLEY IA 51247	42-1221417	501C3		39,310	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(4)	PREGNANCY CENTER 111 PIAZZA TERRACE LINCOLN NE 68510	47-0662813	501C3		7,180	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(5)	BUILDING 1000 GENERATIONS 1695 DISCOVERY FALLS DRIVE CHULA VISTA CA 91915	95-2386217	501C3		6,775	OTHER	CLOTHING	RELIEF & ASSISTANCE
(6)	1000 HILLS RANCH CHURCH 900 LAKEVIEW DR. WOODWARD OK 73801	27-3002477	501C3		32,699	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(7)	ASCENSION LIVING VIA CHRISTI VILLAGE 3636 N. RIDGE RD, BLDG 400 WICHITA KS 67205	48-1241079	501C3		6,432	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(8)	CHILDREN'S LANTERN 930 S. CLINTON ST. DEFLANCE OH 43512	45-2595019	501C3		8,748	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(9)	CSS HASTINGS 333 W 2ND ST. HASTINGS NE 68901	47-0751554	501C3		9,315	OTHER	FOOD	RELIEF & ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

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OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Employer identification number

**31-1614650**

**Part I** **ORPHAN GRAIN TRAIN, INC.**

**Part II** **General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part III** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DCCCA - WICHITA 8901 E ORME ST. WICHITA KS 67207	23-7368880	501C3		5,280	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(2)	EMANUEL LUTHERAN CHURCH 780 KEOLU DR. KAHULUI HI 96734	99-0151567	501C3		394,187	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(3)	HERO - FARGO 5012 53RD ST. S. FARGO ND 58104	45-0457109	501C3		13,825	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(4)	HIS HANDS MINISTRY 1648 STATE HWY 2194 W. HICKORY KY 42051	87-4107041	501C3		148,577	OTHER	FOOD	RELIEF & ASSISTANCE
(5)	HUMANKIND MINISTRIES 829 N. MARKET ST. WICHITA KS 67214	48-0559085	501C3		6,432	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(6)	MATT TALBOT KITCHEN & OUTREACH 2121 N. 27TH ST. LINCOLN NE 68503	36-3945814	501C3		15,500	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(7)	MATTHEW'S CROSSING 1368 N. ARIZONA AVE, UNIT 112 CHANDLER AZ 85525	55-0896414	501C3		11,700	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(8)	MEDICAL BRIDGES 2706 MAGNET ST. HOUSTON TX 77054	76-0548161	501C3		10,527	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(9)	OMAHA RAPID RESPONSE PO BOX 53 ELKHORN NE 68022	62-1873882	501C3		7,008	OTHER	SUPPLIES	RELIEF & ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**ORPHAN GRAIN TRAIN, INC.**

Employer identification number  
**31-1614650**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OPEN DOOR, INC. 2130 E. 21ST ST. N. WICHITA KS 67214	48-0731995	501C3		9,779	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(2)	OYATE TECA PROJECT 39 WAKPALA RD. KYLE SD 57752	46-0438929	501C3		17,191	OTHER	CLOTHING, SUPPLY	RELIEF & ASSISTANCE
(3)	PASADENA COMMUNITY MINISTRIES 2301 S. HOUSTON PASADENA TX 77502	76-0540139	501C3		10,115	OTHER	CLOTHING	RELIEF & ASSISTANCE
(4)	RECOVERING OKLAHOMANS AFTER DISASTE 12101 N. MACARTHUR BLVD OKLAHOMA CITY OK 73162	83-1952160	501C3		5,738	OTHER	FOOD	RELIEF & ASSISTANCE
(5)	ST. VINCENT DE PAUL - TOLEDO 2942 W. SYLVANIA AVE. TOLEDO OH 43613	52-0591518	501C3		10,812	OTHER	CLOTHING, SUPPLY	RELIEF & ASSISTANCE
(6)	TEMPIO EMMAUS 29685 FM 1847 LOS FRESNOS TX 78566	74-2474629	501C3		59,439	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(7)	WILLOW BANK HUTTERIAN ASSOCIATION 8827 76TH ST. SE. EDGELEY ND 58433	45-1604362	501C3		38,250	OTHER	FOOD	RELIEF & ASSISTANCE
(8)	LEGACY RANCH KIDS 13326 US-183 GONZALES TX 78629	74-2910463	501C3		9,153	OTHER	SUPPLIES	RELIEF & ASSISTANCE
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 <b>RELEIF &amp; ASSISTANCE</b>	3		24,416	OTHER	HAY
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

SUPPLIES ARE SENT TO APPROVED DOMESTIC RECIPIENTS.

**PART IV - ADDITIONAL INFORMATION**

**SCHEDULE I, PART III, COLUMN B:**

ESTIMATED NUMBER OF RECIPIENTS ASSISTED IS UNKNOWN. ASSISTANCE WENT TO

VARIOUS INDIVIDUALS IN NEED.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**ORPHAN GRAIN TRAIN, INC.**

Employer identification number

**31-1614650**

**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	X		26,263,034	THRIFT STORE VALUE
6 Cars and other vehicles	X	1	60,000	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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	X	1	4,824,602	FMV LBS FOOD SHIPPED
20 Drugs and medical supplies	X	1	4,397,146	COMPARABLE ITEMS
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( SCHOOL SUPPLY )	X	2	6,013,253	THRIFT STORE VALUE
26 Other ( MISCELLANEOUS )	X	1	46,879	FMV/THRIFT STORE VALUE
27 Other ( DISASTER SUPPLY )	X	1	300,074	COMPARABLE ITEMS
28 Other ( )				

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

29

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

**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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SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

ORPHAN GRAIN TRAIN, INC.

Employer identification number

31-1614650

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD MEMBERS FOR REVIEW BEFORE  
THE RETURN IS SIGNED AND FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
EACH MEMBER IS REQUIRED TO COMPLETE A QUESTIONNAIRE AT THE ANNUAL MEETING  
IN SEPTEMBER.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED  
NEVADA, NEW JERSEY, NEW YORK, NORTH DAKOTA, OHIO, PENNSYLVANIA,  
SOUTH DAKOTA, WISCONSIN CLIENT COPY

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE  
ORGANIZATION'S OFFICE IN NORFOLK, NE.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

**2023**

Open to Public Inspection

Name of the organization

**ORPHAN GRAIN TRAIN, INC.**

Employer identification number

**31-1614650**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	OGT LOGISTICS, LLC PO BOX 1466 NORFOLK NE 68702-1466 46-1460181	TRANSPORTA	NE		368,724	ORPHAN GT
(2)	HOPE FOR THE STARVING LLC PO BOX 1466 NORFOLK NE 68701 37-1611561	FOOD & PKG	NE	501,105	271,551	ORPHAN GT
(3)						
(4)						
(5)						

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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)	.....												
(2)	.....												
(3)	.....												
(4)	.....												

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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)	.....									
(2)	.....									
(3)	.....									
(4)	.....									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		
<b>b</b>	Gift, grant, or capital contribution to related organization(s)		
<b>c</b>	Gift, grant, or capital contribution from related organization(s)		
<b>d</b>	Loans or loan guarantees to or for related organization(s)		
<b>e</b>	Loans or loan guarantees by related organization(s)		
<b>f</b>	Dividends from related organization(s)		
<b>g</b>	Sale of assets to related organization(s)		
<b>h</b>	Purchase of assets from related organization(s)		
<b>i</b>	Exchange of assets with related organization(s)		
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)		
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)		
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
<b>o</b>	Sharing of paid employees with related organization(s)		
<b>p</b>	Reimbursement paid to related organization(s) for expenses		
<b>q</b>	Reimbursement paid by related organization(s) for expenses		
<b>r</b>	Other transfer of cash or property to related organization(s)		
<b>s</b>	Other transfer of cash or property from related organization(s)		

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2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(1)	(a)	(b)	(c)	(d)	(e)		(f)	(g)	(h)		(i)		(k)
					Are all partners section 501(c)(3) organizations?	Yes			No	Disproportionate allocations?	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

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**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

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**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2023**

For calendar year 2023 or other tax year beginning **06/01/23**, and ending **05/31/24**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

Department of the Treasury  
Internal Revenue Service

**A**  Check box if address changed.

**B** Exempt under section  
 501(c) ( **C** ) ( **3** )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)  529A

**Name of organization** (  Check box if name changed and see instructions.)  
**ORPHAN GRAIN TRAIN, INC.**

**Employer identification number**  
**31-1614650**

**Number, street, and room or suite no. If a P.O. box, see instructions.**  
**P.O. BOX 1466**

**Group exemption number**  
 (see instructions)

**City or town, state or province, country, and ZIP or foreign postal code**  
**NORFOLK NE 68702-1466**

**C** Book value of all assets at end of year **33,469,884**

**F**  Check box if an amended return.

**G** Check organization type  
 501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entity

**H** Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

**J** Enter the number of attached Schedules A (Form 990-T) **2**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of **CASSIE KOERTING** Telephone number **402-371-7393**

**Part I Total Unrelated Business Taxable Income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	2,905
2	Reserved	2	
3	Add lines 1 and 2	3	2,905
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	2,905
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	2,905
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	1,905

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	400
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	400

**Part III Tax and Payments**

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	400
3a	Amount due from Form 4255	3a	
b	Amount due from Form 8611	3b	
c	Amount due from Form 8697	3c	
d	Amount due from Form 8866	3d	
e	Other amounts due (see instructions)	3e	
f	Total amounts due. Add lines 3a through 3e	3f	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	400
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	

Part III Tax and Payments (continued)

Table with 11 rows (6a-6j, 7-11) and 3 columns. Includes fields for payments, tax due, and overpayment. Total tax due is 400.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 5 rows and 3 columns. Includes questions about foreign accounts, distributions, and NOL carryovers. Business Activity Code is 480000, NOL carryover is 2,175.

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: BRENDÉE REINKE, Title: PRESIDENT.

Paid Preparer Use Only: Print/Type preparer's name: BRENDÉE REINKE, Preparer's signature: Brendée Reinke CPA, Date: 09/10/24, Firm's name: HERLEY & REINKE ACCOUNTING, PC, Firm's EIN: 37-2017297, Firm's address: 508 W PROSPECT AVE, NORFOLK, NE 68701, Phone no.: 402-379-2722.

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

**A** Name of the organization **ORPHAN GRAIN TRAIN, INC.** **B** Employer identification number **31-1614650**

**C** Unrelated business activity code (see instructions) **480000** **D** Sequence: **1** of **2**

**E** Describe the unrelated trade or business **TRANSPORTATION**

<b>Part I</b>		<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>Unrelated Trade or Business Income</b>				
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c</b> Balance	<b>1c</b>		
<b>2</b>	Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b>	Rent income (Part IV)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b>	Advertising income (Part IX)	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b>	Total. Combine lines 3 through 12	<b>13</b>	<b>0</b>	<b>0</b>

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**Part II** **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b>	Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b>	Salaries and wages	<b>2</b>		
<b>3</b>	Repairs and maintenance	<b>3</b>		
<b>4</b>	Bad debts	<b>4</b>		
<b>5</b>	Interest (attach statement). See instructions	<b>5</b>		
<b>6</b>	Taxes and licenses	<b>6</b>		
<b>7</b>	Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>0</b>
<b>9</b>	Depletion	<b>9</b>		
<b>10</b>	Contributions to deferred compensation plans	<b>10</b>		
<b>11</b>	Employee benefit programs	<b>11</b>		
<b>12</b>	Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b>	Excess readership costs (Part IX)	<b>13</b>		
<b>14</b>	Other deductions (attach statement)	<b>14</b>		
<b>15</b>	Total deductions. Add lines 1 through 14	<b>15</b>		
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		
<b>17</b>	Deduction for net operating loss. See instructions	<b>17</b>		
<b>18</b>	Unrelated business taxable income. Subtract line 17 from line 16	<b>18</b>		<b>0</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach statement)	4
5	Other costs (attach statement)	5
6	Total. Add lines 1 through 5	6
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) \_\_\_\_\_

4 Deductions directly connected with the income in lines 2a and 2b (attach statement) **CLIENT COPY**

5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) \_\_\_\_\_

**Part V Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) \_\_\_\_\_

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) \_\_\_\_\_

11 Total dividends — received deductions included in line 10 \_\_\_\_\_



**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

**Totals**

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).

**Totals**

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7



**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

**A** Name of the organization  
**ORPHAN GRAIN TRAIN, INC.**

**B** Employer identification number  
**31-1614650**

**C** Unrelated business activity code (see Instructions) **531120**

**D** Sequence: **2** of **2**

**E** Describe the unrelated trade or business **BUILDING RENTAL**

<b>Part I</b>		<b>Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances		c Balance	1c		
2	Cost of goods sold (Part III, line 8)			2		
3	Gross profit. Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions			4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from a partnership or an S corporation (attach statement)			5		
6	Rent income (Part IV)	6		4,800	1,895	2,905
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see Instructions; attach statement)	12				
13	<b>Total.</b> Combine lines 3 through 12	13		4,800	1,895	2,905

<b>Part II</b>		<b>Deductions Not Taken Elsewhere</b> See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	1,895
8	Less depreciation claimed in Part III and elsewhere on return	8a	1,895
		8b	0
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	<b>Total deductions.</b> Add lines 1 through 14	15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	2,905
17	Deduction for net operating loss. See instructions	17	
18	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16	18	2,905

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table with 4 columns (A, B, C, D) and 3 rows (2, 3, 4) for Rent Income: 2 Rent received or accrued, 3 Total rents received or accrued, 4 Deductions directly connected with the income.

5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 1,895

6 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 4,800

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table with 4 columns (A, B, C, D) and 7 rows for Unrelated Debt-Financed Income: 2 Gross income, 3 Deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Division, 7 Gross income reportable.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends — received deductions included in line 10

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

**Totals** .....

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).

**Totals** .....

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1	Description of exploited activity; .....	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7



Name <b>ORPHAN GRAIN TRAIN, INC.</b>	Taxpayer Identification Number <b>31-1614650</b>
Unincorporated Business Income Tax Code: <b>480000</b> Activity: <b>TRANSPORTATION</b>	

Each activity may carryforward losses after 2018

1	Activity income .....	1	
2	Activity deductions .....	2	
3	Activities Income or loss, after deductions .....	3	
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	4	2,175
5	Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive. ....	5	
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II .....	6	
7	Remaining losses to be carried forward to 2024 (Subtract Line 6 from line 4) .....	7	2,175
8	If line 3 is less than zero, enter that amount here as a positive number .....	8	0
9	Total loss carried forward to 2024 (Add lines 7 and 8) .....	9	2,175

Electronic Filing Includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2022, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	E1	2,175
E2 Prior year activity losses included on Schedule A, Line 17 .....	E2	

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Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
TRANSPORTATION	480000	\$ 2,175
TOTAL		\$ <u>2,175</u>

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Transportation

Schedule A (990T), Part II, Line 14 - Other Deductions

<u>Deduction Description</u>	<u>Deduction Amount</u>
FUEL	\$
DUES, LICENSE & SUBSCRIPTIONS	
INSURANCE	
OFFICE SUPPLIES	
PROFESSIONAL SERVICES	
TRAVEL	
MISCELLANEOUS	
CONTRACTED SERVICES	
UTILITIES	
TELEPHONE	
SUPPLIES	
TRANSPORTATION	
TOTAL	\$ <u>0</u>

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**Building Rental****Schedule A (990T), Part IV, Line 4 - Rent Expense Information**

Description	Deduction
BUILDING	\$
DEPRECIATION	1,895
TOTAL	\$ 1,895

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Form **990****Two Year Comparison Report****2022 & 2023**For calendar year 2023, or tax year beginning **06/01/23**, ending **05/31/24**

Name

Taxpayer Identification Number

**ORPHAN GRAIN TRAIN, INC.****31-1614650**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	50,936,125	48,511,066	-2,425,059
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	236,743	307,335	70,592
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-4,318	56,356	60,674
	8. Net income or (loss) from fundraising events	-41,123	-55,796	-14,673
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	40,320	66,598	26,278
	11. Other revenue	37,840	60,010	22,170
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>51,205,587</b>	<b>48,945,569</b>	<b>-2,260,018</b>
Expenses	13. Grants and similar amounts paid	47,099,962	44,598,821	-2,501,141
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	94,572	94,572	
	16. Salaries, other compensation, and employee benefits	930,309	1,091,199	160,890
	17. Professional fundraising fees			
	18. Other professional fees	114,031	135,432	21,401
	19. Occupancy, rent, utilities, and maintenance	221,111	199,915	-21,196
	20. Depreciation and Depletion	265,394	252,863	-12,531
	21. Other expenses	1,730,347	1,290,500	-439,847
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>50,455,726</b>	<b>47,663,302</b>	<b>-2,792,424</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>749,861</b>	<b>1,282,267</b>	<b>532,406</b>
Other Information	24. Total exempt revenue	51,205,587	48,945,569	-2,260,018
	25. Total unrelated revenue	10,442	2,905	-7,537
	26. Total excludable revenue	259,020	431,598	172,578
	27. Total assets	32,264,219	33,469,884	1,205,665
	28. Total liabilities	209,936	83,793	-126,143
	29. Retained earnings	32,054,283	33,386,091	1,331,808
	30. Number of voting members of governing body	12	12	
	31. Number of independent voting members of governing body	11	11	
	32. Number of employees	15	16	
	33. Number of volunteers	3650	3550	

Name **ORPHAN GRAIN TRAIN, INC.** Taxpayer Identification Number **31-1614650**

		2022	2023	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1. 2	2	
	2. Unrelated business taxable income from all trades	2. 2,905	2,905	
	3. Charitable contributions	3.		
	4. Section 199A deduction (trusts only)	4.		
	5. Taxable income before NOL loss	5. 2,905	2,905	
	6. Net operating loss (pre-2018)	6.		
	7. Specific deduction	7. 1,000	1,000	
	8. Unrelated business taxable income.	8. 1,905	1,905	
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)	9. 400	400	
	10. Proxy tax	10.		
	11. Other taxes	11.		
	12. Total taxes	12. 400	400	
	13. Other credits	13.		
	14. General business credit	14.		
	15. Credit for prior year minimum tax	15.		
	16. Total credits	16.		
	17. Net tax after credits	17. 400	400	
18. Recapture taxes and 965 tax	18.			
19. Total Taxes	19. 400	400		
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments	20.		
	21. Payment made with extension	21.		
	22. Backup withholding and foreign withholding	22.		
	23. Other payments	23.		
	24. Total payments	24.		
	25. Balance due/(Overpayment)	25. 400	400	
	26. Overpayment applied to next year	26.		
	27. Penalties	27.		
	28. Total due/(Refund)	28. 400	400	
29. Activity Losses NOL (Post-2017)	29. -1,453		1,453	

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Organization Name  
**ORPHAN GRAIN TRAIN, INC.**

Taxpayer Identification Number  
**31-1614650**

Activity: **TRANSPORTATION**

Unincorporated Business Income Tax Code: **480000**

		2022	2023	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.	7,537	-7,537
	11. <b>Total trade or business income.</b> Combine lines 1 through 10	11.	7,537	-7,537
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.	1,741	-1,741
	14. Repairs and maintenance	14.	1,167	-1,167
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.	286	-286
	18. Depreciation and Depletion	18.	589	-589
	19. Contributions to deferred compensation plans	19.		
	20. Employee benefit programs	20.		
	21. Other deductions	21.	5,207	-5,207
	22. <b>Total deductions.</b> Add lines 12 through 22	22.	8,990	-8,990
	23. <b>Taxable income before deductions.</b> Subtract line 23 from 11	23.	-1,453	1,453
	24. Deductible losses	24.		2,175
	25. <b>Unrelated business taxable income (loss)</b>	25.	-1,453	-2,175

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Organization Name  
**ORPHAN GRAIN TRAIN, INC.**

Taxpayer Identification Number  
**31-1614650**

Activity: **BUILDING RENTAL**

Unincorporated Business Income Tax Code: **531120**

		2022	2023	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.	2,905	2,905	
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>2,905</b>	<b>2,905</b>	
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>			
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	<b>2,905</b>	<b>2,905</b>	
	24. Deductible losses	24.			
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>2,905</b>	<b>2,905</b>	

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Form 990

## Tax Return History

2023

Name

ORPHAN GRAIN TRAIN, INC.

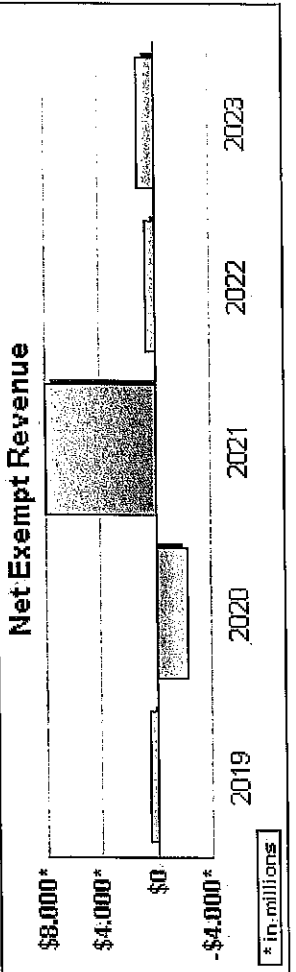
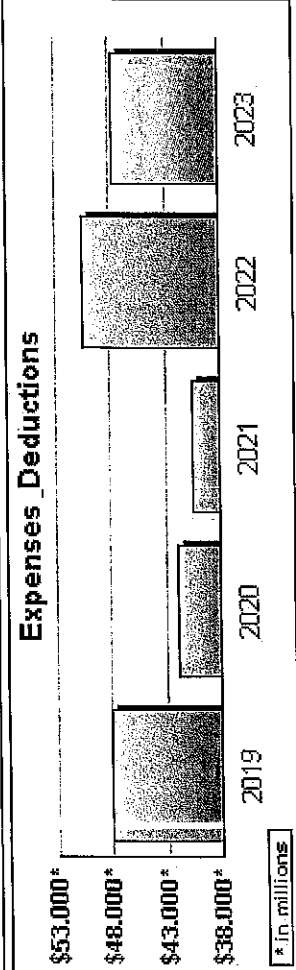
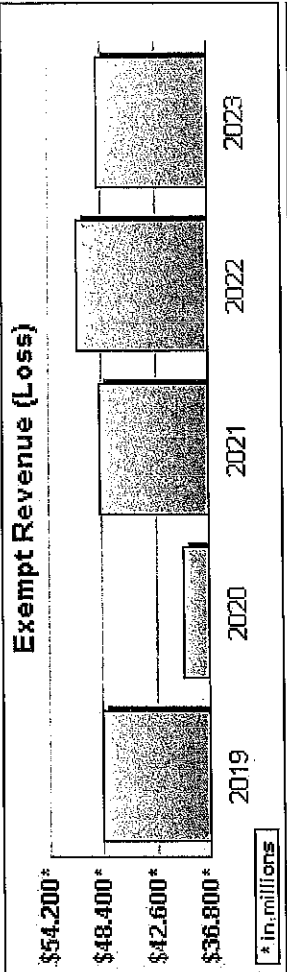
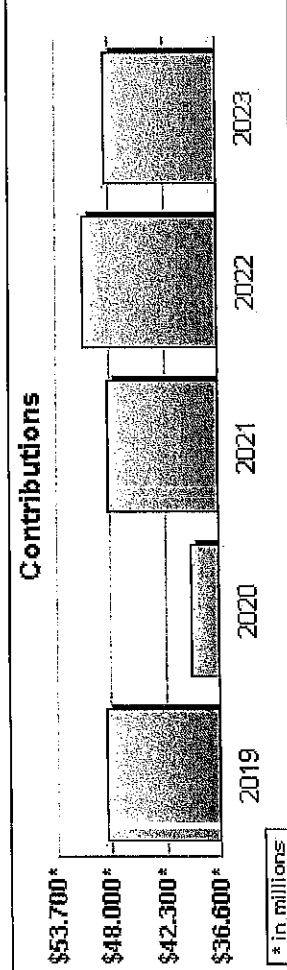
Employer Identification Number  
31-1614650

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	48,387,357	39,545,516	48,253,927	50,936,125	48,511,066	
Membership dues						
Program service revenue						
Capital gain or loss	-13,049	6,039	147,765	-4,318	56,356	
Investment income	91,958	113,774	93,347	236,743	307,335	
Fundraising revenue (income/loss)	-18,890	-633	-9,979	-41,123	-55,796	
Gaming revenue (income/loss)						
Other revenue	94,835	21,624	135,162	78,160	126,608	
<b>Total revenue</b>	<b>48,542,211</b>	<b>39,686,320</b>	<b>48,620,222</b>	<b>51,205,587</b>	<b>48,945,569</b>	
Grants and similar amounts paid	45,430,642	39,503,272	37,653,619	47,099,962	44,598,821	
Benefits paid to or for members						
Compensation of officers, etc.	94,164	94,164	94,572	94,572	94,572	
Other compensation	796,094	894,829	921,326	930,309	1,091,199	
Professional fees	112,387	100,642	126,730	114,031	135,432	
Occupancy costs	129,645	148,681	151,899	221,111	199,915	
Depreciation and depletion	275,647	305,652	284,657	265,394	252,863	
Other expenses	1,167,874	880,765	1,275,593	1,730,347	1,290,500	
<b>Total expenses</b>	<b>48,006,453</b>	<b>41,928,005</b>	<b>40,508,396</b>	<b>50,455,726</b>	<b>47,663,302</b>	
<b>Excess or (Deficit)</b>	<b>535,758</b>	<b>-2,241,685</b>	<b>8,111,826</b>	<b>749,861</b>	<b>1,282,267</b>	
Total exempt revenue	48,542,211	39,686,320	48,620,222	51,205,587	48,945,569	
Total unrelated revenue		11,194	7,669	10,442	2,905	
Total excludable revenue	154,854	129,610	358,626	259,020	431,598	
Total Assets	25,788,981	23,468,365	31,614,617	32,264,219	33,469,884	
Total Liabilities	173,498	94,567	250,281	209,936	83,793	
Net Fund Balances	25,615,483	23,373,798	31,364,336	32,054,283	33,386,091	

Name **ORPHAN GRAIN TRAIN, INC.** Employer Identification Number **31-1614650**

\* Income shown net of expenses

	2019	2020	2021	2022	2023	2024
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income		1,489	6,947	2,905	2,905	
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						





Form **990T**

**Tax Return History**

**2023**

Name

**ORPHAN GRAIN TRAIN, INC.**

Employer Identification Number

**31-1614650**

	2019	2020	2021	2022	2023	2024
Other deductions						
Net income (first activity, year 2019 & prior)		1,489	6,947	2,905	2,905	2,905
UBTI from all trades	0	1,489	6,947	2,905	2,905	
Charitable contributions						
Net operating loss deduction		1,000	1,000	1,000	1,000	1,000
Specific deduction						
Section 199A deduction (trusts)						
Income after deductions		489	5,947	1,905	1,905	1,905
Income tax (corporate or trust)		103	1,249	400	400	400
Other taxes						
<b>Total taxes</b>		103	1,249	400	400	400
General business credit						
Other credits						
<b>Net tax after credits</b>		103	1,249	400	400	400
Estimated tax payments						
Other payments						
<b>Balance due /Overpayment</b>			1,249	400	400	400

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