PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

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** 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

ΑF	or th	e 2021 calendar year, or tax year beginning ਾ ਹ	$\mathtt{UL}\ 1$, 2021 and	ending J	UN 30, 20	22				
B (heck if pplicab	C Name of organization			D Employ	yer identifi	cation number			
	Addre									
	Name Chang	e Doing business as			75	-1553350				
	Initial return Final return	3201 EARHART DRIVE	ber and street (or P.0. box if mail is not delivered to street address) Room/suite							
	termin	City or town, state or province, country, and	7IP or foreign postal code		G Gross red	eints \$	16,899,030.			
	□Amen	, , , , , , , , , , , , , , , , , , , ,	Zii di loldigii postal oddo			s a group re				
	return Applio tion		AMISON		1	ubordinates				
	pendi	3201 EARHART DRIVE, CARROLLTON, TX			1		cluded? Yes No			
				or	1					
		empt status: X 501(c)(3) 501(c) (te: WWW.OPERATIONKINDNESS.ORG	(insert no.) 4947(a)(1)	or 527	1		list. See instructions			
			intian Dahan N	1			n number			
	orm o	organization: X Corporation Trust A	ssociation Other	L Year	of formation:	19// N	1 State of legal domicile: TX			
		Briefly describe the organization's mission or most	e significant activities. OIIR MT	SSTON TS	TO CARE	FOR				
Governance	1	HOMELESS CATS AND DOGS IN A NO-KILL E			TO CINCL	· OK				
nar	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% o	f its net ass	sets.			
Ver	3	Number of voting members of the governing body	·			1 1	16			
Ĝ	4	Number of independent voting members of the go	, , , , , , , , , , , , , , , , , , , ,				16			
	5	Total number of individuals employed in calendar					123			
ties	6						1144			
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co					0.			
Ą							0.			
_	B	Net unrelated business taxable income from Form	990-1, Part I, IIIIe 11							
		Contributions and avants (Dort VIII line 4b)			Prior Y	011,890.	Current Year			
e	8					-	9,169,348.			
ē	9		429,917.	765,155.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4				-385.	16,488.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d				199,096.	322,602.			
_	12	Total revenue - add lines 8 through 11 (must equal			8,	640,518.	10,273,593.			
	13	Grants and similar amounts paid (Part IX, column				0.	0.			
	14	Benefits paid to or for members (Part IX, column (A	0.		0.					
es	15	Salaries, other compensation, employee benefits (550,353.	5,285,015.			
Expenses	16a	Professional fundraising fees (Part IX, column (A),				252,324.	245,733.			
ă	b	Total fundraising expenses (Part IX, column (D), lin	-							
ш	''	Other expenses (Part IX, column (A), lines 11a-11d				481,847.	2,838,253. 8,369,001.			
	18	Total expenses. Add lines 13-17 (must equal Part I	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6, 284							
	19	Revenue less expenses. Subtract line 18 from line	12			355,994.	1,904,592.			
t Assets or				Ве	ginning of Cu		End of Year			
set	20	Total assets (Part X, line 16)				413,593.	21,130,807.			
AAS	21	Total liabilities (Part X, line 26)				373,779.				
Ret		Net assets or fund balances. Subtract line 21 from	line 20		19,	039,814.	20,851,733.			
	art II	Signature Block								
		lties of perjury, I declare that I have examined this return				-	knowledge and belief, it is			
true	corre	ct, and complete. Declaration of preparer (other than offic	er) is based on all information of wh	nich preparer	has any knov	vledge.				
		O'construct officers								
Sig	n	Signature of officer			Da	ite				
Her	е	ED JAMISON, CEO								
		Type or print name and title	1	· · · · · · · · · · · · · · · · · · ·	2-4-		DTIN			
		Print/Type preparer's name	Preparer's signature		Date	Check L	PTIN			
Paid		MATTHEW PETROSKI	MATTHEW PETROSKI	0	5/08/23	self-employ				
	arer	Firm's name ARMANINO, LLP			Fir	m's EIN 🛌	94-6214841			
Use	Only	Firm's address > 15950 N. DALLAS PKWY, #6	500							
		DALLAS, TX 75248			Ph	one no.972	-661-1843			
Max	tha I	BS discuss this return with the preparer shown abo	vo2 Soc instructions				X Ves No			

Page 2 OPERATION KINDNESS 75-1553350 Form 990 (2021)

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: 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.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	, ,	Yes X No
Ü	If "Yes," describe these changes on Schedule O.	103110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by example the organization of the services accomplishments for each of its three largest program services, as measured by example the organization of the services accomplishments for each of its three largest program services.	(nenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	crioco, uria
 4а	C 000 000	765,155.)
Ta	OPERATION KINDNESS IS A PIONEER IN NORTH TEXAS FOR PROVIDING ASSISTANCE	
	TO ANIMALS IN NEED OF MEDICAL CARE, COMPANIONSHIP, AND MOST OF ALL, A	
	HOME. IN ADDITION TO PET ADOPTIONS, WE PROVIDE EXTENSIVE MEDICAL CARE	
	FOR OUR ANIMALS, A 24-HOUR NEONATAL KITTEN NURSERY, A FOSTER PROGRAM, A	
	PET FOOD PANTRY, A SURRENDER PREVENTION PROGRAM, EDUCATION TO PET	
	PARENTS AND VOLUNTEER OPPORTUNITIES.	
4b	O (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	e Total program service expenses ► 6,099,209.	
		Form 990 (2021)

132002 12-09-21

75-1553350

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		x
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	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	\cdot	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ļ "
	Schedule D, Part III	8_		Х
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? f "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
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	• •			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	ا ا		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			_v
	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	X	<u> </u>
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	<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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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	· (continued)		V	NIa
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, · · ·	23		Х
94 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		1
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			1
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
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	25		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
JZ	,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J T		34		Х
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	5,		
-		38	х	
Pa		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36		.03	.40
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
٠	(gambling) winnings to prize winners?	10	х	

	1990 (2021) OPERATION KINDNESS /5-155.	3350	P	age 🤄
Par	rt 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,			
	ince for the deformed year ording with a within the year covered by this retain	.23	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	١		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).		.,,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Α	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	х	
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	. <u>7c</u>	<u> </u>	
e	If "Yes," indicate the number of Forms 8282 filed during the year			х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	\dashv		
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
	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
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tay under section 4951, 4952 or 49532	17		

Form **990** (2021) OPE10301

If "Yes," complete Form 6069.

Form 990 (2021) OPERATION KINDNESS 75-1553350 Page **6**

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	Х	
b	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 the	- 00		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.0		
·		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•		150	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b		х
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
16-				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		х
	taxable entity during the year?	16a		A
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	404		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	Elot the states with which a copy of this form cooks required to be mice.	· · ·	0.40;1-1	ble
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	orny)	avalläl	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request Other (explain on Schedule O)	I Æ:	_:_!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i iinan	Jial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TINA O'GUINN - (972) 418-7297 3201 FARHART DRIVE CARROLLTON TY 75006			

Form 990 (2021) OPERATION KINDNESS 75-1553350 Page **7**

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, 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.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga	. 114a		C)	,pui	Jack	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week (list any		<u> </u>		T	T	.,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				æ		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below	dividu	Institutional trustee	Officer	Key employee	thest ploye	Former			organizations
(1) ED JAMISON	line) 40.00	Ĕ	Ë	₹	- S	를 등	훈			
(1) ED JAMISON CEO	40.00	1		х				135,877.	0.	7,280.
(2) TIFFANY TOBABEN	40.00			Λ				133,077.	0.	7,200.
CHIEF VETERINARIAN	10.00	1				x		130,888.	0.	11,211.
(3) KELLY FURNAS	40.00					 		130,000.	••	11,211.
COO	15.50	1				x		117,809.	0.	11,524.
(4) NICOLE WALKER	40.00							, , , , , , , , , , , , , , , , , , ,		,
DEVELOPMENT DIRECTOR						х		105,355.	0.	11,088.
(5) ROBERT CATALANI	1.00									
DIRECTOR, FORMER CEO		х						63,453.	0.	5,543.
(6) MARY MITCHELL	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) SCOTT WILSON	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) RON BURGERT	1.00									
TREASURER		Х		Х				0.	0.	0.
(9) LAURA CALHOUN	1.00	1								
SECRETARY		Х		Х				0.	0.	0.
(10) ANNE ALEXANDER	1.00	-								
DIRECTOR		Х						0.	0.	0.
(11) HAROON ALVI	1.00	_								
DIRECTOR		Х						0.	0.	0.
(12) CURT BOISFONTAINE	1.00	ļ								
DIRECTOR	1 00	Х			<u> </u>			0.	0.	0.
(14) JIM GIBSON	1.00								_	_
DIRECTOR COLUMN	1 00	Х	_		-	-		0.	0.	0.
(15) CATHERINE GRIFFIN	1.00								^	^
OIRECTOR (16) WAYNE MAYNARD	1 00	Х			-			0.	0.	0.
DIRECTOR	1.00	x						0.	0.	_
(17) JONI MCCOY	1.00	Λ			\vdash			0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(19) ELIZABETH SCHRUPP	1.00				\vdash				0.	<u> </u>
DIRECTOR (LEFT 10/26/21)	1.50	х						0.	0.	0.
132007 12-09-21	1						<u> </u>	ı	<u> </u>	Form 990 (2021)

132007 12-09-21 Form **990** (2021)

75-1553350 OPERATION KINDNESS

FOR 990 (2021)	MDNUM								75 155555	U	Г	aye 🗸
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	d Hi	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(-1-			itior			Reportable	Reportable	E:	stimate	∍d
	hours per	box	, unle	ss pe	rson i	than dis both	n an	compensation	compensation	ar	nount	of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	com	pensa	tion
	hours for	or dir	يو ا			ated		organization	(W-2/1099-MISC/	l	rom th	
	related organizations	ıstee	truste		ao	bens		(W-2/1099-MISC/	1099-NEC)	۰ ۱	janizat	
	below	ual tn	ional		ploye	t com	١.	1099-NEC)		l	d relat anizati	
	line)	Individual trustee or director	nstitutional trustee	Officer	ey employee	Highest compensated employee	Former			l	ailizati	0115
(20) CHAD TIDWELL	1.00	=	=	0	¥	Ξ ω	ш.					
DIRECTOR		х						0.	0.			0.
(21) PAUL WILSON	1.00											
DIRECTOR		х						0.	0.			0.
(22) JEFFLYN WILLIAMSON	1.00											
DIRECTOR		Х						0.	0.			0.
(23) KATRINA WOLLENBERG	1.00											
DIRECTOR		Х				<u> </u>		0.	0.			0.
						<u> </u>						
		1										
			<u> </u>		<u> </u>	<u> </u>						
		1										
		-										
						-						
		1										
1b Subtotal			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	553,382.	0.		46	646.
c Total from continuation sheets to Part V							-	0.	0.			0.
d Total (add lines 1b and 1c)							_	553,382.	0.		46,	646.
2 Total number of individuals (including but								·	000 of reportable			
compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ooo or roportaisto			4
											Yes	No
3 Did the organization list any former office	, director, trust	ee, k	кеу е	emp	loye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for			•	•	•		_		•	3		х
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15	•		-					•	-	4		х
5 Did any person listed on line 1a receive or												
rendered to the organization? f "Yes." col										5		х
Section B. Independent Contractors												
1 Complete this table for your five highest of	ompensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	tion fr	om	
the organization. Report compensation for	the calendar ve	ear e	endir	าа พ	ith o	or wi	thin	the organization's tax v	ear.			

the organization. Report compensation for the calendar year ending with or within	n the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
STEELE AND FREEMAN, INC	CONSTRUCTON COMPANY FOR	
1301 LAWSON RD, FT. WORTH, TX 76131	PROJECT	825,185.
BRAD CECIL AND ASSOCIATES, 2115 ARLINGTON		
DOWNS RD, ARLINGTON, TX 76011	DIRECT MAIL	214,755.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues 687,170. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 8,482,178. 1f 348,112 g Noncash contributions included in lines 1a-1f 9,169,348. h Total. Add lines 1a-1f **Business Code** 2 a ADOPTION INCOME 900099 744,226. 744,226. Program Service Revenue OTHER RELATED INCOME 900099 13,236 13,236 YOUTH PROGRAMS 900099 7,693. 7,693. d f All other program service revenue 765,155. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22,514 22,514. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 217,194. 217,194. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 6,167,865. assets other than inventory **b** Less: cost or other basis 6,167,553. 6,338 Other Revenue and sales expenses 7b 7с -6,338 312. c Gain or (loss) -6,026. -6,026. d Net gain or (loss) 8 a Gross income from fundraising events (not 687,170. of including \$ contributions reported on line 1c). See Part IV, line 18 522,110. 447,273. **b** Less: direct expenses 74,837 74,837. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 32,850 Part IV, line 19 4,273 **b** Less: direct expenses 9b 28,577. 28,577. c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 1,994 10a and allowances **b** Less: cost of goods sold 0. 1,994. 1,994. c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 10,273,593. 765,155, 339,090. Total revenue. See instructions 12

132009 12-09-21

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Section 501/a/2) and 501/a/4) organizations must complete all columns. All other organizations must a

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 (D) 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 and domestic governments. See Part IV, line 21 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 Compensation of current officers, directors, 224,551 trustees, and key employees 224,551 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,061,728. 3,177,327. 311,824 572,577. Other salaries and wages 7 8 Pension plan accruals and contributions (include 2,869 section 401(k) and 403(b) employer contributions) 35,521 32,120. 532 440,742 120,401. 601,170 40,027 9 Other employee benefits 362,045. 274,853. 41,605 45,587. 10 Payroll taxes Fees for services (nonemployees): Management а 229,898 1,326. 228,572 Legal 25,272, 25,272. Lobbying 245,733, 245,733. Professional fundraising services. See Part IV, line 17 Investment management fees 50. 50 Other. (If line 11g amount exceeds 10% of line 25, 18,783 15,412. 1,445 1,926. column (A), amount, list line 11g expenses on Sch O.) 60,655 16,132 1,466 43,057. Advertising and promotion 12 132,788 44,165. 9,868 78,755. 13 Office expenses 197,007 75,115. 31,903 89,989. Information technology 14 Royalties 15 245,275 214,948. 14,313 16,014. 16 Occupancy 59,013, 51,895. 5,270 1,848. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 668,522 609,491 38,886 20,145. 22 Depreciation, depletion, and amortization 64,303 74,200 7,337 2,560. 23 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 O.) DIRECT ANIMAL CARE 988,062. 988,062, CAPITAL CAMPAIGN 91,627 72,465 9,181 9,981. С d 47,101 10,807 15,441. 20,853 All other expenses 8,369,001 6,099,209 1,005,246 1,264,546. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

rm 990 (2021) OPERATION KINDNESS 75-1553350 Page **11**

Form 990 (2021)
Part X Balance Sheet

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to any	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash non interest hearing			622,185.	1	1,289,216
	2	Cash - non-interest-bearing			44,901.	2	660,157
	3	Savings and temporary cash investments			24,975.	3	0
		Pledges and grants receivable, net			21,373.	4	46,803
	4 5	Accounts receivable, net Loans and other receivables from any current				4	10,000
	3	•					
		trustee, key employee, creator or founder, sul controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	•				
	"	under section 4958(f)(1)), and persons describ	•	,		6	
	7					7	
Assets	_	Notes and loans receivable, net				8	
Ass	8	Inventories for sale or use			68,424.	9	94,365
•		Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other			00,121.	9	31,303
	IUa	basis. Complete Part VI of Schedule D		14,246,006.			
	<u>ا</u>		"	2,806,415.	12,018,647.	10c	11,439,591
	b 11			· · · · ·	6,327,245.	11	7,400,811
	12	Investments - publicly traded securities Investments - other securities. See Part IV, lin			0,327,213,	12	,,100,011
	13	Investments - other securities. See Part IV, III				13	
	14	. •				14	
	15	Intangible assets Other assets See Part IV line 11			307,216.	15	199,864
	16	Other assets. See Part IV, line 11			19,413,593.	16	21,130,807
	17	Total assets. Add lines 1 through 15 (must e Accounts payable and accrued expenses			363,779.	17	279,074
	18			18			
	19	Grants payable Deferred revenue	10,000.	19	0		
	20	Tax-exempt bond liabilities				20	-
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul					
Ë		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unr			23		
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	100 17 2-1	. Complete Furt X		25	
	26	Total liabilities. Add lines 17 through 25			373,779.	26	279,074
		Organizations that follow FASB ASC 958, or			,		<u>, , , , , , , , , , , , , , , , , , , </u>
es		and complete lines 27, 28, 32, and 33.					
anc anc	27				18,910,771.	27	20,067,712
3ak	28	Net assets with donor restrictions			129,043.	28	784,021
힏		Organizations that do not follow FASB ASC			·		·
Ē		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			19,039,814.	32	20,851,733
Z	33	Total liabilities and net assets/fund balances			19,413,593.	33	21,130,807

Form 990 (2021) OPERATION KINDNESS 75-1553350 Page **12**

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,	273,	593.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	369,	001.		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	904,	592.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,	039,	814.		
5	Net unrealized gains (losses) on investments	5		-92,	673.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	20,	851,	733.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** OPERATION KINDNESS 75-1553350 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

OPERATION KINDNESS 75-1553350 Schedule A (Form 990) 2021 Page 2

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

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

Sec	ction A. Public Support	71	1	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and		, ,	` ,	,	. ,		
	membership fees received. (Do not							
	include any "unusual grants.")	6,334,446.	9,755,959.	7,039,975.	7,955,823.	9,176,836.	40,263,039.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	6,334,446.	9,755,959.	7,039,975.	7,955,823.	9,176,836.	40,263,039.	
	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)						6,372,890.	
6	Public support. Subtract line 5 from line 4.						33,890,149.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	6,334,446.	9,755,959.	7,039,975.	7,955,823.	9,176,836.	40,263,039.	
	Gross income from interest,	, , ,	, , ,	, , ,	, , ,	, ,	, , , .	
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	222,039.	303,022.	294,508.	197,974.	239,708.	1,257,251.	
۵	Net income from unrelated business	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,		
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	416,573.	337,403.	317,271.	178,302.	550,690.	1,800,239.	
44		110,575.	337,103.	317,271.	170,302.	330,030.	43,320,529.	
	Total support. Add lines 7 through 10 Gross receipts from related activities,		>			12	3,479,487.	
12	'	•	,				3,473,407.	
13	First 5 years. If the Form 990 is for the organization, check this box and stop						▶□	
Sec	ction C. Computation of Publi							
	Public support percentage for 2021 (li			olumn (f))		14	78.23 %	
						15	76.75 %	
15								
102	33 1/3% support test - 2021. If the c							
	stop here. The organization qualifies							
L	33 1/3% support test - 2020. If the c							
47.	and stop here. The organization quali							
1/8	10% -facts-and-circumstances test	-						
	and if the organization meets the facts		•	•		· ·	▶ □	
	meets the facts-and-circumstances te	-	•	• • •	-			
b	10% -facts-and-circumstances test	_					0% or	
	more, and if the organization meets th				-		. —	
	organization meets the facts-and-circu		-		• • •			
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							

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2021 OPERATION KINDNESS 75-1553350 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Part IV Supporting Organizations (continued) Yes No 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? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations N<u>o</u> Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 <u>supported organizations played in this regard</u> Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. За 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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<u>Schedule A (Form 990) 2021</u> OPERATION KINDNESS 75-1553350 Page **6**

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
_7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in 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					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see			
	instructions).						

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS	rovide 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 t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

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:
FUNDRAISING PROCEEDS
2017 AMOUNT: \$ 367,684.
2018 AMOUNT: \$ 296,361.
2019 AMOUNT: \$ 289,129.
2020 AMOUNT: \$ 165,586.
2021 AMOUNT: \$ 519,060.
GAMING PROCEEDS
2017 AMOUNT: \$ 39,650.
2018 AMOUNT: \$ 35,400.
2019 AMOUNT: \$ 24,380.
2020 AMOUNT: \$ 10,600.
2021 AMOUNT: \$ 29,636.
INVENTORY PROCEEDS
2017 AMOUNT: \$ 9,239.
2018 AMOUNT: \$ 5,642.
2019 AMOUNT: \$ 3,762.
2020 AMOUNT: \$ 2,116.
2021 AMOUNT: \$ 1,994.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OP	75-1553350					
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	•				
Special Rules						
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one				
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						
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fee 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF and requirements of Schedule B (Form 990).	**				
_HA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)				

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

OPERATION KINDNESS

75-1553350

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	INGING, AUGI 655, AND ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6 <u>6</u>	Name, audress, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

OPERATION KINDNESS

75-1553350

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	(b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.)			

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Name of or	ganization		-	imployer identification number			
	N KINDNESS			75-1553350			
Part III	Exclusively religious, charitable, etc., contribu from any one contributor. Complete columns (a	a) through (e) and the following line entr	v. For organizations				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.)	> \$			
(a) No.	Ose duplicate copies of Part III II additional	Space is fleeded.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held			
raiti							
		(e) Transfer of gift	•				
	Transferee's name, address, a	ınd ZIP + 4	Relationship of trans	feror to transferee			
(a) No.		T					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held			
i aiti							
	(e) Transfer of gift						
-	Transferee's name, address, a	ınd ZIP + 4	Relationship of trans	feror to transferee			
(a) No.		T					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held			
		(e) Transfer of gift					
	T		Deletienekie et terre				
-	Transferee's name, address, a	ind ZIP + 4	Relationship of trans	teror to transferee			
(a) No. from	(h) Purpose of wift	(a) Had of wift	(d) December	ation of how gift in hald			
Part I	(b) Purpose of gift	(c) Use of gift	(u) Descrip	otion of how gift is held			
-	(a) Transfer of 200						
		(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
F	manere e e name, address, t		Tioladonomp of autio				
J		_					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

OPERATION KINDNESS 75-1553350

Par		ganizations Maintaining Donor Advised anization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	0.9		(a) Donor advised funds	(b) Funds and other accounts
1	Total numb	per at end of year	()	. ,
2		value of contributions to (during year)		
3		value of grants from (during year)		
4		value at end of year		
5		ganization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
		panization's property, subject to the organization's e	_	
6		ganization inform all grantees, donors, and donor ad		
		ble purposes and not for the benefit of the donor or		
Par	t II Co	nservation Easements. Complete if the organic		
1	Purpose(s)	of conservation easements held by the organization	n (check all that apply).	
	Pres	ervation of land for public use (for example, recreati	on or education) Preservation of a	a historically important land area
	Prote	ection of natural habitat	Preservation of a	a certified historic structure
	Pres	ervation of open space		
2	Complete I	lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	f a conservation easement on the last
	day of the	tax year.		Held at the End of the Tax Year
а	Total numb	per of conservation easements		2a
b	Total acrea	age restricted by conservation easements		2b
С	Number of	conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of	conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structur	e
	listed in the	e National Register		2d
3		conservation easements modified, transferred, rele		organization during the tax
	year ▶			
4	Number of	states where property subject to conservation ease	ement is located	
5	Does the o	organization have a written policy regarding the perio	odic monitoring, inspection, handling of	
	violations,	and enforcement of the conservation easements it I	nolds?	Yes No
6	Staff and v	olunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
				
7		expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	on easements during the year
	▶ \$			
8		conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	
_				
9		, describe how the organization reports conservation	•	
		neet, and include, if applicable, the text of the footnot	ote to the organization's financial statemer	nts that describes the
Par	t III Or	on's accounting for conservation easements. ganizations Maintaining Collections of A	Art. Historical Treasures, or Oth	er Similar Assets
. u.		mplete if the organization answered "Yes" on Form 9		
12		nization elected, as permitted under FASB ASC 958		d halance sheet works
ıu	•	orical treasures, or other similar assets held for publ	•	
	•	ovide in Part XIII the text of the footnote to its finance	,	•
h	′ '	nization elected, as permitted under FASB ASC 958		
-	•	cal treasures, or other similar assets held for public e	•	
		e following amounts relating to these items:	exhibition, education, or research in farthe	rance of public scrivice,
	•	ue included on Form 990, Part VIII, line 1		> \$
				. .
2		nization received or held works of art, historical treas		
-		ng amounts required to be reported under FASB AS		ga, p. 0 1 1 0
а		ncluded on Form 990, Part VIII, line 1	_	> \$
b		luded in Form 990, Part X		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		213,596.		213,596.
b Buildings		12,760,158.	2,177,972.	10,582,186.
c Leasehold improvements				
d Equipment		1,029,166.	463,497.	565,669.
e Other		243,086.	164,946.	78,140.
Total. Add lines 1a through 1e. (Column (d) must equa	11,439,591.			

Schedule D (Form 990) 2021 OPERATION KINDNESS 75-1553350 Page

) Description of security or category (including name of security)		
	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
Financial derivatives		
Closely held equity interests		
Other		
A)		
B)		
C)		
D)		
E)		
F)		
G)	1	
H)		
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII Investments - Program Related.		11 0 5 000 5 100 5
Complete if the organization answered "Yes" of		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1)	1	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
art IX Other Assets.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(a) I	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
9)		
al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>
ort X Other Liabilities.	on Form 000 De + 11/11	110 or 11f Coo Form COO Part V Bas CS
Complete if the organization answered "Yes" of	THE POUL SEU, PART IV, IINC	11e or 11f. See Form 990, Part X, line 25. (b) Book value
(a) Description of liability		(b) Book vail
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
- ->		
(7)		
(7) (8)		
(8)	25.)	>

75-1553350

	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.	Т	. 1	10 100 070
1				1	10,180,870.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		-92,673.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-92,673.
3	Subtract line 2e from line 1			3	10,273,543.
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	50.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	50.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,273,593.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	itements With Ex	penses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total expenses and losses per audited financial statements			1	8,368,951.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d					
е				2e	0.
3	Subtract line 2e from line 1			3	8,368,951.
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	50.		
b	Other (Describe in Part XIII.)				
		4b			
С	A 1115 A 141	<u> </u>		4c	50.
с 5	Add lines 4a and 4b			4c 5	50. 8,369,001.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information.	3.)		5	8,369,001.
5 Pa Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	B,)	2b; Part V, line 4;	5	8,369,001.
Provines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	l; Part IV, lines 1b and	2b; Part V, line 4;	5	8,369,001.
Partines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are X, LINE 2:	I; Part IV, lines 1b and any additional information	2b; Part V, line 4;	5	8,369,001.
Partitle	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st IIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 2 X, LINE 2: ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 1.1	ection HAS	2b; Part V, line 4;	5	8,369,001.
Provious Parties From Parties F	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are XI, LINE 2: ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECO (3) OF THE INTERNAL REVENUE CODE, AND THEREFORE, NO PRO-	R; Part IV, lines 1b and any additional information acction	2b; Part V, line 4;	5	8,369,001.
Provide the second of the seco	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; LINE 2: ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECULO OF THE INTERNAL REVENUE CODE, AND THEREFORE, NO PROVIDED OF THE INTERNAL REVENUE CODE, AND THEREFORE, NO PROVIDED OF THE INTERNAL INCOME TAXES IN THE FINANCIAL STATEMENT	I; Part IV, lines 1b and any additional information of the section	2b; Part V, line 4;	5	8,369,001.
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4 3d	I; Part IV, lines 1b and any additional information of the section	2b; Part V, line 4;	5	8,369,001.
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; Also complete this part to provide and 4b; Line 2: ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECO (3) OF THE INTERNAL REVENUE CODE, AND THEREFORE, NO PROVIDED TO THE PROPERTY OF THE PROPERTY	I; Part IV, lines 1b and any additional information of the section	2b; Part V, line 4;	5	8,369,001.
5 Par Providence State S	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4 3d	I; Part IV, lines 1b and any additional information of the section	2b; Part V, line 4;	5	8,369,001.
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4 3d	I; Part IV, lines 1b and any additional information of the section	2b; Part V, line 4;	5	8,369,001.
Provinces Part THE 501(BEEN ORGA	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4 3d	I; Part IV, lines 1b and any additional information of the section	2b; Part V, line 4;	5	8,369,001.
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st III Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4 3d	I; Part IV, lines 1b and any additional information of the section	2b; Part V, line 4;	5	8,369,001.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.		Inspection
Name of the organizatio						ı		entification number
	OPERATION 1						75-155335	
Part I Fundrais	sing Activities. complete this par	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, li	ine 17.	Form 990-EZ	I filers are not
		sed funds through any of the followin	ng activ	ities	Check all that apply			
a X Mail solicita					overnment grants			
	l email solicitations				nment grants			
c X Phone solic	itations	g 🗓 Special	l fundra	aising	events			
d X In-person so	olicitations							
		or oral agreement with any individual				tees, o		
		art VII) or entity in connection with p					X Yes	
compensated at le		viduals or entities (fundraisers) pursu	ant to	agree	ments under which tr	ne func	iraiser is to be	9
	east \$5,000 by the	T	1		1			1
(i) Name and addres or entity (fund		(ii) Activity	fundr have con contribution	ustody itrol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) indraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
BRAD CECIL AND ASS	SOCIATES -		Yes	No				
2115 ARLINGTON DOW	NS ROAD,	DIRECT MAIL/RETAINER		х	543,585.		251,310.	292,275.
Total					543,585.		251,310.	292,275.
	ich the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is ex	empt from re	gistration
or licensing.								
TX								

SEE PART IV FOR CONTINUATIONS

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

Schedule G (Form 990) 2021

132081 10-21-21

OPERATION KINDNESS Schedule G (Form 990) 2021 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 (add col. (a) through HOPE GALA col. (c)) (event type) (total number) (event type) 956,224 230,605. 22,451. 1,209,280. Gross receipts 539,435 147,735. 687,170. 2 Less: Contributions Gross income (line 1 minus line 2) 416,789 82,870. 22,451. 522,110. 4 Cash prizes 5 Noncash prizes 149,416. 24,340. 173,756. Direct Expenses 95,529. 59,032. 154,561. Rent/facility costs 7 Food and beverages 8,832 3,000. 11,832. 8 Entertainment 83,178. 107,124. Other direct expenses 447,273. **10** Direct expense summary. Add lines 4 through 9 in column (d) 74,837. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 32,850 32,850. Gross revenue 2 Cash prizes Direct Expenses 3,050. 3,050 Noncash prizes Rent/facility costs 1,223 1,223. Other direct expenses Yes Yes Yes 6 Volunteer labor No 4,273. 7 Direct expense summary. Add lines 2 through 5 in column (d) 28,577. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: TX X No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: LICENSING NOT REQUIRED 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2021

132082 10-21-21

Sch	ledule G (Form 990) 2021 OPERATION KINDNESS	2-1223	330	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_		
	to administer charitable gaming?	L	Yes	X No
13	Indicate the percentage of gaming activity conducted in:	1		
	The organization's facility		3a	%
	o An outside facility	13	3b -	L00.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name > TALIA GRUNSKA			
	Address > 3201 EARHART DRIVE - CARROLLTON, TX 75006			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	С	Yes	X No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name TALIA GRUNSKA			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer X Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	[Yes	X No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э		
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III	lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(1)	NAME OF FUNDRAISER: BRAD CECIL AND ASSOCIATES			
<u>(I)</u>	ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS ROAD, ARLINGTON, TX 76011			

Schedule G	(Form 990) Supplemental Infor	OPERATION KINDNESS		75-1553350	Page 4
Part IV	Supplemental Infor	mation _(continued)			
-					
-					

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number OPERATION KINDNESS $75\!-\!1553350$ Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ĺ

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

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)					_		
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							

Schedule J (Form 990) 2021 OPERATION KINDNESS	75-1553350	Page 3
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 comp	lete this part for any additional inform	ation.
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.		
PART I, LINE 7:		
THE DEVELOPMENT DIRECTOR RECEIVED A ONE TIME BONUS OF \$250 FOR EXCEEDING		
THEIR GOALS FOR THE CCC EVENT DURING THE FISCAL YEAR.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Employer identification number OPERATION KINDNESS 75-1553350

Par	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 do noncash contrib	etermin	•	s
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	Х	5	68,267.	FAIR MARKET VALU	Έ		
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	198	56,218.	FAIR MARKET VALU	Έ		
20	Drugs and medical supplies	X	38	4,714.	FAIR MARKET VALU	Έ		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SPECIAL EVENT)	X	152	176,715.	FAIR MARKET VALU	Έ		
26	Other (PET & KENNEL)	X	236	37,573.	FAIR MARKET VALU	Έ		
27	Other (GIFT CARDS)	X	4	3,370.	FAIR MARKET VALU	Έ		
28	Other (OFFICE SUPPLI)	Х	9	1,254.	FAIR MARKET VALU	Έ		
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			1	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	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 p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is ched	cked,			
	describe in Part II.							
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132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

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.

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► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization OPERATION KINDNESS 75-1553350 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADOPTED INTO RESPONSIBLE HOMES AND TO ADVOCATE HUMANE VALUES AND BEHAVIOR. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION REDUCED THE DIRECTORS TERMS FROM 4 YEARS TO 3 YEARS AND PROVIDED THAT A DIRECTOR MUST BE RE-ELECTED BY THE BOARD TO SERVE A SECOND TERM ADDED TWO AT LARGE MEMBERS TO THE EXECUTIVE COMMITTEE 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 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. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS DETERMINE COMPENSATION OF THE ORGANIZATION'S

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

EXECUTIVE DIRECTOR THROUGH A DETAILED PROCESS OF LOOKING AT COMPARABILITY

Schedule O (Form 990) 2021	Page 2
Name of the organization OPERATION KINDNESS	Employer identification number 75-1553350
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ORGANIZATION'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.	
PART VII, SECTION A	
ROBERT CATALANI'S COMPENSATION REPORTED IN PART VII IS FOR DUTIES	
PERFORMED AS THE INTERIM CEO DURING THE TIME PERIOD OF 1/1/2021 THRU	
5/30/2021. HE BECAME A DIRECTOR OF THE ORGANIZATION AS OF 7/1/2021 AND	
DID NOT RECEIVE COMPENSATION FOR HIS DUTIES PERFORMED AS A DIRECTOR ON	
THE BOARD.	