

**PUBLIC INSPECTION COPY**

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

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.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization: ENTREPRENEURS' ORGANIZATION D Employer identification number: 52-1651248 E Telephone number: 703-519-6700 G Gross receipts \$: 114,549,499. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.EONETWORK.ORG K Form of organization: L Year of formation: 1987 M State of legal domicile: DC

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO ENGAGE LEADING ENTREPRENEURS TO LEARN AND GROW. 2-7 Governance metrics. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer JAMIE PUJARA, BOARD CHAIR. Date. Paid: Print/Type preparer's name DANIEL O'SHEA, Preparer's signature DANIEL O'SHEA, Date 05/14/25, PTIN P00957510. Preparer Use Only: Firm's name COHNREZNICK ADVISORY LLC, Firm's address 7501 WISCONSIN AVENUE, SUITE 400E, BETHESDA, MD 20814, Firm's EIN 33-3709623, Phone no. 301-652-9100.

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 [X]

1 Briefly describe the organization's mission: TO ENGAGE LEADING ENTREPRENEURS TO LEARN AND GROW.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 23,098,834. including grants of \$ ) (Revenue \$ 51,840,199. ) CHAPTER DEVELOPMENT -- THE EO CHAPTER BASE GREW TO 220 WORLDWIDE, SERVICING OVER 18,300+ MEMBERS. EO INTERNATIONAL WAS INSTRUMENTAL IN THE FORMATION OF NEW START-UP CHAPTERS, AS WELL AS GROWING AND MAINTAINING EXISTING CHAPTERS. THE MAIN CONTRIBUTIONS INCLUDE ESTABLISHING SYSTEMS AND PROCEDURES, TRAINING OF A LOCAL EXECUTIVE BOARD, AND MAINTENANCE OF THE MEMBERSHIP BASE.

4b (Code: ) (Expenses \$ 6,821,539. including grants of \$ ) (Revenue \$ ) LEARNING AND LEADERSHIP -- EO SUPPORTS ITS MEMBERSHIP THROUGH PRODUCTS AND SERVICES THAT ADD TO MEMBER VALUE. BEING A LEARNING BASED ORGANIZATION, MOST OF THE PRODUCTS DEVELOPED BY EO ARE DELIVERED THROUGH DIFFERENT LEARNING FORMATS. SOME PRODUCTS ARE, CHAPTER LEARNING TOURS, VIRTUAL LEARNING, LEADERSHIP DEVELOPMENT AND MYEO.

4c (Code: ) (Expenses \$ 10,628,835. including grants of \$ ) (Revenue \$ 11,004,802. ) CONFERENCES AND FORUMS -- EO CONDUCTED THIRTEEN CONFERENCES LAST FISCAL YEAR. THESE CONFERENCES PROVIDE AMPLE LEARNING OPPORTUNITY TO ITS MEMBERS IN VARIOUS FORMATS (GENERAL SESSIONS WITH TOP SPEAKERS, LEARNING TRACKS THAT RANGE FROM BUSINESS TO SOCIAL IMPACTS AND OFFSITE LEARNING ACTIVITIES THAT INCLUDE SPENDING A FEW HOURS WITH THE CEO'S OF LOCAL COMPANIES). EO FORUMS PROVIDE LEARNING TO EACH MEMBER ON A PEER TO PEER BASIS AND THEY MEET MONTHLY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 14,222,644. including grants of \$ ) (Revenue \$ 3,720,715.)

4e Total program service expenses 54,771,852.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 14. 'X' marks are present in the Yes/No columns for various questions.

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

|   | Yes | No |
|---|-----|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a 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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  | X   |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

**Note:** All Form 990 filers are required to complete Schedule O

**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 |
|---|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included on line 1a... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a 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? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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 NONE
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.
[X] Own website [ ] Another's website [X] 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
RUSSELL GARVEY - 703-519-6700
500 MONTGOMERY STREET, SUITE 600, ALEXANDRIA, VA 22314

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - 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)<br>Name and title                                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) SANDEEP DHAR<br>CFO (THRU 8/20/23)                    | 40.00   |   |                       | X       |              |                              | 447,353. | 0.  | 8,350.   |   |
| (2) DEBORAH RAINEY<br>COO & INTERIM CEO                   | 40.00   |   |                       | X       |              |                              | 358,988. | 0.  | 42,765.  |   |
| (3) PANKAJ YADAVA<br>CMO (THRU 5/2024)                    | 40.00   |   |                       |         | X            |                              | 323,909. | 0.  | 22,230.  |   |
| (4) BETH MARCHESSAULT<br>CHIEF MEMBERSHIP OFFICER         | 40.00   |   |                       | X       |              |                              | 303,923. | 0.  | 19,604.  |   |
| (5) DAVID STEPHENSON<br>SVP, TECHNOLOGY                   | 40.00   |   |                       |         | X            |                              | 231,224. | 0.  | 23,616.  |   |
| (6) RYAN NOLL<br>VP, PEOPLE & CULTURE (THRU 1/2024)       | 40.00   |   |                       |         |              | X                            | 211,011. | 0.  | 29,221.  |   |
| (7) RUSSELL GARVEY<br>VP, FINANCE (INTERIM CFO)           | 40.00   |   |                       |         |              | X                            | 205,924. | 0.  | 24,777.  |   |
| (8) TIESHIA MOORE<br>VP, LEARNING                         | 40.00   |   |                       |         |              | X                            | 192,300. | 0.  | 35,973.  |   |
| (9) LEAH MERCADO<br>VP, EVENTS & MEETINGS                 | 40.00   |   |                       |         |              | X                            | 200,055. | 0.  | 25,415.  |   |
| (10) AMY SCARAMELLA<br>VP, BRAND MANAGEMENT (THRU 5/2024) | 40.00   |   |                       |         |              | X                            | 194,422. | 0.  | 28,560.  |   |
| (11) REBECCA ROEMEN<br>VP, LEADERSHIP DEV (THRU 10/2023)  | 40.00   |   |                       |         |              | X                            | 209,219. | 0.  | 13,296.  |   |
| (12) CHANG NG<br>DIRECTOR                                 | 10.00   | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (13) DAVE PARKER<br>CEO (AS OF 4/2024)                    | 40.00   | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (14) DAVID LOANEY<br>CHAIR OF STANDING FINANCE COMMITTEE  | 10.00   | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (15) DAVID NILSSEN<br>DIRECTOR                            | 10.00   | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (16) HUGO SALINAS<br>DIRECTOR                             | 10.00   | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (17) JAIME PUJARA<br>CHAIR ELECT                          | 10.00   | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) JOAQUIN CORDERO<br>DIRECTOR                                     | 10.00   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) JULIE VERGARA<br>DIRECTOR                                       | 10.00   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) LYNN ANSTETT<br>CHAIR   | 10.00   | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (21) RICH WALLER<br>DIRECTOR   | 10.00   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) ROMUALD LAPOINT<br>DIRECTOR                                     | 10.00   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        | 2,878,328.  | 0.   | 273,807.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 2,878,328.  | 0.   | 273,807.  |

**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 48

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| GENIECAST, LLC<br>200 N BROADWAY, #1550, ST. LOUIS, MO 63101               | SPEAKER FEES                   | 234,299.            |
| HARRY WALKER AGENCY LLC, 355 LEXINGTON AVE, 21ST FLOOR, NEW YORK, NY 10017 | SPEAKER FEES                   | 211,500.            |
| BROWN RUDNICK LLP<br>7 TIMES SQ, NEW YORK, NY 10036                        | LEGAL FEES                     | 176,556.            |
| VALUETAINMENT, LLC<br>5100 N DIXIE HWY, OAKLAND PARK, FL 33334             | SPEAKER FEES                   | 159,531.            |
| ANNA BIRCH<br>21498 BLUE RIDGE MTN RD, PARIS, VA 20130                     | FACILITATION FEE               | 113,000.            |

**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 5

**Part VIII Statement of Revenue**

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

|  |  |  |               | (A)            | (B)                                | (C)                        | (D)  |  |
|--|--|--|---------------|----------------|------------------------------------|----------------------------|--|--|
|  |  |  |               | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns .....  | <b>1a</b>     |                |                                    |                            |  |  |
|  | <b>b</b>   | Membership dues .....  | <b>1b</b>     |                |                                    |                            |  |  |
|  | <b>c</b>   | Fundraising events .....   | <b>1c</b>     |                |                                    |                            |  |  |
|  | <b>d</b>   | Related organizations .....  | <b>1d</b>     |                |                                    |                            |  |  |
|  | <b>e</b>   | Government grants (contributions) .....  | <b>1e</b>     |                |                                    |                            |  |  |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>     |                |                                    |                            |  |  |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>     | \$             |                                    |                            |  |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f .....  |               |                |                                    |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>   | MEMBERSHIP DUES  | Business Code | 900099         | 54,165,339.                        | 54165339.                  |  |  |
|  | <b>b</b>   | CONFERENCES & FORUMS   | Business Code | 900099         | 11,498,390.                        | 11498390.                  |  |  |
|  | <b>c</b>   |  |               |                |                                    |                            |  |  |
|  | <b>d</b>   |  |               |                |                                    |                            |  |  |
|  | <b>e</b>   |  |               |                |                                    |                            |  |  |
|  | <b>f</b>   | All other program service revenue .....  |               |                |                                    |                            |  |  |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f .....  |               |                | 65,663,729.                        |                            |  |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) ..... |               |                | 2,188,363.                         |                            | 2188363.   |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds .....                           |               |                |                                    |                            |  |  |
|  | <b>5</b>   | Royalties .....  |               |                | 1,031,274.                         |                            | 1031274.   |  |
|  | <b>6 a</b>   | Gross rents .....  | <b>6a</b>     | (i) Real       |                                    |                            |  |  |
|  |  |  |               | (ii) Personal  |                                    |                            |  |  |
|  |  |  |               |                |                                    |                            |  |  |
|  | <b>b</b>   | Less: rental expenses ...  | <b>6b</b>     |                |                                    |                            |  |  |
|  | <b>c</b>   | Rental income or (loss)  | <b>6c</b>     |                |                                    |                            |  |  |
|  | <b>d</b>   | Net rental income or (loss) .....  |               |                |                                    |                            |  |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory .....                       | <b>7a</b>     | (i) Securities |                                    |                            |  |  |
|  |  |  |               | (ii) Other     |                                    |                            |  |  |
|  |  |  |               |                | 44,764,146.                        |                            |  |  |
|  |  |  |               |                |                                    |                            |  |  |
|  | <b>b</b>   | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>     | 44,998,173.    |                                    |                            |  |  |
|  | <b>c</b>   | Gain or (loss) .....   | <b>7c</b>     | -234,027.      |                                    |                            |  |  |
| <b>d</b>   | Net gain or (loss) .....   |  |               | -234,027.      |                                    | -234,027.                  |  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>  |               |                |                                    |                            |  |  |
|  |  |  |               |                |                                    |                            |  |  |
|  |  |  |               |                |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....  | <b>8b</b>  |               |                |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events .....   |  |               |                |                                    |                            |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>  |               |                |                                    |                            |  |  |
|  |  |  |               |                |                                    |                            |  |  |
|  |  |  |               |                |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....  | <b>9b</b>  |               |                |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities .....  |  |               |                |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....  | <b>10a</b>   |               |                |                                    |                            |  |  |
|  |  |  |               |                |                                    |                            |  |  |
|  |  |  |               |                |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold .....   | <b>10b</b>   |               |                |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory .....   |  |               |                |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  | INSURANCE RECOVERY AND SETTLEMENT  | Business Code | 900099         | 901,442.                           | 901,442.                   |  |  |
|  | <b>b</b>   |  |               |                |                                    |                            |  |  |
|  | <b>c</b>   |  |               |                |                                    |                            |  |  |
|  | <b>d</b>   | All other revenue .....  |               | 900099         | 545.                               | 545.                       |  |  |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d .....  |               |                | 901,987.                           |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....   |  |               | 69,551,326.    | 66565716.                          | 0.                         | 2985610.   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 2,239,510.            | 1,994,231.                      | 245,279.                               |                             |
| 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 .....   | 14,606,266.           | 13,006,536.                     | 1,599,730.                             |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 395,708.              | 352,369.                        | 43,339.                                |                             |
| 9 Other employee benefits .....  | 1,638,191.            | 1,458,770.                      | 179,421.                               |                             |
| 10 Payroll taxes .....   | 1,139,843.            | 1,015,003.                      | 124,840.                               |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  | 663,731.              |                                 | 663,731.                               |                             |
| c Accounting .....   | 54,390.               |                                 | 54,390.                                |                             |
| 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 Sch O.)   | 1,901,092.            | 1,506,553.                      | 394,539.                               |                             |
| 12 Advertising and promotion .....   | 2,417,406.            | 2,389,915.                      | 27,491.                                |                             |
| 13 Office expenses .....   | 2,824,044.            | 482,045.                        | 2,341,999.                             |                             |
| 14 Information technology .....  | 2,953,894.            | 2,929,057.                      | 24,837.                                |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 247,188.              | 220,115.                        | 27,073.                                |                             |
| 17 Travel .....  | 5,596,112.            | 4,270,208.                      | 1,325,904.                             |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 20,129,129.           | 19,552,263.                     | 576,866.                               |                             |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   |                       |                                 |  |                             |
| 23 Insurance .....   |                       |                                 |  |                             |
| 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>CHAPTER &amp; REGIONAL SUPP</b>   | 5,775,956.            | 5,594,787.                      | 181,169.                               |                             |
| b _____  |                       |                                 |  |                             |
| c _____  |                       |                                 |  |                             |
| d _____  |                       |                                 |  |                             |
| e All other expenses _____   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>62,582,460.</b>    | <b>54,771,852.</b>              | <b>7,810,608.</b>                      | <b>0.</b>                   |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   |                          | <b>1</b>    |                    |
|   | <b>2</b> Savings and temporary cash investments .....  | 23,253,753.              | <b>2</b>    | 21,250,685.        |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>    |                    |
|   | <b>4</b> Accounts receivable, net .....  | 1,480,468.               | <b>4</b>    | 338,486.           |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 1,928,227.               | <b>9</b>    | 1,417,987.         |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b>               |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>               | <b>10c</b>  |                    |
|   | <b>11</b> Investments - publicly traded securities .....   | 42,582,116.              | <b>11</b>   | 56,040,628.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  | 1,556,956.               | <b>14</b>   | 1,442,183.         |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 331,861.                 | <b>15</b>   | 81,952.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 71,133,381.  | <b>16</b>                | 80,571,921. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 8,727,876.               | <b>17</b>   | 6,753,308.         |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue .....   | 43,895,856.              | <b>19</b>   | 47,576,857.        |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 1,561,657.               | <b>25</b>   | 1,505,505.         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 54,185,389.              | <b>26</b>   | 55,835,670.        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 16,947,992.              | <b>27</b>   | 24,736,251.        |
|   | <b>28</b> Net assets with donor restrictions .....   |                          | <b>28</b>   |                    |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 16,947,992.              | <b>32</b>   | 24,736,251.        |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 71,133,381.              | <b>33</b>   | 80,571,921.        |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 69,551,326. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 62,582,460. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 6,968,866.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 16,947,992. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 819,393.    |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 24,736,251. |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | X   |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____   |     | X  |
| 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 _____   |     |    |

Form 990 (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: ENTREPRENEURS ' ORGANIZATION
Employer identification number: 52-1651248

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
10 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
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).

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 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**

|   |           |                          |
|---|-----------|--------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....  | <b>15</b> | %                        |
| <b>16a 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 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"/> |
| <b>17a 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"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |           | 1377752.  |           | 38,049.   |           | 1415801.  |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 44229313. | 31607386. | 50094948. | 60961617. | 65663729. | 252556993 |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |           |           |           |           |           |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |           |           |           |           |           |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |           |           |           |           |           |           |
| <b>6 Total.</b> Add lines 1 through 5   | 44229313. | 32985138. | 50094948. | 60999666. | 65663729. | 253972794 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |           |           |           |           |           | 0.        |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |           |           |           |           |           | 0.        |
| <b>c</b> Add lines 7a and 7b  |           |           |           |           |           | 0.        |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |           |           |           |           |           | 253972794 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>9</b> Amounts from line 6   | 44229313. | 32985138. | 50094948. | 60999666. | 65663729. | 253972794 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1287621.  | 1123389.  | 894,358.  | 1549994.  | 3219637.  | 8074999.  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |           |           |           |           |           |           |
| <b>c</b> Add lines 10a and 10b   | 1287621.  | 1123389.  | 894,358.  | 1549994.  | 3219637.  | 8074999.  |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on      |           |           |           |           |           |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  | 1,298.    | 141,826.  | 83,695.   | 28,123.   | 901,987.  | 1156929.  |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 45518232. | 34250353. | 51073001. | 62577783. | 69785353. | 263204722 |

**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**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | 96.49 % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15                       | <b>16</b> | 97.42 % |

**Section D. Computation of Investment Income Percentage**

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | 3.07 % |
| <b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17                         | <b>18</b> | 2.46 % |

**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 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

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

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

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

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| <b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>   |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |
| <b>2a</b>   |     |    |
| <b>2b</b>   |     |    |
| <b>3a</b>   |     |    |
| <b>3b</b>   |     |    |

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

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

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

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 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 2023 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>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</b> of lines 3a through 3e   |  |   |
| 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   | Breakdown of line 7:  |  |   |
| 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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 1,298.

2020 AMOUNT: \$ 141,826.

2021 AMOUNT: \$ 83,695.

2022 AMOUNT: \$ 28,123.

2023 AMOUNT: \$ 545.

INSURANCE RECOVERY AND SETTLEMENTS

2023 AMOUNT: \$ 901,442.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **ENTREPRENEURS ' ORGANIZATION** Employer identification number **52-1651248**

**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.

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 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? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 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? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a .....   | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

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.

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.

b 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 ..... \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 in 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                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| 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                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      |                                 |                              |                |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

**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> (Col. (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> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |   |

**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) OPERATING LEASE LIABILITY   | 1,505,505.     |
| (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           | 70,370,719. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |             |
| a | Net unrealized gains (losses) on investments                                    | 2a | 819,393.    |             |
| b | Donated services and use of facilities  | 2b |             |             |
| c | Recoveries of prior year grants   | 2c |             |             |
| d | Other (Describe in Part XIII.)  | 2d |             |             |
| e | Add lines 2a through 2d   | 2e | 819,393.    |             |
| 3 | Subtract line 2e from line 1  | 3  | 69,551,326. |             |
| 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 |             | 0.          |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 69,551,326. |             |

**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           | 62,582,460. |
| 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 |             |             |
| e | Add lines 2a through 2d  | 2e |             | 0.          |
| 3 | Subtract line 2e from line 1   | 3  | 62,582,460. |             |
| 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 |             | 0.          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 62,582,460. |             |

**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 X, LINE 2:**

EO IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). DUE TO ITS TAX-EXEMPT STATUS, EO IS NOT SUBJECT TO INCOME TAXES ON REVENUE THAT IS GENERATED RELATED TO ITS EXEMPT PURPOSE. EO IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH THE INTERNAL REVENUE SERVICE ("IRS") AND OTHER TAXING AUTHORITIES. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO EO'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. DURING THE YEARS ENDED JUNE 30, 2024 AND 2023, EO DID NOT EARN ANY UNRELATED BUSINESS INCOME FROM ITS ACTIVITIES.

EO BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION TAKEN AND, AS



**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<br><b>ENTREPRENEURS ' ORGANIZATION</b> | Employer identification number<br><b>52-1651248</b> |
|---|---|

**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 |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,      |                                     | 4  | PROGRAM SERVICES   | LEARNING ACTIVITIES, CHAPTER DEVELOPMENT, FORUM TRAININGS AND CONFERENCES.                             | 1445850.   |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,             |                                     | 15   | PROGRAM SERVICES   | LEARNING ACTIVITIES, CHAPTER DEVELOPMENT, FORUM TRAININGS AND CONFERENCES.                             | 5245700.   |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM |                                     | 9  | PROGRAM SERVICES   | LEARNING ACTIVITIES, CHAPTER DEVELOPMENT, FORUM TRAININGS AND CONFERENCES.                             | 3476550.   |
| MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,           |                                     | 2  | PROGRAM SERVICES   | LEARNING ACTIVITIES, CHAPTER DEVELOPMENT, FORUM TRAININGS AND CONFERENCES.                             | 1525670.   |
| NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES                |                                     | 23   | PROGRAM SERVICES   | LEARNING ACTIVITIES, CHAPTER DEVELOPMENT, FORUM TRAININGS AND CONFERENCES.                             | 3654600.   |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,       |                                     | 1  | PROGRAM SERVICES   | LEARNING ACTIVITIES, CHAPTER DEVELOPMENT, FORUM TRAININGS AND CONFERENCES.                             | 945,250.   |
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,              |                                     | 15   | PROGRAM SERVICES   | LEARNING ACTIVITIES, CHAPTER DEVELOPMENT, FORUM TRAININGS AND CONFERENCES.                             | 2856750.   |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,                 |                                     | 5  | PROGRAM SERVICES   | LEARNING ACTIVITIES, CHAPTER DEVELOPMENT, FORUM TRAININGS AND CONFERENCES.                             | 845,800.   |
| <b>3 a</b> Subtotal .....   | 0                                   | 74   |  |  | 19996170   |
| <b>b</b> Total from continuation sheets to Part I .....                     | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....                                 | 0                                   | 74   |  |  | 19996170   |

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

Schedule F (Form 990) 2023





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

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**ENTREPRENEURS ' ORGANIZATION**

Employer identification number

**52-1651248**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

| (A) Name and Title  |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) SANDEEP DHAR<br>CFO (THRU 8/20/23)                    | (i)  | 252,674.   | 63,550.                             | 131,129.                            | 7,661.   | 689.                    | 455,703.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) DEBORAH RAINEY<br>COO & INTERIM CEO                   | (i)  | 303,058.   | 55,300.                             | 630.                                | 20,250.  | 22,515.                 | 401,753.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) PANKAJ YADAVA<br>CMO (THRU 5/2024)                    | (i)  | 323,279.   | 0.                                  | 630.                                | 12,917.  | 9,313.                  | 346,139.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) BETH MARCHESSAULT<br>CHIEF MEMBERSHIP OFFICER         | (i)  | 303,503.   | 0.                                  | 420.                                | 18,105.  | 1,499.                  | 323,527.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) DAVID STEPHENSON<br>SVP, TECHNOLOGY                   | (i)  | 230,258.   | 0.                                  | 966.                                | 14,961.  | 8,655.                  | 254,840.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) RYAN NOLL<br>VP, PEOPLE & CULTURE (THRU 1/2024)       | (i)  | 210,591.   | 0.                                  | 420.                                | 8,686.   | 20,535.                 | 240,232.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) RUSSELL GARVEY<br>VP, FINANCE (INTERIM CFO)           | (i)  | 195,300.   | 10,000.                             | 624.                                | 7,957.   | 16,820.                 | 230,701.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) TIESHIA MOORE<br>VP, LEARNING                         | (i)  | 191,884.   | 0.                                  | 416.                                | 13,458.  | 22,515.                 | 228,273.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) LEAH MERCADO<br>VP, EVENTS & MEETINGS                 | (i)  | 199,639.   | 0.                                  | 416.                                | 11,898.  | 13,517.                 | 225,470.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) AMY SCARAMELLA<br>VP, BRAND MANAGEMENT (THRU 5/2024) | (i)  | 193,466.   | 0.                                  | 956.                                | 7,971.   | 20,589.                 | 222,982.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) REBECCA ROEMEN<br>VP, LEADERSHIP DEV (THRU 10/2023)  | (i)  | 204,386.   | 4,500.                              | 333.                                | 7,283.   | 6,013.                  | 222,515.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III** Supplemental Information

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

PART I, LINE 3:

EO'S HUMAN CAPITAL ADVISORY COMMITTEE (HCAC) WORKED WITH AN OUTSIDE FIRM TO RECOMMEND A CEO TO THE BOARD AND THEY ALSO ADVISED ON THE COMPENSATION PACKAGE FOR THE NEWLY HIRED CEO.

PART I, LINE 4A:

IN 2023, THE EXITING CFO RECEIVED A SEVERANCE PAYMENT OF \$130,000.

PART I, LINE 7:

IN 2023, PERFORMANCE BONUSES WERE PAID TO ELIGIBLE EMPLOYEES.

**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

ENTREPRENEURS' ORGANIZATION

Employer identification number

52-1651248

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM EXPENSES -- STRATEGIC COMMUNICATIONS, INFORMATION SYSTEMS  
DEVELOPMENT, BUSINESS DEVELOPMENT, ORGANIZATIONAL LEADERSHIP AND GLOBAL  
RESOURCES

EXPENSES \$ 14,222,644. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,720,715.

FORM 990, PART VI, SECTION A, LINE 6:

THERE IS ONLY ONE CLASS OF MEMBERS, AND ALL MEMBERS HAVE EQUAL VOTING  
RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A:

GLOBAL BOARD CANDIDATES ARE SELECTED THROUGH AN APPLICATION AND INTERVIEW  
PROCESS. THE PROPOSED SLATE IS SENT TO THE GENERAL MEMBERSHIP TO REVIEW AND  
VOTE ON EACH CANDIDATE. A MAJORITY VOTE CAST SHALL CONSTITUTE APPROVAL OF A  
CANDIDATE. THERE IS ONLY ONE CLASS OF MEMBER AND ALL MEMBERS HAVE EQUAL  
VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE GOVERNANCE COMMITTEE, MADE UP OF MEMBER VOLUNTEERS, IS RESPONSIBLE FOR  
ALL MEMBERSHIP DISCIPLINARY RECOMMENDATIONS TO THE BOARD OF DIRECTORS.  
ULTIMATELY THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ALL GOVERNANCE AND  
OVERSIGHT CONCERNS.

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

THE 990 IS REVIEWED BY THE STANDING FINANCE COMMITTEE AND BOARD OF  
DIRECTORS PRIOR TO FILING.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

|   |   |
|---|---|
| Name of the organization<br><b>ENTREPRENEURS ' ORGANIZATION</b> | Employer identification number<br><b>52-1651248</b> |
|---|---|

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

BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AND THE STATEMENTS ARE MONITORED AND REVIEWED BY THE GOVERNANCE COMMITTEE.

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

THE BOARD OF DIRECTORS PERFORMS AN ANNUAL EVALUATION OF THE CEO AND THAT IS TIED TO COMPENSATION AS WELL AS THE EMPLOYMENT CONTRACT. THE CEO PERFORMS AN ANNUAL REVIEW FOR EACH MEMBER OF THE EXECUTIVE TEAM. ANY POTENTIAL BONUSES, WHICH ARE TIED TO ORGANIZATION METRICS FOR THE EXECUTIVE TEAM ARE APPROVED BY THE BOARD OF DIRECTORS. FOR OTHER KEY EMPLOYEES OF THE ORGANIZATION, THE CEO REVIEWS THEIR COMPENSATION ON AN ANNUAL BASIS. OUTSIDE COMPENSATION TOOLS ARE USED ON AN ANNUAL BASIS FOR BENCHMARKING.

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

EO MAINTAINS A WEBSITE WHERE ITS BYLAWS, POLICIES AND PROCEDURES, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE.

**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 **ENTREPRENEURS ' ORGANIZATION** Employer identification number **52-1651248**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
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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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| ENTREPRENEURS' FOUNDATION<br>1250-1500 WEST GEORGIA STREET<br>VANCOUVER, BRITISH COLUMBIA, CANADA V6G 2Z6 | CHARITABLE              | CANADA  | 501(C)(3)                     | EO  |                                     | X  |    |
|   |                         |   |                               |   |                                     |  |    |
|   |                         |   |                               |   |                                     |  |    |
|   |                         |   |                               |   |                                     |  |    |
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|   |                         |   |                               |   |                                     |  |    |

**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.

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
| ENTREPRENEURS ORGANISATION EUROPE LMTE<br>11 ST. JAMES'S PLACE<br>LONDON, UNITED KINGDOM SW1A1NP | EDUCATION               | UNITED<br>KINGDOM   | ENTREPRE. ORG.                      | C CORP   | 0.                              | 0.                                       | 100%                           | X   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |

**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.

**1** 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?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                              |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                               |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                               |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....   |     | X  |

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



**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

Form **5471**

# Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

(Rev. December 2023)

Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JUL 1, 2023**, and ending **AUG 3, 2023**

Attachment  
Sequence No. **121**

|   |  |
|---|--|
| Name of person filing this return<br><br><b>ENTREPRENEURS' ORGANIZATION</b><br><small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small><br><b>500 MONTGOMERY STREET, SUITE 600</b><br><small>City or town, state, and ZIP code</small><br><b>ALEXANDRIA, VA 22314</b> | <b>A Identifying number</b><br><br><b>52-1651248</b><br><br><b>B Category of filer</b> (See instructions. Check applicable box(es).):<br>1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/><br><br><b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ %<br><br>Filer's tax year beginning <b>JUL 1, 2023</b> , and ending <b>JUN 30, 2024</b> |
|---|--|

**D** Check box if this is a final Form 5471 for the foreign corporation

**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions)

**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) \_\_\_\_\_

**H** Person(s) on whose behalf this information return is filed:

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) |         |          |
|----------|-------------|------------------------|------------------------------|---------|----------|
|          |             |                        | Shareholder                  | Officer | Director |
|          |             |                        |                              |         |          |
|          |             |                        |                              |         |          |
|          |             |                        |                              |         |          |

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

|   |  |  |  |   |
|---|--|--|--|---|
| <b>1a</b> Name and address of foreign corporation<br><br><b>ENTREPRENEURS' ORGANIZATION EUROPE LIMITED</b><br><b>11 ST. JAMES'S PLACE</b><br><b>LONDON SW1A1NP</b><br><b>UNITED KINGDOM</b> | <b>b(1)</b> Employer identification number, if any<br><br><b>b(2)</b> Reference ID number (see instructions)<br><b>10069314</b><br><br><b>b(3)</b> Previous reference ID number(s), if any (see instr.)<br><br><b>c</b> Country under whose laws incorporated<br><b>UNITED KINGDOM</b> |  |  |   |
| <b>d</b> Date of incorporation<br><b>03/17/16</b>   | <b>e</b> Principal place of business<br><b>UNITED KINGDOM</b>  | <b>f</b> Principal business activity code number<br> | <b>g</b> Principal business activity<br> | <b>h</b> Functional currency code<br><b>USD</b> |

**2** Provide the following information for the foreign corporation's accounting period stated above.

|  |   |                              |   |  |  |
|--|---|------------------------------|---|--|--|
| <b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States<br><br> | <b>b</b> If a U.S. income tax return was filed, enter:<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">(i) Taxable income or (loss)</td> <td style="width:50%; vertical-align: top;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | (i) Taxable income or (loss) | (ii) U.S. income tax paid (after all credits) |  |  |
| (i) Taxable income or (loss)   | (ii) U.S. income tax paid (after all credits)   |                              |   |  |  |
|  |   |                              |   |  |  |
| <b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation<br> | <b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different<br>   |                              |   |  |  |

| Schedule A Stock of the Foreign Corporation |   |                                      |
|---|---|--------------------------------------|
| (a) Description of each class of stock      | (b) Number of shares issued and outstanding |                                      |
|   | (i) Beginning of annual accounting period   | (ii) End of annual accounting period |
| COMMON                                      | 0   | 0                                    |
|   |   |                                      |
|   |   |                                      |

Schedule B Shareholders of Foreign Corporation

Part I U.S. Shareholders of Foreign Corporation (see instructions)

Table with 5 columns: (a) Name, address, and identifying number of shareholder; (b) Description of each class of stock held by shareholder; (c) Number of shares held at beginning of annual accounting period; (d) Number of shares held at end of annual accounting period; (e) Pro rata share of Subpart F income. Row 1: ENTREPRENEURS ' ORGANIZAT, 500 MONTGOMERY STREET, S, ALEXANDRIA VA 22314, COMMON, 1, 0.

Part II Direct Shareholders of Foreign Corporation (see instructions)

Table with 4 columns: (a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable; (b) Description of each class of stock held by shareholder; (c) Number of shares held at beginning of annual accounting period; (d) Number of shares held at end of annual accounting period. Row 1: ENTREPRENEURS ' ORGANIZAT, 500 MONTGOMERY STREET, S, ALEXANDRIA VA 22314, COMMON, 1, 0.

**Schedule C** **Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

|  |   | Functional Currency | U.S. Dollars |
|--|---|---------------------|--------------|
| <b>Income</b>  | <b>1a</b> Gross receipts or sales .....   | <b>1a</b>           |              |
|  | <b>b</b> Returns and allowances .....   | <b>1b</b>           |              |
|  | <b>c</b> Subtract line 1b from line 1a .....  | <b>1c</b>           |              |
|  | <b>2</b> Cost of goods sold .....   | <b>2</b>            |              |
|  | <b>3</b> Gross profit (subtract line 2 from line 1c) .....  | <b>3</b>            |              |
|  | <b>4</b> Dividends .....  | <b>4</b>            |              |
|  | <b>5</b> Interest .....   | <b>5</b>            |              |
|  | <b>6a</b> Gross rents .....   | <b>6a</b>           |              |
|  | <b>b</b> Gross royalties and license fees .....   | <b>6b</b>           |              |
|  | <b>7</b> Net gain or (loss) on sale of capital assets .....   | <b>7</b>            |              |
| <b>8a</b> Foreign currency transaction gain or loss - unrealized .....                     | <b>8a</b>   |                     |              |
|  | <b>b</b> Foreign currency transaction gain or loss - realized .....   | <b>8b</b>           |              |
| <b>9</b> Other income (attach statement) .....   | <b>9</b>  |                     |              |
| <b>10</b> Total income (add lines 3 through 9) .....                                       | <b>10</b>   |                     |              |
| <b>Deductions</b>  | <b>11</b> Compensation not deducted elsewhere .....   | <b>11</b>           |              |
|  | <b>12a</b> Rents .....  | <b>12a</b>          |              |
|  | <b>b</b> Royalties and license fees .....   | <b>12b</b>          |              |
|  | <b>13</b> Interest .....  | <b>13</b>           |              |
|  | <b>14</b> Depreciation not deducted elsewhere .....   | <b>14</b>           |              |
|  | <b>15</b> Depletion .....   | <b>15</b>           |              |
|  | <b>16</b> Taxes (exclude income tax expense (benefit)) .....  | <b>16</b>           |              |
|  | <b>17</b> Other deductions (attach statement - exclude income tax expense (benefit)) .....  | <b>17</b>           |              |
| <b>18</b> Total deductions (add lines 11 through 17) .....                                 | <b>18</b>   |                     |              |
| <b>Net Income</b>  | <b>19</b> Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) ..... | <b>19</b>           |              |
|  | <b>20</b> Unusual or infrequently occurring items .....   | <b>20</b>           |              |
|  | <b>21a</b> Income tax expense (benefit) - current .....   | <b>21a</b>          |              |
|  | <b>b</b> Income tax expense (benefit) - deferred .....  | <b>21b</b>          |              |
| <b>22</b> Current year net income or (loss) per books (combine lines 19 through 21b) ..... | <b>22</b>   |                     |              |
| <b>Other Comprehensive Income</b>  | <b>23a</b> Foreign currency translation adjustments .....   | <b>23a</b>          |              |
|  | <b>b</b> Other .....  | <b>23b</b>          |              |
|  | <b>c</b> Income tax expense (benefit) related to other comprehensive income .....   | <b>23c</b>          |              |
|  | <b>24</b> Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) .....  | <b>24</b>           |              |

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Table with columns: Assets, (a) Beginning of annual accounting period, (b) End of annual accounting period. Rows include Cash, Trade notes and accounts receivable, Derivatives, Inventories, etc.

Liabilities and Shareholders' Equity

Table with columns: Liabilities and Shareholders' Equity, (a) Beginning of annual accounting period, (b) End of annual accounting period. Rows include Accounts payable, Other current liabilities, Capital stock, etc.

Schedule G Other Information

Table with columns: Question, Yes, No. Rows include questions about foreign corporation ownership, base erosion payments, and disallowed deductions.

---

FORM 5471      NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF      STATEMENT 1  
SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO  
THE STOCK OF THE FOREIGN CORPORATION

---

| NAME AND ADDRESS   | IDENTIFYING<br>NUMBER | NUMBER OF<br>SHARES |
|--|-----------------------|---------------------|
| ENTREPRENEURS' ORGANIZATION 500 MONTGOMERY STREET,<br>#600 ALEXANDRIA VA | 52-1651248            | 0                   |

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No' and rows 6a through 19b. Includes questions about foreign-derived intangible income, gross receipts, cost sharing arrangements, stock purchases, and interest expense disallowances.

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder ENTREPRENEUR ' ORGANIZATION Identifying number 52-1651248

Table with columns for line numbers (1a-6) and descriptions of income types such as Section 964(e)(4) subpart F dividend income, Section 245A(e)(2) subpart F income, etc.

Table with columns for questions (7a-9) and Yes/No columns. Questions include: Was any income of the foreign corporation blocked? Did any such income become unblocked during the tax year? Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year?

**SCHEDULE E  
(Form 5471)**

(Rev. December 2021)  
Department of the Treasury  
Internal Revenue Service

**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

▶ **Attach to Form 5471.**

OMB No. 1545-0123

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

|  |  |   |
|--|--|---|
| Name of person filing Form 5471<br><b>ENTREPRENEURS' ORGANIZATION</b>  |  | Identifying number<br><b>52-1651248</b>                   |
| Name of foreign corporation<br><b>ENTREPRENEURS' ORGANIZATION EUROPE LIMITED</b>                                 |  | EIN (if any)  |
|  |  | Reference ID number (see instructions)<br><b>10069314</b> |
| a Separate Category (Enter code - see instructions.)   |  | ▶ <b>GEN</b>  |
| b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)        |  | ▶   |
| c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) |  | ▶   |

**Part I Taxes for Which a Foreign Tax Credit Is Allowed**

**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

|   | (a)<br>Name of Payor Entity   | (b)<br>EIN or Reference ID Number of Payor Entity         | (c)<br>Unsuspected Taxes  | (d)<br>Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.) | (e)<br>Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day) | (f)<br>U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day) |  |
|---|---|---|---|---|---|--|--|
| 1 | <b>ENTREPRENEURS' ORGANIZATION EUROPE</b>   | <b>10069314</b>   | <input type="checkbox"/>  | <b>UK</b>   | <b>2024/06/30</b>   | <b>2024/06/30</b>  |  |
| 2 |   |   | <input type="checkbox"/>  |   |   |  |  |
| 3 |   |   | <input type="checkbox"/>  |   |   |  |  |
| 4 |   |   | <input type="checkbox"/>  |   |   |  |  |
|   | (g)<br>Income Subject to Tax in the Foreign Jurisdiction (see instructions)                 | (h)<br>If taxes are paid on U.S. source income, check box | (i)<br>Local Currency in Which Tax Is Payable (enter code - see instructions) | (j)<br>Tax Paid or Accrued (in local currency in which the tax is payable)  | (k)<br>Conversion Rate to U.S. Dollars  | (l)<br>In U.S. Dollars (divide column (j) by column (k))                   | (m)<br>In Functional Currency of Foreign Corporation |
| 1 |   | <input type="checkbox"/>                                  | <b>USD</b>  |   |   |  | <b>0.</b>  |
| 2 |   | <input type="checkbox"/>                                  |   |   |   |  |  |
| 3 |   | <input type="checkbox"/>                                  |   |   |   |  |  |
| 4 |   | <input type="checkbox"/>                                  |   |   |   |  |  |
| 5 | Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 |   |   |   |   |  | ▶  |
| 6 | Total (combine lines 1 through 4 of column (m))   |   |   |   |   |  | ▶  |

**Section 2 - Taxes Deemed Paid by Foreign Corporation**

|   | (a)<br>Name of Lower-Tier Distributing Foreign Corporation                                  | (b)<br>EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation | (c)<br>Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.) | (d)<br>PTEP Group (enter code)  | (e)<br>Annual PTEP Account (enter year) |   |
|---|---|--|---|---|---|---|
| 1 |   |  |   |   |   |   |
| 2 |   |  |   |   |   |   |
| 3 |   |  |   |   |   |   |
| 4 |   |  |   |   |   |   |
|   | (f)<br>PTEP Distributed (enter amount in functional currency)                               | (g)<br>Total Amount of PTEP in the PTEP Group (in functional currency)           | (h)<br>Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)  | (i)<br>Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD) |   |   |
| 1 |   |  |   |   |   |   |
| 2 |   |  |   |   |   |   |
| 3 |   |  |   |   |   |   |
| 4 |   |  |   |   |   |   |
| 5 | Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 |  |   |   |   | ▶ |

Name of foreign corporation **ENTREPRENEURS' ORGANIZATION EUROPE LIMITED** EIN (if any) Reference ID number (see instructions) **10069314**

- a Separate Category (Enter code - see instructions.) **GEN**
- b If code 901j is entered on line a, enter the country code for the sanctioned country
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country

**Part II Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes  No If "Yes," state date of election

**Part III Taxes for Which a Foreign Tax Credit Is Disallowed** (Enter in functional currency of foreign corporation.)

|   | (a)<br>Name of Payor Entity   | (b)<br>EIN or Reference ID<br>No. of Payor Entity | (c)<br>Section 901(j) | (d)<br>Section 901(k) and (l) | (e)<br>Section 901(m) | (f)<br>U.S. Taxes | (g)<br>Suspended<br>Taxes | (h)<br>Other | (i)<br>Total |
|---|---|---|-----------------------|-------------------------------|-----------------------|-------------------|---------------------------|--------------|--------------|
| 1 |   |   |                       |                               |                       |                   |                           |              |              |
| 2 |   |   |                       |                               |                       |                   |                           |              |              |
| 3 | In functional currency (combine lines 1 and 2)  |   |                       |                               |                       |                   |                           |              |              |
| 4 | In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) |   |                       |                               |                       |                   |                           |              |              |

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT:** Enter amounts in U.S. dollars.

|    |   | Taxes related to:       |                      |                        |                        |
|----|---|-------------------------|----------------------|------------------------|------------------------|
|    |   | (a)<br>Subpart F Income | (b)<br>Tested Income | (c)<br>Residual Income | (d)<br>Suspended Taxes |
| 1a | Balance at beginning of year (as reported in prior year Schedule E-1)   |                         |                      |                        |                        |
| b  | Beginning balance adjustments (attach statement)  |                         |                      |                        |                        |
| c  | Adjusted beginning balance (combine lines 1a and 1b)  |                         |                      |                        |                        |
| 2  | Adjustment for foreign tax redetermination  |                         |                      |                        |                        |
| 3a | Taxes unsuspending under anti-splitter rules  |                         |                      |                        |                        |
| b  | Taxes suspended under anti-splitter rules   |                         |                      |                        |                        |
| 4  | Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)   |                         |                      |                        |                        |
| 5  | Taxes carried over in nonrecognition transactions   |                         |                      |                        |                        |
| 6  | Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)   |                         |                      |                        |                        |
| 7  | Other adjustments (attach statement)  |                         |                      |                        |                        |
| 8  | Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)   |                         |                      |                        |                        |
| 9  | Taxes deemed paid with respect to inclusions (see instructions)   |                         |                      |                        |                        |
| 10 | Taxes deemed paid with respect to actual distributions  |                         |                      |                        |                        |
| 11 | Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P   |                         |                      |                        |                        |
| 12 | Other (attach statement)  |                         |                      |                        |                        |
| 13 | Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))  |                         |                      |                        |                        |
| 14 | Reserved for future use   |                         |                      |                        |                        |
| 15 | Reduction for other taxes not deemed paid   |                         |                      |                        |                        |
| 16 | Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12 |                         |                      |                        |                        |

|   |              |   |
|---|--------------|---|
| Name of foreign corporation<br><b>ENTREPRENEURS ' ORGANIZATION EUROPE LIMITED</b> | EIN (if any) | Reference ID number (see instructions)<br><b>10069314</b> |
|---|--------------|---|

- a Separate Category (Enter code - see instructions.) ..... **GEN**
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) .....
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) .....

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation** *(continued)*

**(e) Taxes related to previously taxed E&P** (see instructions)

|           | (i)<br>Reclassified<br>section<br>965(a) PTEP | (ii)<br>Reclassified<br>section<br>965(b) PTEP | (iii)<br>General<br>section<br>959(c)(1) PTEP | (iv)<br>Reclassified<br>section<br>951A PTEP | (v)<br>Reclassified<br>section<br>245A(d) PTEP | (vi)<br>Section<br>965(a) PTEP | (vii)<br>Section<br>965(b) PTEP | (viii)<br>Section<br>951A PTEP | (ix)<br>Section<br>245A(d) PTEP | (x)<br>Section<br>951(a)(1)(A) PTEP |
|-----------|---|--|---|--|--|--------------------------------|---------------------------------|--------------------------------|---------------------------------|-------------------------------------|
| <b>1a</b> |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>b</b>  |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>c</b>  |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>2</b>  |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>3a</b> |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>b</b>  |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>4</b>  |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>5</b>  |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>6</b>  |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>7</b>  |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>8</b>  |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>9</b>  |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>10</b> |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>11</b> |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>12</b> |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>13</b> |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>14</b> |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>15</b> |   |  |   |  |  |                                |                                 |                                |                                 |                                     |
| <b>16</b> |   |  |   |  |  |                                |                                 |                                |                                 |                                     |

**SCHEDULE I-1  
(Form 5471)**

(Rev. December 2021)

Department of the Treasury  
Internal Revenue Service

**Information for Global Intangible Low-Taxed Income**

OMB No. 1545-0123

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

|   |              |   |
|---|--------------|---|
| Name of person filing Form 5471<br><b>ENTREPRENEURS ' ORGANIZATION</b>    |              | Identifying number<br><b>52-1651248</b>                   |
| Name of foreign corporation<br><b>ENTREPRENEURS ' ORGANIZATION EUROPE</b> | EIN (if any) | Reference ID number (see instructions)<br><b>10069314</b> |
| Separate Category (Enter code - see instructions) .....                   |              | ▶ <b>GEN</b>  |

|   |            | Functional Currency | Conversion Rate | U.S. Dollars |
|---|------------|---------------------|-----------------|--------------|
| <b>1</b> Gross income (see instructions if cost of goods sold exceed gross receipts) .....                        | <b>1</b>   |                     |                 |              |
| <b>2</b> Exclusions (see instructions if cost of goods sold exceed gross receipts)                                |            |                     |                 |              |
| <b>a</b> Effectively connected income .....   | <b>2a</b>  |                     |                 |              |
| <b>b</b> Subpart F income .....   | <b>2b</b>  |                     |                 |              |
| <b>c</b> High-tax exception income per section 954(b)(4) .....  | <b>2c</b>  |                     |                 |              |
| <b>d</b> Related party dividends .....  | <b>2d</b>  |                     |                 |              |
| <b>e</b> Foreign oil and gas extraction income .....  | <b>2e</b>  |                     |                 |              |
| <b>3</b> Total exclusions (combine lines 2a through 2e) .....   | <b>3</b>   |                     |                 |              |
| <b>4</b> Gross income less total exclusions (line 1 minus line 3) (see instructions) ...                          | <b>4</b>   | 0 .                 |                 |              |
| <b>5</b> Deductions properly allocable to amount on line 4 .....  | <b>5</b>   |                     |                 |              |
| <b>6</b> Tested income (loss) (line 4 minus line 5) .....   | <b>6</b>   | 0 .                 | 1.000000        |              |
| <b>7</b> Tested foreign income taxes .....  | <b>7</b>   |                     | 1.000000        |              |
| <b>8</b> Qualified business asset investment (QBAI) .....   | <b>8</b>   |                     | 1.000000        |              |
| <b>9a</b> Interest expense included on line 5 .....   | <b>9a</b>  |                     |                 |              |
| <b>b</b> Qualified interest expense .....   | <b>9b</b>  |                     |                 |              |
| <b>c</b> Tested loss QBAI amount .....  | <b>9c</b>  |                     |                 |              |
| <b>d</b> Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- ..... | <b>9d</b>  |                     | 1.000000        |              |
| <b>10a</b> Interest income included in line 4 .....   | <b>10a</b> |                     |                 |              |
| <b>b</b> Qualified interest income .....  | <b>10b</b> |                     |                 |              |
| <b>c</b> Tested interest income (line 10a minus line 10b). If zero or less, enter -0- .....                       | <b>10c</b> |                     | 1.000000        |              |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J  
(Form 5471)**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471

Identifying number

**ENTREPRENEURS ' ORGANIZATION**

52-1651248

Name of foreign corporation

EIN (if any)

Reference ID number

**ENTREPRENEURS ' ORGANIZATION EUROPE LIMITED**

10069314

**a** Separate Category (Enter code - see instructions.) ..... ▶ **GEN**

**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶

**Part I Accumulated E&P of Controlled Foreign Corporation**

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

| Important: Enter amounts in functional currency. |   | (a)<br>Post-2017 E&P Not<br>Previously Taxed<br>(post-2017 section<br>959(c)(3) balance) | (b)<br>Post-1986<br>Undistributed Earnings<br>(post-1986 and<br>pre-2018 section<br>959(c)(3) balance) | (c)<br>Pre-1987 E&P Not<br>Previously Taxed<br>(pre-1987 section<br>959(c)(3) balance) | (d)<br>Hovering Deficit<br>and Deduction<br>for Suspended<br>Taxes | (e) Previously Taxed E&P (see instructions) |  |
|--|---|--|--|--|--|---|--|
|  |   |  |  |  |  | (i) Reclassified<br>section 965(a) PTEP     | (ii) Reclassified<br>section 965(b) PTEP |
| <b>1a</b>  | Balance at beginning of year (as reported on prior year Schedule J) .....   | - 98,464.  | 2,810.   |  |  |   |  |
| <b>b</b>   | Beginning balance adjustments (attach statement) .....  |  |  |  |  |   |  |
| <b>c</b>   | Adjusted beginning balance (combine lines 1a and 1b) .....  | - 98,464.  | 2,810.   |  |  |   |  |
| <b>2a</b>  | Reduction for taxes unsuspending under anti-splitter rules  |  |  |  |  |   |  |
| <b>b</b>   | Disallowed deduction for taxes suspended under anti-splitter rules .....  |  |  |  |  |   |  |
| <b>3</b>   | Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H) .....                     |  |  |  |  |   |  |
| <b>4</b>   | E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....                 |  |  |  |  |   |  |
| <b>5a</b>  | E&P carried over in nonrecognition transaction .....  |  |  |  |  |   |  |
| <b>b</b>   | Reclassify deficit in E&P as hovering deficit after nonrecognition transaction .....                                |  |  |  |  |   |  |
| <b>6</b>   | Other adjustments (attach statement) .....  |  |  |  |  |   |  |
| <b>7</b>   | Total current and accumulated E&P (combine lines 1c through 6) .....  | - 98,464.  | 2,810.   |  |  |   |  |
| <b>8</b>   | Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....                                      |  |  |  |  |   |  |
| <b>9</b>   | Actual distributions .....  |  |  |  |  |   |  |
| <b>10</b>  | Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....                                      |  |  |  |  |   |  |
| <b>11</b>  | Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) |  |  |  |  |   |  |
| <b>12</b>  | Other adjustments (attach statement) .....  | 98,464.  | - 2,810.   |  |  |   |  |
| <b>13</b>  | Hovering deficit offset of undistributed post-transaction E&P (see instructions) .....                              |  |  |  |  |   |  |
| <b>14</b>  | Balance at beginning of next year (combine lines 7 through 13)  | 0.   | 0.   |  |  |   |  |

**Part I Accumulated E&P of Controlled Foreign Corporation** *(continued)*

|    | (e) Previously Taxed E&P (see instructions) |                                     |                                       |                          |                           |
|----|---|-------------------------------------|---------------------------------------|--------------------------|---------------------------|
|    | (iii) General section 959(c)(1) PTEP        | (iv) Reclassified section 951A PTEP | (v) Reclassified section 245A(d) PTEP | (vi) Section 965(a) PTEP | (vii) Section 965(b) PTEP |
| 1a |   |                                     |                                       |                          |                           |
| b  |   |                                     |                                       |                          |                           |
| c  |   |                                     |                                       |                          |                           |
| 2a |   |                                     |                                       |                          |                           |
| b  |   |                                     |                                       |                          |                           |
| 3  |   |                                     |                                       |                          |                           |
| 4  |   |                                     |                                       |                          |                           |
| 5a |   |                                     |                                       |                          |                           |
| b  |   |                                     |                                       |                          |                           |
| 6  |   |                                     |                                       |                          |                           |
| 7  |   |                                     |                                       |                          |                           |
| 8  |   |                                     |                                       |                          |                           |
| 9  |   |                                     |                                       |                          |                           |
| 10 |   |                                     |                                       |                          |                           |
| 11 |   |                                     |                                       |                          |                           |
| 12 |   |                                     |                                       |                          |                           |
| 13 |   |                                     |                                       |                          |                           |
| 14 |   |                                     |                                       |                          |                           |

|    | (e) Previously Taxed E&P (see instructions) |                           |                               | (f)   |
|----|---|---------------------------|-------------------------------|---|
|    | (viii) Section 951A PTEP                    | (ix) Section 245A(d) PTEP | (x) Section 951(a)(1)(A) PTEP | Total Section 964(a) E&P<br>(combine columns (a), (b), (c),<br>and (e)(i) through (e)(x)) |
| 1a |   |                           | -95,117.                      | -190,771.   |
| b  |   |                           |                               |   |
| c  |   |                           | -95,117.                      | -190,771.   |
| 2a |   |                           |                               |   |
| b  |   |                           |                               |   |
| 3  |   |                           |                               |   |
| 4  |   |                           |                               |   |
| 5a |   |                           |                               |   |
| b  |   |                           |                               |   |
| 6  |   |                           |                               |   |
| 7  |   |                           | -95,117.                      | -190,771.   |
| 8  |   |                           |                               |   |
| 9  |   |                           |                               |   |
| 10 |   |                           |                               |   |
| 11 |   |                           |                               |   |
| 12 |   |                           | 95,117.                       | 190,771.  |
| 13 |   |                           |                               |   |
| 14 |   |                           | 0.                            |   |

**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

**Important:** Enter amounts in functional currency.

|          |  |   |          |  |
|----------|--|---|----------|--|
| <b>1</b> | Balance at beginning of year .....                       | ▶ | <b>1</b> |  |
| <b>2</b> | Additions (amounts subject to future recapture) .....    | ▶ | <b>2</b> |  |
| <b>3</b> | Subtractions (amounts recaptured in current year) .....  | ▶ | <b>3</b> |  |
| <b>4</b> | Balance at end of year (combine lines 1 through 3) ..... | ▶ | <b>4</b> |  |

Schedule J (Form 5471) (Rev. 12-2020)

**SCHEDULE M  
(Form 5471)**

(Rev. December 2021)  
Department of the Treasury  
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation  
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

|  |   |
|--|---|
| Name of person filing Form 5471<br><b>ENTREPRENEURS ' ORGANIZATION</b> | Identifying number<br><b>52-1651248</b> |
|--|---|

|  |              |  |
|--|--------------|--|
| Name of foreign corporation<br><b>ENTREPRENEURS ' ORGANIZATION EUROP</b> | EIN (if any) | Reference ID number<br><b>10069314</b> |
|--|--------------|--|

**Important:** Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **UNITED STATES, DOLLAR** **1.000000**

| (a) Transactions of foreign corporation  | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|--|------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory) ...  |                                    |  |   |  |   |
| 2 Sales of tangible property other than stock in trade .....   |                                    |  |   |  |   |
| 3 Sales of property rights (patents, trademarks, etc.) .....   |                                    |  |   |  |   |
| 4 Platform contribution transaction payments received .....  |                                    |  |   |  |   |
| 5 Cost sharing transaction payments received   |                                    |  |   |  |   |
| 6 Compensation received for technical, managerial, engineering, construction, or like services .....                                       |                                    |  |   |  |   |
| 7 Commissions received .....   |                                    |  |   |  |   |
| 8 Rents, royalties, and license fees received ...  |                                    |  |   |  |   |
| 9 Hybrid dividends received (see instr.) ...   |                                    |  |   |  |   |
| 10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income) ..... |                                    |  |   |  |   |
| 11 Interest received .....   |                                    |  |   |  |   |
| 12 Premiums received for insurance or reinsurance .....  |                                    |  |   |  |   |
| 13 Loan guarantee fees received .....  |                                    |  |   |  |   |
| 14 Other amounts received (att. statement)   |                                    |  |   |  |   |
| 15 Add lines 1 through 14 .....  |                                    |  |   |  |   |
| 16 Purchases of stock in trade (inventory)   |                                    |  |   |  |   |
| 17 Purchases of tangible property other than stock in trade .....  |                                    |  |   |  |   |
| 18 Purchases of property rights (patents, trademarks, etc.) .....  |                                    |  |   |  |   |
| 19 Platform contribution transaction payments paid .....   |                                    |  |   |  |   |
| 20 Cost sharing transaction payments paid  |                                    |  |   |  |   |
| 21 Compensation paid for technical, managerial, engineering, construction, or like services .....  |                                    |  |   |  |   |
| 22 Commissions paid .....  |                                    |  |   |  |   |
| 23 Rents, royalties, and license fees paid   |                                    |  |   |  |   |
| 24 Hybrid dividends paid (see instructions)  |                                    |  |   |  |   |
| 25 Dividends paid (exclude hybrid dividends paid) .....  |                                    |  |   |  |   |
| 26 Interest paid .....   |                                    |  |   |  |   |
| 27 Premiums paid for insurance or reinsurance  |                                    |  |   |  |   |
| 28 Loan guarantee fees paid .....  |                                    |  |   |  |   |
| 29 Other amounts paid (attach statement)   |                                    |  |   |  |   |
| 30 Add lines 16 through 29 .....   |                                    |  |   |  |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Name of person filing Form 5471

Identifying number

**ENTREPRENEURS ' ORGANIZATION**

**52-1651248**

| (a) Transactions of foreign corporation   | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|---|------------------------------------|--|---|--|---|
| 31 Accounts Payable .....   |                                    |  |   |  |   |
| 32 Amounts borrowed (enter the maximum loan balance during the year) - see instr. |                                    |  |   |  |   |
| 33 Accounts Receivable .....  |                                    |  |   |  |   |
| 34 Amounts loaned (enter the maximum loan balance during the year) - see instr.   |                                    |  |   |  |   |

Schedule M (Form 5471) (Rev. 12-2021)

**SCHEDULE O  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock**

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)

▶ Attach to Form 5471.

OMB No. 1545-0704

|  |   |
|--|---|
| Name of person filing Form 5471<br><b>ENTREPRENEURS ' ORGANIZATION</b> | Identifying number<br><b>52-1651248</b> |
|--|---|

|   |              |  |
|---|--------------|--|
| Name of foreign corporation<br><b>ENTREPRENEURS ' ORGANIZATION EUROPE</b> | EIN (if any) | Reference ID number<br><b>10069314</b> |
|---|--------------|--|

**Important:** Complete a separate Schedule O for each foreign corporation for which information must be reported.

| <b>Part I To Be Completed by U.S. Officers and Directors</b>            |                               |  |   |   |
|---|-------------------------------|--|---|---|
| (a)<br>Name of shareholder for whom acquisition information is reported | (b)<br>Address of shareholder | (c)<br>Identifying number of shareholder | (d)<br>Date of original 10% acquisition | (e)<br>Date of additional 10% acquisition |
|   |                               |  |   |   |
|   |                               |  |   |   |
|   |                               |  |   |   |
|   |                               |  |   |   |

**Part II To Be Completed by U.S. Shareholders**  
**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

**Section A - General Shareholder Information**

| (a)<br>Name, address, and identifying number of shareholder(s) filing this schedule            | (b)<br>For shareholder's latest U.S. income tax return filed, indicate: |                          |  | (c)<br>Date (if any) shareholder last filed information return under section 6046 for the foreign corporation |
|--|---|--------------------------|--|---|
|  | (1)<br>Type of return (enter form number)                               | (2)<br>Date return filed | (3)<br>Internal Revenue Service Center where filed |   |
| <b>STMT 2<br/>ENTREPRENEURS ' ORGANIZATI<br/>500 MONTGOMERY STREE ALEXANDRI<br/>52-1651248</b> | <b>990</b>  | <b>05/15/25</b>          | <b>E-FILED</b>                                     | <b>05/15/24</b>   |
|  |   |                          |  |   |
|  |   |                          |  |   |

**Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

| (a)<br>Name of U.S. officer or director | (b)<br>Address | (c)<br>Social security number | (d)<br>Check appropriate box(es) |          |
|---|----------------|-------------------------------|----------------------------------|----------|
|   |                |                               | Officer                          | Director |
|   |                |                               |                                  |          |
|   |                |                               |                                  |          |
|   |                |                               |                                  |          |

**Section C - Acquisition of Stock**

| (a)<br>Name of shareholder(s) filing this schedule | (b)<br>Class of stock acquired | (c)<br>Date of acquisition | (d)<br>Method of acquisition | (e)<br>Number of shares acquired |                   |                       |
|--|--------------------------------|----------------------------|------------------------------|----------------------------------|-------------------|-----------------------|
|  |                                |                            |                              | (1)<br>Directly                  | (2)<br>Indirectly | (3)<br>Constructively |
|  |                                |                            |                              |                                  |                   |                       |
|  |                                |                            |                              |                                  |                   |                       |
|  |                                |                            |                              |                                  |                   |                       |

| (f)<br>Amount paid or value given | (g)<br>Name and address of person from whom shares were acquired |
|-----------------------------------|--|
|                                   |  |
|                                   |  |
|                                   |  |

**Section D - Disposition of Stock**

| (a)<br>Name of shareholder disposing of stock | (b)<br>Class of stock | (c)<br>Date of disposition | (d)<br>Method of disposition | (e)<br>Number of shares disposed of |                   |                       |
|---|-----------------------|----------------------------|------------------------------|-------------------------------------|-------------------|-----------------------|
|   |                       |                            |                              | (1)<br>Directly                     | (2)<br>Indirectly | (3)<br>Constructively |
| <b>ENTREPRENEURS ' ORGAN</b>                  | <b>COMMON</b>         | <b>08/03/23</b>            | <b>DISSOLVED</b>             | <b>1</b>                            |                   |                       |
|   |                       |                            |                              |                                     |                   |                       |

| (f)<br>Amount received | (g)<br>Name and address of person to whom disposition of stock was made |
|------------------------|---|
|                        | <b>N/A</b>  |
|                        |   |
|                        |   |

**Section E - Organization or Reorganization of Foreign Corporation**

| (a)<br>Name and address of transferor |  |  | (b)<br>Identifying number (if any) | (c)<br>Date of transfer |
|---------------------------------------|--|--|------------------------------------|-------------------------|
|                                       |  |  |                                    |                         |
|                                       |  |  |                                    |                         |
|                                       |  |  |                                    |                         |

  

| (d)<br>Assets transferred to foreign corporation |                          |   | (e)<br>Description of assets transferred by, or notes or securities issued by, foreign corporation |
|--|--------------------------|---|--|
| (1)<br>Description of assets                     | (2)<br>Fair market value | (3)<br>Adjusted basis (if transferor was U.S. person) |  |
|  |                          |   |  |
|  |                          |   |  |
|  |                          |   |  |

**Section F - Additional Information**

**(a)** If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

**(b)** List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

**(c)** If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

5471 SCHEDULE O

GENERAL SHAREHOLDER INFORMATION

STATEMENT 2

| (A)<br>NAME, ADDRESS, AND<br>IDENTIFYING NUMBER OF<br>SHAREHOLDER(S) FILING<br>THIS SCHEDULE | (B) FOR SHAREHOLDER'S LATEST U.S.<br>INCOME TAX RETURN FILED INDICATE: |                                |  | (C) DATE<br>SHAREHOLD<br>-ER LAST<br>FILED IN-<br>FORMATION<br>RTN UNDER<br>SEC. 6046 |
|--|--|--------------------------------|--|---|
|  | (1) TYPE<br>OF RETURN<br>(ENTER FORM<br>NUMBER)                        | (2)<br>DATE<br>RETURN<br>FILED | (3)<br>INTERNAL REVENUE<br>SERVICE CENTER<br>WHERE FILED |   |
| ENTREPRENEURS' ORGANIZATI<br>500 MONTGOMERY STREE ALEXANDRI<br>52-1651248                    | 990  | 05/15/25                       | E-FILED  | 05/15/24  |

**SCHEDULE P  
(Form 5471)**

(Rev. December 2020)

Department of the Treasury  
Internal Revenue Service

**Previously Taxed Earnings and Profits of U.S. Shareholder  
of Certain Foreign Corporations**

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0123

|   |              |   |
|---|--------------|---|
| Name of person filing Form 5471<br><b>ENTREPRENEURS ' ORGANIZATION</b>  |              | Identifying number<br><b>52-1651248</b>                   |
| Name of U.S. shareholder<br><b>ENTREPRENEURS ' ORGANIZATION</b>   |              | Identifying number<br><b>52-1651248</b>                   |
| Name of foreign corporation<br><b>ENTREPRENEURS ' ORGANIZATION EUROPE LIMITED</b>                               | EIN (if any) | Reference ID number (see instructions)<br><b>10069314</b> |
| a Separate Category (Enter code - see instructions.) .....  |              | ▶ <b>GEN</b>  |
| b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... |              | ▶   |

**Part I Previously Taxed E&P in Functional Currency** (see instructions)

|   | (a)<br>Reclassified section<br>965(a) PTEP | (b)<br>Reclassified section<br>965(b) PTEP | (c)<br>General section<br>959(c)(1) PTEP |
|---|--|--|--|
| <b>1a</b> Balance at beginning of year (see instructions) .....   |  |  |  |
| <b>b</b> Beginning balance adjustments (attach statement) .....   |  |  |  |
| <b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....   |  |  |  |
| <b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....  |  |  |  |
| <b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....       |  |  |  |
| <b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....  |  |  |  |
| <b>5</b> Other adjustments (attach statement) .....   |  |  |  |
| <b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....  |  |  |  |
| <b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....   |  |  |  |
| <b>8</b> Actual distributions of previously taxed E&P .....   |  |  |  |
| <b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....   |  |  |  |
| <b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) ..... |  |  |  |
| <b>11</b> Other adjustments (attach statement) .....  |  |  |  |
| <b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....  |  |  |  |

**Part I** **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

|           | (d)<br>Reclassified section<br>951A PTEP | (e)<br>Reclassified section<br>245A(d) PTEP | (f)<br>Section 965(a) PTEP | (g)<br>Section 965(b) PTEP | (h)<br>Section 951A<br>PTEP | (i)<br>Section 245A(d)<br>PTEP | (j)<br>Section 951(a)(1)(A)<br>PTEP | (k)<br>Total |
|-----------|--|---|----------------------------|----------------------------|-----------------------------|--------------------------------|-------------------------------------|--------------|
| <b>1a</b> |  |   |                            |                            |                             |                                | 42,170.                             | 42,170.      |
| <b>b</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>c</b>  |  |   |                            |                            |                             |                                | 42,170.                             | 42,170.      |
| <b>2</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>3</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>4</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>5</b>  |  |   |                            |                            |                             |                                | -42,170.                            | -42,170.     |
| <b>6</b>  |  |   |                            |                            |                             |                                | 0.                                  | 0.           |
| <b>7</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>8</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>9</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>10</b> |  |   |                            |                            |                             |                                |                                     |              |
| <b>11</b> |  |   |                            |                            |                             |                                |                                     |              |
| <b>12</b> |  |   |                            |                            |                             |                                |                                     |              |

**Part II Previously Taxed E&P in U.S. Dollars**

|   | (a)<br>Reclassified section<br>965(a) PTEP | (b)<br>Reclassified section<br>965(b) PTEP | (c)<br>General section<br>959(c)(1) PTEP |
|---|--|--|--|
| <b>1a</b> Balance at beginning of year (see instructions) .....   |  |  |  |
| <b>b</b> Beginning balance adjustments (attach statement) .....   |  |  |  |
| <b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....   |  |  |  |
| <b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....  |  |  |  |
| <b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....       |  |  |  |
| <b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....  |  |  |  |
| <b>5</b> Other adjustments (attach statement) .....   |  |  |  |
| <b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....  |  |  |  |
| <b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....   |  |  |  |
| <b>8</b> Actual distributions of previously taxed E&P .....   |  |  |  |
| <b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....   |  |  |  |
| <b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) ..... |  |  |  |
| <b>11</b> Other adjustments (attach statement) .....  |  |  |  |
| <b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....  |  |  |  |

**Part II** Previously Taxed E&P in U.S. Dollars *(continued)*

|           | (d)<br>Reclassified section<br>951A PTEP | (e)<br>Reclassified section<br>245A(d) PTEP | (f)<br>Section 965(a) PTEP | (g)<br>Section 965(b) PTEP | (h)<br>Section 951A<br>PTEP | (i)<br>Section 245A(d)<br>PTEP | (j)<br>Section 951(a)(1)(A)<br>PTEP | (k)<br>Total |
|-----------|--|---|----------------------------|----------------------------|-----------------------------|--------------------------------|-------------------------------------|--------------|
| <b>1a</b> |  |   |                            |                            |                             |                                | 42,170.                             | 42,170.      |
| <b>b</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>c</b>  |  |   |                            |                            |                             |                                | 42,170.                             | 42,170.      |
| <b>2</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>3</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>4</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>5</b>  |  |   |                            |                            |                             |                                | -42,170.                            | -42,170.     |
| <b>6</b>  |  |   |                            |                            |                             |                                | 0.                                  | 0.           |
| <b>7</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>8</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>9</b>  |  |   |                            |                            |                             |                                |                                     |              |
| <b>10</b> |  |   |                            |                            |                             |                                |                                     |              |
| <b>11</b> |  |   |                            |                            |                             |                                |                                     |              |
| <b>12</b> |  |   |                            |                            |                             |                                |                                     |              |

**SCHEDULE Q  
(Form 5471)**

(Rev. December 2023)  
Department of the Treasury  
Internal Revenue Service

**CFC Income by CFC Income Groups**

Attach to Form 5471.

Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

|   |              |   |
|---|--------------|---|
| Name of person filing Form 5471<br><b>ENTREPRENEURS ' ORGANIZATION</b>            |              | Identifying number<br><b>52-1651248</b>                   |
| Name of foreign corporation<br><b>ENTREPRENEURS ' ORGANIZATION EUROPE LIMITED</b> | EIN (if any) | Reference ID number (see instructions)<br><b>10069314</b> |

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

- A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) ..... **GEN**
- B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) .....
- C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions) .....

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

- D** Indicate whether this Schedule Q is being completed for:  U.S. source income or  Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

- E** If this Schedule Q is being completed for FOGEI or FORI income, check this box .....

| <i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>           | (i)<br>Country Code | (ii)<br>Gross Income | (iii)<br>Definitely Related Expenses | (iv)<br>Related Person Interest Expense | (v)<br>Other Interest Expense | (vi)<br>Research & Experimental Expenses | (vii)<br>Other Expenses (attach statement) |
|--|---------------------|----------------------|--------------------------------------|---|-------------------------------|--|--|
| <b>1</b> Subpart F Income Groups   |                     |                      |                                      |   |                               |  |  |
| <b>a</b> Dividends, Interest, Rents, Royalties, & Annuities (Total) .....                                  |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>b</b> Net Gain From Certain Property Transactions (Total) .....   |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>c</b> Net Gain From Commodities Transactions (Total) .....  |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>d</b> Net Foreign Currency Gain (Total) .....   |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>e</b> Income Equivalent to Interest (Total) .....   |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>f</b> Other Foreign Personal Holding Company Income (Total) (attach statement - see instructions) ..... |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____  |                     |                      |                                      |   |                               |  |  |

**Important:** See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (Rev. 12-2023)

|          | (viii)<br>Current Year Tax on<br>Reattributed Income From<br>Disregarded Payments | (ix)<br>Current Year Tax on All<br>Other Disregarded<br>Payments | (x)<br>Other Current<br>Year Taxes | (xi)<br>Net Income<br>(column (ii) less<br>columns (iii) through (x)) | (xii)<br>Foreign Taxes for<br>Which Credit Allowed<br>(U.S. Dollars) | (xiii)<br>Average Asset Value | (xiv)<br>High<br>Tax<br>Election | (xv)<br>Loss Allocation | (xvi)<br>Net Income After<br>Loss Allocation<br>(column (xi) minus<br>column (xv)) |
|----------|---|--|------------------------------------|---|--|-------------------------------|----------------------------------|-------------------------|--|
| <b>1</b> |   |  |                                    |   |  |                               |                                  |                         |  |
| <b>a</b> |   |  |                                    |   |  |                               |                                  |                         |  |
| (1)      |   |  |                                    |   |  |                               |                                  |                         |  |
| (2)      |   |  |                                    |   |  |                               |                                  |                         |  |
| <b>b</b> |   |  |                                    |   |  |                               |                                  |                         |  |
| (1)      |   |  |                                    |   |  |                               |                                  |                         |  |
| (2)      |   |  |                                    |   |  |                               |                                  |                         |  |
| <b>c</b> |   |  |                                    |   |  |                               |                                  |                         |  |
| (1)      |   |  |                                    |   |  |                               |                                  |                         |  |
| (2)      |   |  |                                    |   |  |                               |                                  |                         |  |
| <b>d</b> |   |  |                                    |   |  |                               |                                  |                         |  |
| (1)      |   |  |                                    |   |  |                               |                                  |                         |  |
| (2)      |   |  |                                    |   |  |                               |                                  |                         |  |
| <b>e</b> |   |  |                                    |   |  |                               |                                  |                         |  |
| (1)      |   |  |                                    |   |  |                               |                                  |                         |  |
| (2)      |   |  |                                    |   |  |                               |                                  |                         |  |
| <b>f</b> |   |  |                                    |   |  |                               |                                  |                         |  |
| (1)      |   |  |                                    |   |  |                               |                                  |                         |  |
| (2)      |   |  |                                    |   |  |                               |                                  |                         |  |

**Important:** See **Computer-Generated Schedule Q** in instructions.

| Enter amounts in functional currency of the foreign corporation (unless otherwise noted). | (i)<br>Country Code | (ii)<br>Gross Income | (iii)<br>Definitely Related Expenses | (iv)<br>Related Person Interest Expense | (v)<br>Other Interest Expense | (vi)<br>Research & Experimental Expenses | (vii)<br>Other Expenses (attach statement) |
|---|---------------------|----------------------|--------------------------------------|---|-------------------------------|--|--|
| <b>1</b> Subpart F Income Groups  |                     |                      |                                      |   |                               |  |  |
| <b>g</b> Foreign Base Company Sales   |                     |                      |                                      |   |                               |  |  |
| Income (Total) .....  |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>h</b> Foreign Base Company Services  |                     |                      |                                      |   |                               |  |  |
| Income (Total) .....  |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>i</b> Full Inclusion Foreign Base Company  |                     |                      |                                      |   |                               |  |  |
| Income (Total) .....  |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>j</b> Insurance Income (Total) .....   |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>k</b> International Boycott Income .....   |                     |                      |                                      |   |                               |  |  |
| <b>l</b> Bribes, Kickbacks, and Other Payments .....                                      |                     |                      |                                      |   |                               |  |  |
| <b>m</b> Section 901(j) income .....  |                     |                      |                                      |   |                               |  |  |
| <b>2</b> Recaptured Subpart F Income .....  | UK                  |                      |                                      |   |                               |  |  |
| <b>3</b> Tested Income Group (Total) .....  |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>4</b> Residual Income Group (Total) .....  |                     |                      |                                      |   |                               |  |  |
| <b>(1)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>(2)</b> Unit name: _____   |                     |                      |                                      |   |                               |  |  |
| <b>5</b> Total .....  |                     |                      |                                      |   |                               |  |  |

**Important:** See **Computer-Generated Schedule Q** in instructions.

|          | (viii)<br>Current Year Tax on Reattributed Income From Disregarded Payments | (ix)<br>Current Year Tax on All Other Disregarded Payments | (x)<br>Other Current Year Taxes | (xi)<br>Net Income (column (ii) less columns (iii) through (x)) | (xii)<br>Foreign Taxes for Which Credit Allowed (U.S. Dollars) | (xiii)<br>Average Asset Value | (xiv)<br>High Tax Election | (xv)<br>Loss Allocation | (xvi)<br>Net Income After Loss Allocation (column (xi) minus column (xv)) |
|----------|---|--|---------------------------------|---|--|-------------------------------|----------------------------|-------------------------|---|
| <b>1</b> |   |  |                                 |   |  |                               |                            |                         |   |
| <b>g</b> |   |  |                                 |   |  |                               |                            |                         |   |
| (1)      |   |  |                                 |   |  |                               |                            |                         |   |
| (2)      |   |  |                                 |   |  |                               |                            |                         |   |
| <b>h</b> |   |  |                                 |   |  |                               |                            |                         |   |
| (1)      |   |  |                                 |   |  |                               |                            |                         |   |
| (2)      |   |  |                                 |   |  |                               |                            |                         |   |
| <b>i</b> |   |  |                                 |   |  |                               |                            |                         |   |
| (1)      |   |  |                                 |   |  |                               |                            |                         |   |
| (2)      |   |  |                                 |   |  |                               |                            |                         |   |
| <b>j</b> |   |  |                                 |   |  |                               |                            |                         |   |
| (1)      |   |  |                                 |   |  |                               |                            |                         |   |
| (2)      |   |  |                                 |   |  |                               |                            |                         |   |
| <b>k</b> |   |  |                                 |   |  |                               |                            |                         |   |
| <b>l</b> |   |  |                                 |   |  |                               |                            |                         |   |
| <b>m</b> |   |  |                                 |   |  |                               |                            |                         |   |
| <b>2</b> |   |  |                                 |   |  |                               |                            |                         |   |
| <b>3</b> |   |  |                                 |   |  |                               |                            |                         |   |
| (1)      |   |  |                                 |   |  |                               |                            |                         |   |
| (2)      |   |  |                                 |   |  |                               |                            |                         |   |
| <b>4</b> |   |  |                                 |   |  |                               |                            |                         |   |
| (1)      |   |  |                                 |   |  |                               |                            |                         |   |
| (2)      |   |  |                                 |   |  |                               |                            |                         |   |
| <b>5</b> |   |  |                                 |   |  |                               |                            |                         |   |

**Important:** See Computer-Generated Schedule Q in instructions.

**SCHEDULE R  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

**Distributions From a Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471: **ENTREPRENEURS ' ORGANIZATION** Identifying number: **52-1651248**

Name of foreign corporation: **ENTREPRENEURS ' ORGANIZATION EUROPE LIMITED** EIN (if any): Reference ID number (see instructions): **10069314**

|    | (a) Description of distribution | (b) Date of distribution | (c) Amount of distribution in foreign corporation's functional currency | (d) Amount of E&P distribution in foreign corporation's functional currency |
|----|---------------------------------|--------------------------|---|---|
| 1  | N/A                             | 08/03/2023               | 0.  | 0.  |
| 2  |                                 |                          |   |   |
| 3  |                                 |                          |   |   |
| 4  |                                 |                          |   |   |
| 5  |                                 |                          |   |   |
| 6  |                                 |                          |   |   |
| 7  |                                 |                          |   |   |
| 8  |                                 |                          |   |   |
| 9  |                                 |                          |   |   |
| 10 |                                 |                          |   |   |
| 11 |                                 |                          |   |   |
| 12 |                                 |                          |   |   |
| 13 |                                 |                          |   |   |
| 14 |                                 |                          |   |   |
| 15 |                                 |                          |   |   |
| 16 |                                 |                          |   |   |
| 17 |                                 |                          |   |   |
| 18 |                                 |                          |   |   |
| 19 |                                 |                          |   |   |
| 20 |                                 |                          |   |   |
| 21 |                                 |                          |   |   |
| 22 |                                 |                          |   |   |
| 23 |                                 |                          |   |   |
| 24 |                                 |                          |   |   |