PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

15950 Dallas Parkway, Suite 600 Dallas, TX 75248 ph 972-661-1843 fx 972-490-4120

Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 **Open to Public** Inspection

		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	-	•	Open to Public Inspection					
AF	For th	e 2022 calend	ar year, or tax year beginning JUL 1, 2022 and	ending J	UN 30, 2023						
	Check if applicat		forganization		D Employer identific	ation number					
	Addr	ess OPERAT	ION KINDNESS								
	Nam	e	usiness as		75-1553350						
	chan Initia returi	U	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number						
	Final	3201 F	ARHART DRIVE	1100m/Julio	(972) 418-729						
	terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$										
	Amer	nded CAPPOT	LTON, TX 75006		H(a) Is this a group re	30,908,229. turn					
	Appli		nd address of principal officer: ED JAMISON		for subordinates?						
	pend		RHART DRIVE, CARROLLTON, TX 75006		H(b) Are all subordinates inc						
11	Tax-e>	kempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions					
J١	Webs	ite: WWW.OP	ERATIONKINDNESS.ORG		H(c) Group exemption	number					
ĸ	orm c	of organization:	X Corporation Trust Association Other	L Year	of formation: 1977 M	State of legal domicile: TX					
Pa	art I	Summary									
4	1	Briefly describ	e the organization's mission or most significant activities: OUR MI	SSION IS	TO CARE FOR						
nce		HOMELESS C	ATS AND DOGS IN A NO-KILL ENVIRONMENT UNTIL EACH I	S							
Governance	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net asse	ets.					
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)			13					
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			13					
es é	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)			174					
vitie	6	Total number	of volunteers (estimate if necessary)		6	1761					
Activities &	7 a					0.					
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.					
					Prior Year	Current Year					
e	8	Contributions	and grants (Part VIII, line 1h)		9,169,348.	10,485,815.					
nue	9	Program servi	ce revenue (Part VIII, line 2g)		765,155.	1,134,813.					
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		16,488.	196,335.					
Œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		322,602.	94,674.					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,273,593.	11,911,637.					
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.					
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		5,285,015.	7,718,150.					
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		245,733.	283,414.					
Expenses	. b	Total fundrais	ing expenses (Part IX, column (D), line 25) 1,256,	574.							
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,838,253.	3,487,794.					
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,369,001.	11,489,358.					
	19	Revenue less	expenses. Subtract line 18 from line 12		1,904,592.	422,279.					
Net Assets or				Be	ginning of Current Year	End of Year					
sets	20	Total assets (F	Part X, line 16)		21,130,807.	23,649,283.					
tAs	21	Total liabilities	(Part X, line 26)		279,074.	1,590,174.					
		Net assets or	fund balances. Subtract line 21 from line 20		20,851,733.	22,059,109.					
	art II	-									
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is					

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	ED JAMISON, CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Cheo	:k	PTIN	
Paid	MATTHEW PETROSKI	MATTHEW PETROSKI	05/14/24	1 self-	employed	₽00853132	
Preparer	Firm's name ARMANINO, LLP			Firm's EIN	94-	6214841	
Use Only	Firm's address 15950 N. DALLAS PKWY, #60	0					
	DALLAS, TX 75248			Phone no.	972-66	1-1843	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.				Form 990) (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

990 (2022) OPERATION KINDNESS	moliohmente	75-1	553350 Page 2
	-		[]
	te to any line in this Part III		X
		FACU	
	O ADVOCATE HOMANE VALUES A		
biniviok.			
Did the organization undertake any significant program	m services during the year which w	ere not listed on the	
prior Form 990 or 990-EZ?			X Yes No
If "Yes," describe these new services on Schedule O.			
Did the organization cease conducting, or make signi	ficant changes in how it conducts,	any program services?	Yes X No
If "Yes," describe these changes on Schedule O.			
Describe the organization's program service accompl	ishments for each of its three large	st program services, as measured	d by expenses.
	ired to report the amount of grants	and allocations to others, the tot	al expenses, and
	- 4		1 1 2 4 2 4 2
			1,134,813.)
· ·			
	-		
· · · · ·		, iii,	
	'	R	
(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			<i>,</i>
(Code:) (Expenses \$	Including grants of \$) (Revenue \$)
Other program services (Describe on Schedule O.)			
		(D)
(Expenses \$ including grants		(Revenue \$)
(Expenses \$ including grants Total program service expenses	sof\$) 9,112,761.	(Revenue \$, Form 990 (2022)
	Statement of Program Service Accc Check if Schedule O contains a response or no Briefly describe the organization's mission: TO CARE FOR HOMELESS CATS AND DOGS IN A IS ADOPTED INTO RESPONSIBLE HOMES AND T BEHAVIOR. Did the organization undertake any significant program prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant program service accomplescion 501(c)(3) and 501(c)(4) organizations are requirevenue, if any, for each program service reported. (Code:) (Expenses \$	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Driefly describe the organization's mission: TO CARE FOR HOMELESS CATS AND DOGS IN A NO-KILL ENVIRONMENT UNTIL IS ADOPTBD INTO RESPONSIBLE HOMES AND TO ADVOCATE HUMANE VALUES A Did the organization undertake any significant program services during the year which w prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three large Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants revenue, if any, for each program service reported. (code:	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO CARE FOR HOMELESS CATS AND DOGS IN A NO-KILL ENVIRONMENT UNTIL EACH IS ADOPTED INTO RESPONSIBLE HOMES AND TO ADVOCATE HUMANE VALUES AND BEHAVIOR. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot revenue, if any, for each program service reported. (Code: 9,112,761. including grants of \$) (Revenue \$) OUR PROGRAMS INCLUDE PET ADOPTIONS, LIFESAVING MEDICAL CARE FOR SHELTER PETS, 24 HOUR CARE FOR NEONATAL KITTENS, AFFORDABLE VETERINARY SERVICES FOR COMMUNITY PETS, A PET FOOD PANTRY, FORENSICS FOR ANIMAL CRUELTY, INTERSTATE TRANSPORT, LIFESAVING SHELTER PARTNERSHIPS, DISASTER RESPONSE SUPPORT, FOSTER CARE FOR VULNERABLE ANIMALS AND VOLUNTEER

Par	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5		5		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
		110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128		10-	х	
	Schedule D, Parts XI and XII	12a	~	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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OPERATION KINDNESS

Form 990 (2022)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Ŧ
~~	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37		07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
30		38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 174			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
С		70		x
ا م	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
d		70		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		-
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		-
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. –		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		-
	If "Yes," complete Form 6069.		0000	
232005	12-13-22	Forn	n 990	(2022)

6 2022.05090 OPERATION KINDNESS

	990 (2022) OPERATION KINDNESS	75-155335		Р	age
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through		"No" ı	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in:				_
_	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				_
				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	13	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an	ny other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		L
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or	ne or			
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the				
a	The governing body?	-	8a	х	
h	Each committee with authority to act on behalf of the governing body?		8b	х	┢
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				┢
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		5		L
	tion 211 onoice (This Section B requests mornation about policies not required by the memai Revenue C	,00e.)		Yes	Г
10-	Did the exception have least charters, hrenches, or effiliates?		10a	Tes	\vdash
	Did the organization have local chapters, branches, or affiliates?		10a		┝
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		104		
		611	10b	v	┝
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a	X	┝
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				ŀ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	┡
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli		12b	Х	┡
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," des	scribe			
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	L
14	Did the organization have a written document retention and destruction policy?		14	Х	L
15	Did the process for determining compensation of the following persons include a review and approval by inde	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		
	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 wit	ha			
	taxable entity during the year?		16a		Γ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its pa				ſ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		Γ
Sec	tion C. Disclosure			1	<u>۱</u>
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 990-1	Γ (section 501(a)(2)	s only	availa	
10	for public inspection. Indicate how you made these available. Check all that apply.		s or iry)	avaiidi	JI
40		,	d fi		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interest policy, and	a tinan	cial	
	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			
	TINA O'GUINN, SENIOR DIRECTOR - ACCOUNTING - (972) 418-7297				
	3201 EARHART DRIVE, CARROLLTON, TX 75006			000	_
32006	§ 12-13-22		Form	9 90	(2
	7				
105	14 701245 OPE1030301 2022.05090 OPERATION KI	NDNESS		OP	F

^{2022.05090} OPERATION KINDNESS

OPE10301

Form 990 (2022) OPERATION KINDNESS	75-1553350	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	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		
	ete this table for all persons required to be listed. Report compensation for the calendar year ending with a Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardle	0	,

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)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ED JAMISON	40.00									
CEO				х				216,745.	0.	18,860.
(2) TIFFANY TOBABEN	40.00									
CHIEF VETERINARIAN						X		146,765.	0.	12,583.
(3) RACHEL DEBENDER	40.00									
CLINIC VETERINARIAN						X		133,900.	0.	10,649.
(4) KELLY FURNAS	40.00									
C00						x		131,829.	0.	12,603.
(5) ZACHARY KOONTZ	40.00									
SURGERY VETERINARIAN						X		121,436.	0.	14,479.
(6) HEATHER DOLSON	40.00									
VP OF LIFESAVING PROGRAMS						х		113,044.	0.	15,302.
(7) MARY MITCHELL	1.00									
PAST CHAIR		Х		Х				0.	0.	0.
(8) SCOTT WILSON	1.00									
CHAIR		Х		Х				0.	0.	0.
(9) HAROON ALVI	1.00									
CHAIR ELECT		Х		Х				0.	0.	0.
(10) RON BURGERT	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) CHAD TIDWELL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(12) ANNE ALEXANDER	1.00									
DIRECTOR (THRU 06/23)		Х						0.	0.	0.
(13) CURT BOISFONTAINE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) LAURA CALHOUN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ROBERT CATALANI	1.00									
DIRECTOR, FORMER CEO		Х						0.	0.	0.
(16) JIM GIBSON	1.00									
DIRECTOR		х						٥.	0.	0.
(17) CATHERINE GRIFFIN	1.00									
DIRECTOR		Х						0.	0.	0.
020007 10 12 00										Form 990 (2022)

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Form 990 (2022)

Form 990 (2022) OPERATION KI	NDNESS								75-1553	350		Pag	e 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck i ss per	more rson i	than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated nt of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Form er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	,	comper from organiz and re organiz	the zatior lated	า I
(18) WAYNE MAYNARD	1.00				-					-			
DIRECTOR (THRU 06/23)		х						0.	(D.			0.
(19) JONI MCCOY	1.00												
DIRECTOR		х						0.		٥.			0.
(20) KEVIN RYAN	1.00												
DIRECTOR		Х						0.	(٥ .			0.
(21) JEFFLYN WILLIAMSON	1.00												
DIRECTOR (THRU 06/23)		Х						0.		⁾ .			0.
(22) PAUL WILSON	1.00												_
DIRECTOR	1.00	Х				<u> </u>		0.		<u>۰.</u>			0.
(23) KATRINA WOLLENBERG	1.00												•
DIRECTOR (THRU 09/22)		x						0.		0.			0.
										+			
										+			
1b Subtotal								863,719.	(D.	8	4,47	/6.
c Total from continuation sheets to Part VI								0.		D.			0.
d Total (add lines 1b and 1c)								863,719.	(٥.	8	4,47	16.
2 Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable				9
3 Did the organization list any former officer.	director trust			mol	01/0		hio	wheet componented ampl	0,000 00		Ye	s N	No
line 1a? If "Yes," complete Schedule J for s	uch individual								-		3	2	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4 X		
5 Did any person listed on line 1a receive or a	accrue compen	isati	on fr	om	any	unre	elate	ed organization or individ	lual for services				v
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	<u>plete Schedule</u>	e J fe	or si	ich i	oers	ion .				<u> </u>	5	4	X
1 Complete this table for your five highest co										satior	ו from		
the organization. Report compensation for (A)	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	(B)			(C)		
Name and business								Description of s	ervices	Con	npensa	tion	
BRAD CECIL AND ASSOCIATES, 2115 ARLI	NGTON										25	2 41	. 7
DOWNS RD, ARLINGTON, TX 76011								DIRECT MAIL			25	3,41	. / .
• Total number of index on the total of the	noludiae to st			1 +	+				vo thos				
2 Total number of independent contractors (i \$100,000 of compensation from the organi		JUIN	niteo	1 (0)		se lis 1	red	above) who received mo					

_

	t VIII	Statement of Re	VEII	lue						-
		Check if Schedule O o	conta	ains a respo	onse	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu- from tax und sections 512 -
Ŋ	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
	с	Fundraising events		1c		990,567.				
		Related organizations								
Ĭ		Government grants (contr								
0		All other contributions, gifts,								
le l		similar amounts not included				9,495,248.				
2	g	Noncash contributions included in			\$	1,195,913.				
	h	Total. Add lines 1a-1f					10,485,815.			
Τ						Business Code				
	2 a	ADOPTION INCOME				900099	825,609.	825,609.		
	b	MEDICAL SERVICES				900099	152,317.	152,317.		
anu	c	OTHER RELATED INCOM	Έ			900099	148,847.	148,847.		
Revenue	d	PUBLIC PROGRAMS				900099	8,040.	8,040.		
Ĕ	e						, .	, .		
	f	All other program service	reve	nue						
	q	Total. Add lines 2a-2f					1,134,813.			
T	3	Investment income (includ					, ,			
	U	· ·	Ũ				236,598.			236,5
	4	ther similar amounts)								
	5				•	Г	217,210.			217,2
	5	Royalties	·····	(i) Rea		(ii) Personal				,_
	6 0	Gross rents	6a	() 100						
			6b							
		Less: rental expenses	_							
		Rental income or (loss)	6 <u></u>							
		Net rental income or (loss)) <u></u>	(i) Securi		(ii) Other				
	<i>i</i> a	Gross amount from sales of	_							
		assets other than inventory	<i>1</i> a	18,448,	/05.					
	D	Less: cost or other basis		10 177	100	11 946				
		and sales expenses		18,477,						
		Gain or (loss)					40.262			40.2
		Net gain or (loss)			·····		-40,263.			-40,2
	8 a	Gross income from fundraisin	-	-						
		including \$								
		contributions reported on		-		260.006				
		Part IV, line 18								
		Less: direct expenses				505,020.	144 024			144.0
		Net income or (loss) from					-144,034.			-144,0
	9 a	Gross income from gamin				15 000				
	_	Part IV, line 19								
		Less: direct expenses				2,544.	10.056			10.0
		Net income or (loss) from			es	·····	13,056.			13,0
1	10 a	Gross sales of inventory, I								
		and allowances								
		Less: cost of goods sold				0.	• • • • •			
+	С	Net income or (loss) from	sales	s of invento	ory		8,442.			8,4
						Business Code				
Revenue	11 a									
ent	b									
Yev	С									
٦		All other revenue								
	е	Total. Add lines 11a-11d								
		Total revenue. See instruction					11,911,637.	1,134,813.	٥.	291,0

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OPERATION KINDNESS

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 259,117 trustees, and key employees 259,117. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 5,947,409. 4,931,446. 447,494. 568,469. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 65,413 43,937 10,002 11,474. 946,289 804,089 38,275 103,925. 9 Other employee benefits 499,922 405,970 49,256 44,696. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 170,942. 162. 170,780 b Legal 30,918. 30,918, С Accounting Lobbying d 283,414. 283,414. Professional fundraising services. See Part IV, line 17 е 18,301. 18,301. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 30,230 24,158 3,581 2,491. column (A), amount, list line 11g expenses on Sch 0.) 77,568 23,365, 1,073 53,130. Advertising and promotion 12 61,915. 5,973 75,329. 143,217, 13 Office expenses 118,872, 161,987, 12,232. 30,883. Information technology 14 Royalties 15 305,083 268,827, 14,150 22,106. 16 Occupancy 129,144, 135,183 2,301 3,738. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 704,504 638,465 32,900 33,139. 22 Depreciation, depletion, and amortization 91,070. 78,755. 7,507 4,808. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) DIRECT ANIMAL CARE 1,541,096. 1,541,096. а CAPITAL CAMPAIGN 10,677 10,677. b С d 67,018 31,883 16,163 18,972. All other expenses е 11,489,358 9,112,761 1,120,023 1,256,574. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

232010 12-13-22

Check here

11240514 701245 OPE1030301

if following SOP 98-2 (ASC 958-720)

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OPERATION KINDNESS

	Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
-		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,289,216.	1	636,729
2	Savings and temporary cash investments	660,157.	2	306,170
3	Pledges and grants receivable, net		3	19,618
4	Accounts receivable, net	46,803.	4	2,14
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9		94,365.	9	224,19
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 14,694,975.			
	b Less: accumulated depreciation	11,439,591.	10c	11,291,07
11	Investments - publicly traded securities	7,400,811.	11	9,923,64
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	199,864.	15	1,245,71
16	Total assets. Add lines 1 through 15 (must equal line 33)	21,130,807.	16	23,649,28
17	Accounts payable and accrued expenses	279,074.	17	360,97
18	Grants payable		18	
19	Deferred revenue		19	27,85
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	1,201,34
26	Total liabilities. Add lines 17 through 25	279,074.	26	1,590,17
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	20,067,712.	27	21,667,69
28	Net assets with donor restrictions	784,021.	28	391,41
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
27 28 29 30 31 32	Total net assets or fund balances	20,851,733.	32	22,059,10
33	Total liabilities and net assets/fund balances	21,130,807.	33	23,649,283

Form 990 (2022)

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Form	990 (2022) OPERATION KINDNESS	75-1553350)	Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	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	11,	911,	637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,	489,	358.
3	Revenue less expenses. Subtract line 2 from line 1	3		422,	279.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,	851,	733.
5	Net unrealized gains (losses) on investments	5		785,	097.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	22,	059,	109.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	·····	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	· ·			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

(Form 990)

<u>Total</u>

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.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service					ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Nam	e of t	the organizati		Ŭ					Employer	identification number
		-		ION KINDNESS						75-1553350
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	his part.) S	ee instructio	1S.	
The	organ	•			For lines 1 through 12, c					
1			-		on of churches described	•	-	1)(A)(i).		
2					Attach Schedule E (Forn			· //· ·/·		
3	\square				anization described in s		<u>)/h//1///ii</u>	ii)		
4	\square				njunction with a hospital				(iii) Enter	the hospital's name
-		city, and stat	-		njunotion with a noopital	accombod				the hoopital o hamo,
5		-		or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental	nit describe	ed in
Ŭ				Complete Part II.)		or operat	ou by u ge	, on the second second		
6					nental unit described in	section 17	70(h)(1)(A)	(v)		
7	X		-	-	ntial part of its support fi				ho gonoral i	public described in
'				complete Part II.)	Initial part of its support in	on a gove	ennentai		le general p	
8					(1)(A)(vi). (Complete Par	+ 11 \				
9	H	-			in section 170(b)(1)(A)(-	ed in coniu	inction with	landarant	college
9					ulture (see instructions).					
				grant conege of agric			name, city	, and state o	the college	
10		university:	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from o	ontribution	as mombare	nin foos and	d gross receipts from
10		-		•					-	•
					t to certain exceptions; a					
				mplete Part III.)	(less section 511 tax) fro		5565 acqui		Janization a	aitei Julie 30, 1973.
11					ively to test for public sa	foty Soo	coction 5(10(-)(4)		
12	H				ively to test for public sa				rn out the	purposes of one or
12		-	-	-	ed in section 509(a)(1) of				-	
					f supporting organization					
2		-			upervised, or controlled					aivina
а	L				gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se	• • • •	i majonty c				ipporting
b		-			l or controlled in connect	tion with it	e supporte	od organizatio	n(c) by boy	(ing
D.	L			-	anization vested in the sa			-		-
			-	at complete Part IV,		ame perso			ge the supp	Joned
с		-			g organization operated	in connect	tion with	and functions	lly integrate	ad with
U			-). You must complete I				ily integrate	a with,
d			-		porting organization oper				rted organi:	zation(s)
u			-		zation generally must sat				-	
					mplete Part IV, Sections				1 an allentiv	1633
е		-			written determination fro				II Type III	
e			•		nally integrated supporti			турет, туре	п, туре п	
f	Ente	er the number								
			• •	n about the supporte	ed organization(s)					<u>L</u>
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
					above (see instructions))					
							1			
				1		1	1	1		1

Page 2

OPERATION KINDNESS 75-1553350 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 7,039,975. 7,955,823 10,239,997. 9,755,959 9,169,348. 44,161,102. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 9 755 959. 7,039,975, 7 955 823. 9,169,348, 10 239 997. 44,161,102. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6,264,836. 37,896,266. 6 Public support. Subtract line 5 from line 4 Section B. Total Support

<u>(e) 2</u>022 (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (f) Total 9,755,959. 7,039,975. 7,955,823. 9,169,348. 10,239,997, 44,161,102. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 303,022. 239,708. 453,808. 294,508 197,974 1,489,020. and income from similar sources 9 Net income from unrelated business activities, whether or not the 102,919 130,401 13,622, 103,414, 350,356. business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 5,642 3,762 2,116 1,994. 8,442 21,956. 46,022,434. **11 Total support.** Add lines 7 through 10 3,727,981. **12** Gross receipts from related activities, etc. (see instructions) 12 13 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 82.34 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 78 23 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. 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 stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

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.)

Se	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	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						
c	Add lines 7a and 7b						
8 See	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
	check this box and stop here	<u></u>					
See	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021		1			16	%
See	ction D. Computation of Inves	stment Income	e Percentage			· · · ·	
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18						18	%
19 a	1 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiza	ation	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	ition
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
2320	23 12-09-22			_		Scheo	dule A (Form 990) 2022
			16	5			

2022.05090 OPERATION KINDNESS

1

2

3a

3b

3c

4a

Yes No

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

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

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4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

 Did the governing body, members of the governing body, officers acting in their official capacity, or membershifts of one or more supported oganizations have the power to regulary appoint or elect at least an appoint of the organization's effectively operated, supervised, or controlled the organization activities. If the organization more than one supported organizations of the organization are supported organizations and what conditions activities. If the organization are more supported organization are more supported organizations and what conditions or estrictions, if any, appled to supported organizations and mate controlled the supported organization of the tay pare. Did the organization perate for the benefit of any supported organization of the tay near elecated organization and what conditions or estrictions, if any, appled to support and organizations. Zection C. Type II Supporting Organizations Vere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees can any any tope in persons that controlled or managed the supporting organizations and support provided during the provide organization and the support provided during the persons that controlled or managed the supporting organization was vested in the same persons that controlled or the support and organization and the support provided during the provide organization and the organization and the advect organization and the organization and the advect organization andv		11c below, the governing body of a supported organization?	11a		
the second	b	A family member of a person described on line 11a above?	11b		
Section B. Type I Supporting Organizations Ye We available the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more the operating in the pays of the pays of the organization of the section of the support of operations of the support of the organization of the operations of the support of the operations of the support of operations of the support of the operations of the support of operations of the support of the operation of the support of operations of the support of the operations of the support of operations of the support of the operations of the support of the operations of the support of operations of the support of the operations of the support of operati	С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ver equiparties of the equiparties of the equiparties of the equiparties of the equiparties of equiparties		detail in Part VI.	11c		
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those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b					
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one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	b				
Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 3a c of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b					
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." or Part VI the role played by the organization in this regard. 3b	3				
trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 3b					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	-		3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	b				
			3b		
232025 12-09-22 Schedule A (Form 99	232025			n 990) 2(
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OPERATION KINDNESS Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and

11c below, the governing body of a supported organization?

chedule A (Form 990) 2022 OPERATION KINDNESS			75-1553350 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1 Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	(=) =
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	ally integrated	Type III supporting org	anization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Sche	dule A (Form 990) 2022 OPERATION KINDNESS				75-1553350	Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ied)		
Sect	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
_	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
-						

Schedule A (Form 990) 2022

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 II, LINE 10, EXPLANATION FOR OTHER INCOME:

INVENTORY PROCEEDS		
018 AMOUNT: \$ 5,642.		
019 AMOUNT: \$ 3,762.		
020 AMOUNT: \$ 2,116.		
021 AMOUNT: \$ 1,994.		
022 AMOUNT: \$ 8,442.		
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

75-1553350

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

Organization type (check one):

OPERATION K	INDNESS
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	B (Form 990) (2022) rganization	Empl	Page 4 oyer identification number
Name of of	ganzation		
OPERATIO	ON KINDNESS		75-1553350
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,028,547.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$850,872.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$508,372.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$335,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

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	B (Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
OPERATIC	ON KINDNESS		75-1553350
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
7		\$320,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
8		\$296,6	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
9		\$224,5	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule I	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
OPERATIO	NN KINDNESS		75-1553350
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed	ed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
1	PUBLICLY TRADED SECURITIES		
		\$576,	01/27/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	l listo rocolvod
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
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	B (Form 990) (2022)		Page 4					
Name of o	organization		Employer identification number					
OPERATIO	ON KINDNESS		75-1553350					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.)					
(a) No.	Use duplicate copies of Part III if additional							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	t					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	t					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name address	and $7IP \pm 4$	Relationship of transferor to transferoe					
	Transferee's name, address, a		Relationship of transferor to transferee					
	I							

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Schedule B (Form 990) (2022)

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SCHEDULE [)
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Supplemental Financial Statements

OMB No. 1545-0047

Name

(Form 990) Complete in the organization answered "res" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11f, 12a, or 1					CC o Public		
	tment of the Treasury Il Revenue Service	م Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and the	latest information.		Inspec	
Nam	e of the organizati	OPERATION KINDNESS			Emp	loyer identification 75-155335	
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Sir	nilar Funds or Ac	coun		
		n answered "Yes" on Form 990, Part IV, lin				een ploto in t	
			(a) Donor advised	funds (I	b) Fund	ds and other acco	unts
1	Total number at er	nd of year			-		
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in		in donor advised fund	s		
	-	n's property, subject to the organization's	-			Yes	No
6		on inform all grantees, donors, and donor a					
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any	other purpose conferri	ng		
	impermissible priv	ate benefit?				Yes	No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV,	line 7.		
1		servation easements held by the organization					
	Preservation	of land for public use (for example, recrea	tion or education)	Preservation of a histo	rically i	important land are	ea
	Protection o	f natural habitat		Preservation of a certif	-	-	
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualit	ied conservation contribut	ion in the form of a cor	servat	ion easement on t	the last
	day of the tax year					Held at the End of t	the Tax Year
а	Total number of co	onservation easements			2a		
b	Total acreage rest				2b		
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)		2c		
d		vation easements included in (c) acquired a					
		isted in the National Register			2d		
3		vation easements modified, transferred, rel			ation o	during the tax	
	year						
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspectio	n, handling of			
	violations, and enf	orcement of the conservation easements it	holds?			Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,					year
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enfo	rcing conservation eas	ement	s during the year	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements	of section 170(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?				Yes	No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenu	e and expense stateme	ent and	Ł	
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's fi	nancial statements tha	t desci	ribes the	
		ounting for conservation easements.					
Pa		ations Maintaining Collections of		sures, or Other Si	milar	r Assets.	
	Complete it	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its reven	ue statement and bala	nce sh	eet works	
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, o	or research in furtheran	ce of p	oublic	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that descr	ibes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue s	statement and balance	sheet	works of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or r	esearch in furtherance	of pub	olic service,	
	provide the followi	ng amounts relating to these items:					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$	\$	
						\$	
2	If the organization	received or held works of art, historical tre	asures, or other similar ass	ets for financial gain, p	rovide		
	the following amou	ints required to be reported under FASB A	SC 958 relating to these it	ems.			

	2	8
~	~	

Sche	dule D (Form 990) 2022 OPERATION 1						75-155		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Treasure	s, or Othe	er Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the following	that make s	significant i	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🗌 Loar	ı or exchange p	rogram					
b	Scholarly research	е	e 🗌 Othe	r						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fu	rther the organ	ization's exe	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historio	al treasures, or	other simila	ir assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	anization answe	ered "Yes" o	n Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contr	ibutions or othe	er assets not	included				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		_
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escro	w or custodial a	account liab	ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Par	t V Endowment Funds. Complete							() -		
		(a) Current year	(b) Prior	/ear (c) Iw	o years back	(d) Three y	/ears back	(e) Four	years	back
1 a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g	End of year balance		<i>(</i> 11 <i>(</i> 1							
2	Provide the estimated percentage of the curr			umn (a)) held as	3:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с		<u>%</u>								
2-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		tion that are	hald and admin	istored for t	ha				
Ja	· · · · ·	ssion of the organiza	uon inai are		listered for t	ne		ſ	Yes	No
	organization by: (i) Unrelated organizations							3a(i)		
	(i) Unrelated organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm			•						
	Complete if the organization answere), Part IV, line	11a. See Form	n 990, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investn	ther (b) Cost or other basis (other)	r (c) /	Accumulate		(d) Boo	k value	Э
19	Land	· · ·		213,5					213,	596.
	LandBuildings			12,869,0		2,632,	553.	10	236,	
	Leasehold improvements			,,.		_,,		,	,	
	Equipment			1,252,7	72.	545,	962.		706,	810.
	Other			359,5		225,			134,	
	Add lines 1a through 1e. (Column (d) must e		V oolume /D					11	291,	
1010		<u>qual FUIII 990, Part</u>	Λ , COIUITITI (B	<u>, """e tuc,)</u>		<u></u>		,	-,	

Schedule D (Form 990) 2022

11240514 701245 OPE1030301

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or enc	l-of-year market value
	ial derivatives			
	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G)				
<u>(H)</u>				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Fait VII	Complete if the organization answered "Yes"	on Form 000 Dort IV line	110 Soo Form 000 Bart V line 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l of yoor market yelyo
	(a) Description of investment		(c) Method of Valuation. Cost of end	i-oi-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Faitin	J	on Form 000 Dort IV line	11d See Form 000 Dart V line 15	
	Complete if the organization answered "Yes"		TTd. See Form 990, Part X, line 15.	
DT		Description		(b) Book value
	GHT OF USE ASSETS STRICTED CASH			1,174,288.
	STRICTED CASH			71,426.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				1 245 714
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)		1,245,714.
Tartx	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
	(a) Description of liability			(b) Book value
<u>1.</u>				(b) BOOK value
	deral income taxes			1 201 247
	ASE LIADILIII			1,201,347.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				1 001 045
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) line	<u>e 25.)</u>		1,201,347.

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 OPERATION KINDNESS	75-1553350	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	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	12,678,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 785,097.		
b			
с	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	785,097.
3	Subtract line 2e from line 1	3	11,893,336.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 18, 301.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	18,301.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		11,911,637.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	11,471,057.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,471,057.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 18, 301.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	18,301.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	11,489,358.
Pa	rt 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:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE, NO PROVISION HAS

BEEN MADE FOR FEDERAL INCOME TAXES IN THE FINANCIAL STATEMENTS. THE

ORGANIZATION IS ALSO EXEMPT FROM STATE INCOME TAXES. MANAGEMENT HAS

EVALUATED THE ORGANIZATION'S FEDERAL AND STATE TAX POSITIONS AND BELIEVES

THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

232054 09-01-22

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities o	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19 ,	or if the	2022
		Attach to Form 990 of						Open to Public
Department of the Treasury Internal Revenue Service	Got	to www.irs.gov/Form990 for instruc				ı.		Inspection
Name of the organization							Employer ide	entification number
	OPERATION						75-155335	
	complete this par	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	I filers are not
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list 	tions email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indir	f Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fi	overnment grants rnment grants events fficers, directors, trust undraising services?	-	X Yes	
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
BRAD CECIL AND ASS	OCIATES -		Yes	No				
2115 ARLINGTON DOW	NS ROAD,	DIRECT MAIL/RETAINER		x	574,597.		283,414.	291,183.
Total					574,597.		283,414.	291,183.
		on is registered or licensed to solicit o				it is (
or licensing.	······							5
ТХ								
	eduction Act Not	ice, see the Instructions for Form 9	000 ~~	000 -	7		Cobodul	e G (Form 990) 2022
•	PART IV FOR CO	-	70 UC	330-E	-2-		Schedule	5 G (FUIII 550) 2022

232081 10-27-22

OPERATION KINDNESS

75-1553350 Page **2**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ccc	HOPE GALA	1	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	993,396.	292,363.	65,794.	1,351,553
2	Less: Contributions	683,200.	241,573.	65,794.	990,567
3	Gross income (line 1 minus line 2)	310,196.	50,790.		360,986
4	Cash prizes				
5	Noncash prizes	225,993.	32,815.		258,808
6	Rent/facility costs	102,499.	27,023.		129,52
6	Food and beverages				
8	Entertainment	4,750.	3,000.		7,750
9	Other direct expenses	86,284.	22,656.		108,940
10		h 9 in column (d)			505,020
11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-144,034

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			15,600.	15,600.
S	2	Cash prizes			2,544.	2,544.
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			2,544.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			13,056.
9	En	ter the state(s) in which the organization condu	cts gaming activities: \underline{T}	x		
		he organization licensed to conduct gaming ac No," explain: LICENSING NOT REQUIRED	tivities in each of these s	states?		Yes X No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes X No
N		то, одран				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	OPERATION KINDNESS		75-15	5335	0	Page 3
11	Does the organization conduct ga	ming activities with nonmer	nbers?			Yes	X No
12	Is the organization a grantor, bene	eficiary or trustee of a trust,	or a member of a partnership or other entity formed				
	to administer charitable gaming?					Yes	X No
	Indicate the percentage of gaming						
					13a		%
				····· L	13b	10	00.00 %
14	Enter the name and address of the	e person who prepares the	organization's gaming/special events books and records	s:			
	Name GINA PARKER						
			75002				
	Address <u>3201 EARHART DR</u>	IVE - CARROLLTON, TX	/5006				
15a	a Does the organization have a cont	ract with a third party from	whom the organization receives gaming revenue?			Yes	X No
I	b If "Yes," enter the amount of gam			ount			
	of gaming revenue retained by the						
0	c If "Yes," enter name and address	of the third party:					
	Nama						
	Name						
	Address						
16	Gaming manager information:						
	Name GINA PARKER						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	X Employee	Independent contractor				
17	Mandatory distributions:						
	•	state law to make charitabl	e distributions from the gaming proceeds to				
	retain the state gaming license?	State law to make chantabl		1		Yes	X No
	• Enter the amount of distributions	required under state law to	be distributed to other exempt organizations or spent ir				
	organization's own exempt activiti						
Pa			anations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide an	y additional information. See instructions.				
SCH	HEDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST	PAID FUNDRAISERS:				
(I)	NAME OF FUNDRAISER: BRAD	CECIL AND ASSOCIATES	i				
(T)	ADDRESS OF FUNDRAISER: 21						
(1)	ADDRESS OF FONDRATSER. 21	TO AREINGION DOWND IN					
2320	83 10-27-22			Schedul	e G (I	Form	990) 2022

OPERATION KINDNESS

	/5-1553550	Page
art IV Supplemental Information (continued)		
(continuou)		
	Schedule G (Form a

232084 04-01-22

SCI	Compensation Information			OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	? ?)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	2022			
	tment of the Treasury	Attach to Form 990.		Publ	ic			
	al Revenue Service le of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide	-		mber		
- tairi	ie er the ergunzation	OPERATION KINDNESS	75-15					
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	charter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary :	spending account Personal services (such as maid, chauffer	ur, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		. 1 b				
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2				
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		compensation consultant						
	Form 990 of o	ther organizations X Approval by the board or compensation of	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 re							
а	•	e payment or change-of-control payment?		4a		x		
b		eive payment from a supplemental nonqualified retirement plan?				x		
	-	eive payment from an equity-based compensation arrangement?				x		
•	•	nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r	evenues of:						
а	The organization?			5a		X		
b	Any related organiz	ation?		5b		X		
	If "Yes" on line 5a o	or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r	net earnings of:						
						X		
b		ation?		6b		X		
_		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				v		
		nes 5 and 6? If "Yes," describe in Part III		. 7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			v		
~				. 8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
	Regulations section			9	- 000			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2022		

232111 10-18-22

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ED JAMISON	(i)	190,495.	26,250.	0.	4,615.	14,245.	235,605.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIFFANY TOBABEN	(i)	141,765.	0.	5,000.	3,919.	8,664.	159,348.	0.
CHIEF VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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:

THE BOARD OF DIRECTORS DETERMINE COMPENSATION OF THE ORGANIZATION'S

EXECUTIVE DIRECTOR THROUGH A DETAILED PROCESS OF LOOKING AT COMPARABILITY

DATA AND CONDUCTING A COMPENSATION STUDY BASED ON PUBLICLY AVAILABLE

INFORMATION FROM OTHER NON PROFIT CEO'S OF SIMILAR SIZE AND SCOPE. THE

BOARD OF DIRECTORS SHALL MEET ANNUALLY TO REVIEW AND APPROVE THE

COMPENSATIONS. THERE ARE NO KEY EMPLOYEES WITH THE ORGANIZATION TO DATE.

THUS, NO PROCESS HAS BEEN IMPLEMENTED FOR DETERMINING COMPENSATION OF THE

ORGANIZATION'S KEY EMPLOYEES.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

22 ΖU **Open to Public** Inspection

Name of the organization

OPERATION KINDNESS

Employer identification number 75-1553350

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermin	•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	8	618,554,	FAIR MARKET VALU	JE		
10	Securities - Closely held stock			, ,				
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	x	283	257,999.	FAIR MARKET VALU	JE		
20	Drugs and medical supplies	x	24	10,410.	FAIR MARKET VALU	JE		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SPECIAL EVENT G)	X	238	245,477,	FAIR MARKET VALU	JE		
26	Other (PET & KENNEL SU)	X	375	· · ·	FAIR MARKET VALU			
27	Other (OFFICE SUPPLIES)	x	3	,	FAIR MARKET VALU			
28	Other (GIFT CARDS)	x	1	,	FAIR MARKET VALU			
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c					
20	for which the organization completed Form 82						0	
		, .	enee / lenne eng				Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 throu	oh 28. that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?		,			30a	_	х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	auires the review o	of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties	•	•	•				
JEU			0			32a	x	1
b	If "Yes," describe in Part II.					J.Lu		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is che	cked			
	describe in Part II.	e.a						
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule I	M (Forn	n 990)	2022
							/	

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LOTT II	1 (Form 990) 2022 OPERATION KINDNESS	75-1553350	Page
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combining part for any additional information.	and whether the organ ination of both. Also co	ization mplete
CHEDULE	M, PART I, COLUMN (B):		
HIS NUM	BER REFLECTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF		
CONTRIBU	FORS.		
SCHEDULE	M, LINE 32B:		
VE HAVE	AN ARRANGEMENT WITH A THRIFT STORE THAT SOLICITS DONATIONS OF		
CLOTHING	, HOUSEHOLD GOODS, ETC. AND THEY PAY US BY THE POUND FOR THOSE		
TEMS. T	HIS IS ALSO WHERE WE SEND ANY GOODS DONATED THAT ARE		
NON-STAN	DARD CONTRIBUTIONS.		

Schedule M (Form 990) 2022

OPE10301

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 75-1553350

OPERATION KINDNESS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADOPTED INTO RESPONSIBLE HOMES AND TO ADVOCATE HUMANE VALUES AND

BEHAVIOR.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION BEGAN A NEW COMMUNITY INITIATIVES PROGRAM THAT

INCLUDES INTERSTATE TRANSPORT AND FORENSICS FOR ANIMAL CRUELTY.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION MADE CLARIFICATION ON TERMS OF CHAIR ELECT, CHAIR OR PAST

CHAIR, CHANGE OF TITLES FROM PRESIDENT TO CHAIR, VICE PRESIDENT TO CHAIR

ELECT, ADDITION OF PAST CHAIR TO EXECUTIVE COMMITTEE (BUT ALLOWANCE THAT

THIS POSITION CAN BE VACANT), REMOVAL OF REQUIREMENT FOR EXECUTIVE

COMMITTEE TO BE RESPONSIBLE FOR RECOMMENDING NOMINEES FOR POSITIONS.

ADDITIONALLY, THE ORGANIZATION CHANGED THE PEOPLE ON THE NOMINATING

COMMITTEE. THE CHAIR SHALL BECOME PAST CHAIR UNLESS VOTED AGAINST. THE

ORGANIZATION ALSO DEFINED DUTIES OF PAST CHAIR. LASTLY, THE ORGANIZATION

MODIFIED DIRECTOR'S TERMS, CREATED THE FINANCE COMMITTEE AND DUTIES, AND

ADDED INVESTMENT COMMITTEE DUTIES.

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

THE FORM 990 IS SUBMITTED TO THE AUDIT COMMITTEE FOR COMMENT AND REVIEW

PRIOR TO A COMPLETE COPY BEING DISTRIBUTED TO ALL MEMBERS OF THE BOARD.

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

THE ORGANIZATION REQUIRES ALL BOARD MEMBERS OR BOARD COMMITTEE MEMBERS TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

41 2022.05090 OPERATION KINDNESS

Schedule O (Form 990) 2022	
Name of the organization OPERATION KINDNESS	Employer identification numbe 75-1553350
	•
SIGN CONFLICT OF INTEREST POLICY STATEMENT. BOARD MEMBERS ARE EXPECTED TO	
UNDERSTAND THAT THEY HAVE AN OBLIGATION AND FIDUCIARY DUTY TO ACT IN THE	
BEST INTERESTS OF OPERATION KINDNESS. BOARD MEMBERS ARE REQUIRED TO	
DISCLOSE ANY POTENTIAL CONFLICTS OF INTERESTS TO THE SECRETARY. ANY MATTER	
OF QUESTION OR INTERPRETATION THAT ARISES RELATING TO THIS POLICY SHOULD BE	
REFERRED TO THE BOARD BYLAWS AND/OR TO THE BOARD FOR A DECISION, WHERE	
APPROPRIATE.	
AFFROFRIAIE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS DETERMINE COMPENSATION OF THE ORGANIZATION'S	
EXECUTIVE DIRECTOR THROUGH A DETAILED PROCESS OF LOOKING AT COMPARABILITY	
DATA AND CONDUCTING A COMPENSATION STUDY BASED ON PUBLICLY AVAILABLE	
INFORMATION FROM OTHER NON PROFIT CEO'S OF SIMILAR SIZE AND SCOPE. THE	
BOARD OF DIRECTORS SHALL MEET ANNUALLY TO REVIEW AND APPROVE THE	
COMPENSATIONS. THERE ARE NO KEY EMPLOYEES WITH THE ORGANIZATION TO DATE.	
THUS, NO PROCESS HAS BEEN IMPLEMENTED FOR DETERMINING COMPENSATION OF THE	
DRGANIZATION'S KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	

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