efil	e Pu	ıblic Visı	ual Render	ObjectId	: 20224157	9349301614	- Submissio	on: 2022	2-06	-06	T)	IN: 20-0694400
	0		Re	turn of (Organiza	tion Exem	not From		me	Тах	(OMB No. 1545-0047
Form	93	J U			•		-					2021
) of the Internal y numbers on this			-		ions)	2021
D. I		(90 for instruction		,	•			Open to Public
		f the Treasury nue Service			<u>3.9077101111</u>			accst m				Inspection
A F	or th	ne 2021 ca	alendar year, o	or tax year b	eginning 01-	01-2021 , and	ending 12-31	L-2021				
B Che	ck if a	applicable:	C Name of organ OPERATION IN							D Employe	er identif	ication number
_		change	0.1.0.101111							20-0694	1400	
O Na		hange eturn	Doing business	as								
O Fin	al retu	rn/terminated								E Telephone	a number	
		ed return	Number and st PO BOX 2523	reet (or P.O. box	k if mail is not de	livered to street add	ress) Room/sui	te				
— Ap	piicat	ion pending		tata an provinca	country and 71	P or foreign postal co	ada.			(865) 95	51-2511	
			KNOXVILLE, T		, country, and ZI	F of foreign postal co	Jue			G Gross red	ceipts \$ 3	74,524
			F Name and	address of prin	ncipal officer:			H(a) I	s this	a group ret	urn for	·
			DAVID RENFR PO BOX 2523	0						linates?		🗌 Yes 🗹 No
			KNOXVILLE, T	N 37901					Are all nclude	subordinate	es	□ Yes □No
I Tax	k-exe	mpt status:	5 01(c)(3)	501(c) () 🕇 (insert no.)	🗌 4947(a)(1) o	r 🗌 527				ist. See	instructions.
JW	ebsi	te: 🕨 WW	W.OPERATIONI	NASMUCH.CO	М			H(c) G	Group	exemption	number	•
			_					L Vaan of	6	Hans 2004	M Chata	of local deminity. Th
K Forr	n of c	organization:	Corporation	U Trust U	Association	Other 🕨		L rear or	rorma	tion: 2004	M State	of legal domicile: TN
Pa	art I	Sum	mary									
						nificant activities:						
e		TO CONSULT WITH CHURCHES AND OTHER NONPROFIT COMMUNITY ORGANIZATIONS WORLDWIDE TO CATALYZE CO WITH THE OPERATION INASMUCH MODEL AND CREATE A CULTURE OF COMPASSION MINISTRY.						YZE CO	MMUNITY MINISTRY			
anc												
шe												
Governance			s box 🕨 🗌								ι.	
×ð			-			art VI, line 1a)			• •		3	6
Activities &	4			-	-	rning body (Part V		• •	• •		4	6
tivit	5 6		ber of individuation		-	ır 2021 (Part V, liı	ne 2a)	• •	• •		5	4
Ac				-		nn (C), line 12			•	•	7a	0
						0-T, Part I, line 1					7u 7b	-
	-					- ,				or Year		Current Year
	8	Contribut	ions and grants	(Part VIII, line	e1h)					511,8	395	334,315
Revenue	9	Program s	service revenue	e (Part VIII, line	e 2g)					5	500	30,471
Sev 6	10	Investme	nt income (Part	VIII, column ((A), lines 3, 4,	and 7d)..				2,4	60	1,284
<u>a</u>	11	Other rev	enue (Part VIII,	column (A), li	ines 5, 6d, 8c,	9c, 10c, and 11e)			1,8		2,658
	12	Total reve	enue—add lines	8 through 11	(must equal P	art VIII, column (A	A), line 12)			516,7	'32	368,728
	13				, ,	, lines 1–3) .					0	0
						line 4)					0	0
ŝŝ						rt IX, column (A),				200,2		202,249
Exp enses			-	-		ne 11e)					0	0
Exp			aising expenses (F			2,522 11f-24e)				100 7	272	124,960
_						column (A), line				108,7 309,0		327,209
		-		-			-			207,7		41,519
ж es		Revenue	expenses.				<u> </u>	Begin	ning	of Current Ye		End of Year
Net Assets or Fund Balances										-		
Bal			ets (Part X, line				· ·			453,8	398	496,218
and a			lities (Part X, lin	-							896	4,197
				ces. Subtract I	line 21 from lir	ne 20				450,5	502	492,021
Pa	rt II	Signa	ature Block									

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

					2022-06-03	
_	n / '	gnature of officer			Date	
Here		AVID RENFRO PRESIDENT				
	V iy	pe or print name and title				
Pai	d	Print/Type preparer's name	Preparer's signature	Date 2022-06-03		0174056
	•	Firm's name 🕨 HG&A ASSOCIATES	PC		Firm's EIN 🕨 62-12	206753
Sign Here DAVID REN Type or print/ Paid Preparer Use Only Firm's May the IRS discuss this For Paperwork Reduct For 990 (2021) Part III Stateme Check if Sc 1 Briefly describe th OPERATION INASMUCH, MODEL AND CREATE A C DERATION INASMUCH, MODEL AND CREATE A C 2 Did the organizati the prior Form 99 If "Yes," describe 3 Did the organizati services? If "Yes," describe 4 Describe the orga Section 501(c)(3) and revenue, if ar	Firm's address F6504 DEANE HILL D	1-8000				
	KNOXVILLE, TN 37	919				
		cuss this return with the preparer sl	1 1			🗹 Yes 🗌 No
For F	Paperwork	Reduction Act Notice, see the s	eparate instructions.	Cat. I	No. 11282Y	Form 990 (2021
			Page 2			
Form	990 (2021))				
	-	, atement of Program Service	Accomplishments			Page
_		eck if Schedule O contains a respor	-	t III		🗆
1		scribe the organization's mission:				
		SMUCH, INC. EMPOWERS CONGREC EATE A CULTURE OF COMPASSION N		YZE COMMUNITY MI	NISTRY WITH THE	OPERATION INASMUCH
MOD	LL AND CRL	ATE A COLTORE OF COMPASSION I				
2	Did the or	ganization undertake any significan	t program services during the ye	ear which were not lis	sted on	
						🗆 Yes 🗹 No
-		escribe these new services on Sche				
3		ganization cease conducting, or ma	ke significant changes in how it	conducts, any progra	im	🗌 Yes 🔽 No
			· · · · · · · ·			🗆 Yes 💟 No
		escribe these changes on Schedule				
4		he organization's program service a D1(c)(3) and 501(c)(4) organizatior				
	and reven	ue, if any, for each program service	e reported.	function grants and an		the total expenses,
4a	(Code:) (Expenses \$	218,669 including grants of	\$) (Revenue \$	96,395)
	TO CONSUL	T WITH CHURCHES AND OTHER NONPRO	FIT COMMUNITY ORGANIZATIONS TO	ASSIST WITH ONE-DAY	Y COMMUNITY PROJEC	CT BLITZES
4h	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
-10	(Code.) (Expenses \$		Ą) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
<u></u>						
4d	Other prog (Expenses	gram services (Describe in Schedul s \$ inclu	e O.) ding grants of \$) (Revenue	\$)
4e		gram service expenses	218.669			· .

	Page 3			
Form	990 (2021)			D 7
	t IV Checklist of Required Schedules			Page 3
			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 \Im	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 59	2	Yes	
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		No
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		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I 3 .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V \cdot	10		No
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	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> 😼	11b		No
	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		No
	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? <i>If "Yes," complete Schedule D, Part IX</i> 😼	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII %	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	21		No

	government on P	art IX, column (A), line 1	? If "Yes," complete Schedule I	I, Parts I and II				I		i i
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Form **990** (2021)

	Page 4			
Form	990 (2021)			Page 4
Pa	Checklist of Required Schedules (continued)			· · · j ·
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i> .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			\square
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
				-

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .

. 1a 4 . 1b 0

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable https://projects.propublica.org/nonprofits/organizations/200694400/202241579349301614/full

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С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming
	(gambling) winnings to prize winners?

Form 990 (2021)

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Form	990	(2021)

Page 5

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22	t V Statements Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W-3, Transmittal of Wage and Image: Continued of Wage and Continued of			
24	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
-	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
D	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against 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		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans 13b			
c	Enter the amount of reserves on hand			
	projects.propublica.org/nonprofits/organizations/200694400/202241579349301614/full			•

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14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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	No
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	No
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 tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	
		For	m 990 (2021)

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Form	990 (2021)			Page 6
Par	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management		N	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6		Yes	No
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\ .$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	-
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

ΤN

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure	
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17 List the states with which a copy of this Form 990 is required to be filed	•
--	---

- **18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- 🗌 Own website 🛛 Another's website 🗹 Upon request 🗍 Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:
 BARBARA MITCHELL 609 CEDAR LANE KNOXVILLE, TN 37912 (865) 951-2511

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

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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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		one b	ox, ι n of tor/t	t ch unles ficer rust	ss pers r and a ee)	son	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) VICKI WILLIAMS BOARD MEMBER	5.00	x						0	0	0
(2) DAVID RENFRO PRESIDENT	5.00	x		x				0	0	0
(3) CINDY BUSH BOARD MEMBER	5.00	x						0	0	0
(4) BRYAN WILSON BOARD MEMBER	5.00	x						0	0	0
(5) BILL ROSENBALM SECRETARY/TREASURER	5.00	x		x				0	0	0
(6) PHIL ROY VICE-PRESIDENT	5.00	х		x				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours	(C) Position (do not check mor than one box, unless perso is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations	
1b Sub-Total										-	
c Total from continuation sheets to Pa			• •	•				0	0	0	
<u>d</u> Total (add lines 1b and 1c)						•		0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . 3 . No 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such . No

t

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		i i
	services rendered to the organization?If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors					
1 Complete this table for your five highest co	mpensated independ	dent contractors that	received more than	\$100,000 of comp	ensation
from the organization. Report compensatio	n for the calendar ye A)	ear ending with or wit	thin the organization	i's tax year. (B)	(C)
	siness address		Descr	iption of services	Compensation
2 Total number of independent contractors (inc compensation from the organization > 0	luding but not limite	d to those listed abov	e) who received mo	ore than \$100,000 o	of
					Form 990 (2021)
					. ,
		Page 9			
000 (2021)					_
Form 990 (2021)					Page 9
Part VIII Statement of Revenue					
Check if Schedule O contains a re	sponse or note to an	y line in this Part VIII (A)	(B)	<u></u> (C)	🗆
		Total revenue	Related or	Unrelated	Revenue
			exempt function	business	excluded from tax under sections
			revenue	revenue	512 - 514
Federated campaigns 1a	_				
Contributions,					
Sifts, Grants,					
DtherAmt Similar					
And the second s					
d Related organizations 1d					
e Government grants (contributions) 1e					
f All other contributions, gifts, grants,					
and similar amounts not included 1f					
334,315					
q Noncash contributions included in					
lines 1a - 1f:\$ 1g					
h Total. Add lines 1a-1f					
		г – – – – – – – – – – – – – – – – – – –			1
	Business Code	29,221	29,221		
2a EMPLOYEE RETENTION CRE	812900		29,221		
• TRAINING FEES		1,250	1,250		
	611710				
ž					
NO.					
- age					
E					
Program					
	.				
f All other program service revenue.					
9 Total. Add lines 2a–2f	30,471	I			
3 Investment income (including dividends, i	nterest, and other				
similar amounts)	•	1,367	1,367		
4 Income from investment of tax-exempt be	ond proceeds				
5 Royalties	🕨				
(i) Real	(ii) Personal				

27/24	, 8:22 AM				Operation Inasmu	ich Incorporated - Fu	II Filing- Nonprofit Ex	cplorer - ProPublica	
6a	Gross rents	6a							
b	Less: rental expenses	6b							
с	Rental income or (loss)	6c							
d	Net rental income	or (loss)		•	-			
]		(i) Securi	ties	(ii) Other				
7a	Gross amount from sales of assets other than inventory	7a		1,011					
b	Less: cost or other basis and sales expenses	7b		1,094		-			
с	Gain or (loss)	7c		-83					
	Net gain or (loss)					-83	-83		
0 0 1 0 3	Gross income from fur (not including \$	ndrai	sing events of						
Other Revenue	contributions reported See Part IV, line 18		ine 1c).	8a					
č,	Less: direct expense	ses		8b					
je -	Net income or (los	s) fro	om fundraisii	ng eve	nts	-			
5	Gross income from <u>c</u> See Part IV, line 19			9a					
b	Less: direct expense	ses		9b					
C	Net income or (loss	s) fro	om gaming a	ctivitie	es 🕨	-			
	aGross sales of inve returns and allowa Less: cost of goods	nces		10a 10b	7,360 4,702				
	Net income or (loss				ry 🕨	2,658	2,658		
	Miscellaneo				Business Code				
11	a			ľ					
E									
c									
d	All other revenue	•							
e	Total. Add lines 11	la-1	1d	• •					
12	Total revenue. Se	e in	structions .			368,728	34,413	0	0

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_____ Page 10 ____

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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	. All other organizati	ons must complete co	olumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				

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	r incorporated - r un r i	ing- Nonpront Explore		
5 Compensation of current officers, directors, trustees, and key employees	87,600	74,460	8,760	4,380
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	90,407	25,314	61,477	3,616
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,060	8,881	3,526	653
9 Other employee benefits				
10 Payroll taxes	11,182	7,604	3,019	559
11 Fees for services (non-employees):				
a Management				
b Legal	255		255	
c Accounting	995		995	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	2,125	1,381	744	
13 Office expenses	1,070		1,070	
14 Information technology	674	674		
15 Royalties				
16 Occupancy	12,000	4,800	7,200	
17 Travel	2,961	691		2,270
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	83	83		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,620		3,620	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD PACKING AND SPECIA	80,088	80,088		
b TRAINING	14,693	14,693		
c TELEPHONE AND COMMUNICA	1,918		1,918	
d FUNDRAISING EXPENSES	1,044			1,044
e All other expenses	3,434		3,434	
25 Total functional expenses. Add lines 1 through 24e	327,209	218,669	96,018	12,522
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

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Form 990 (2021) Page 11 Part X **Balance Sheet** \square Check if Schedule O contains a response or note to any line in this Part IX $% \left({{{\rm{A}}} \right) = {{\rm{A}}} \right)$. **(A)** Beginning of year **(B)** End of year 26,704 12,928 Cash-non-interest-bearing 1 1 421,305 2 448,672 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . . . 3 . . . Accounts receivable, net 4 29,221 4 . .

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	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s	rsons (as defined under		6		
ŝ	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use			5,889	8	5,397
ss	9	Prepaid expenses and deferred charges .				9	
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	20,291			
	b	Less: accumulated depreciation	10b	20,291	0	10c	0
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities. See Part IV, line	11 .			12	
	13	Investments-program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	453,898	16	496,218
	17	Accounts payable and accrued expenses	•		3,396	17	4,197
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
s	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	or 35% controlled entity		22		
<u>19</u> .	22					22	
	23	Secured mortgages and notes payable to unrela					
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			3,396	26	4,197
Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	heck h	ere 🕨 🗹 and	450,502	27	492.021
Bal	27		•••		400,002		402,021
p	20	Net assets with donor restrictions	• •			28	
r Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.		heck here 🕨 🗌 and			
s ol	29	Capital stock or trust principal, or current funds		• • • •		29	
Assets	30	Paid-in or capital surplus, or land, building or ec	• •			30	
Ass	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
Net .	32	Total net assets or fund balances			450,502	32	492,021
Ž	33	Total liabilities and net assets/fund balances .			453,898	33	496,218
							Form 990 (2021

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Form	990 (2021)		Page 12
Pa	rt XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	368,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	327,209
3	Revenue less expenses. Subtract line 2 from line 1	3	41,519
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	450,502
5	Net unrealized gains (losses) on investments	5	
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 in 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	492,021

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 🗹 Accrual 🗌 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
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		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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Return to Form

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Additional Data

Software ID: Software Version:

Form 990 Special Condition Descriptions

efil	efile Public Visual Render ObjectId: 202241579349301614 - Submission: 2022-06-06 TIN: 20-0694400								
SC	SCHEDULE A Public Charity Status and Public Support								
(Form 990) Complete if the organization is a section 501(c)(3) organization or a section									2021
Department of the Treasury									
Interna	Revenu	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for in			ormation.	Open to Public Inspection
		ne organiza						Employer identif	
OPER/	ATION I	NASMUCH INC						20-0694400	
	rt I				us (All organization			See instructions.	
1ne c 1	organiz		•		e it is: (For lines 1 thro	5 /	, ,	(•) (:)	
2					sociation of churches (A)(A)(ii). (Attach Sch			(A)(I).	
3					vice organization desci				
4		•	•	·	ed in conjunction with			2	Entor the bosnital's
•	\cup		and state:			a nospital descri	bed in section .	170(b)(1)(A)(iii).	
5	\square	An organiz	ation operate	d for the benefi	t of a college or univer	sity owned or op	erated by a gov	ernmental unit desc	ribed in section
c				mplete Part II.					
6 7				-	governmental unit de				un muhlin dependend in
,				(vi). (Complete		s support from a	governmentar u	init of from the gene	ral public described in
8		A commun	ity trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part II	I.)		
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a
10		An organiz	ation that no	mally receives:	(1) more than 331/3%	o of its support fr	om contribution	s, membership fees,	and gross receipts
		investment	income and	unrelated busir					organization after June
11	\square				omplete Part III.) d exclusively to test for	r public safety. S	ee section 509	(a)(4)	
12		•	-	•					he purposes of one or
		more publi on lines 12	cly supported a through 12	l organizations d that describe	described in section 5 s the type of supportin	09(a)(1) or sec g organization ar	tion 509(a)(2 nd complete line). See section 509(s 12e, 12f, and 12g.	a)(3). Check the box
а		organizatio	n(s) the pow		appoint or elect a majo				y giving the supported anization. You must
b		manageme	ent of the sup		ervised or controlled in ation vested in the sar				
с		Type III f	unctionally	integrated. A	supporting organizatio ions). You must com				ated with, its
d		functionally	/ integrated.	The organizatio	d. A supporting organi n generally must satis r t IV, Sections A and	fy a distribution r	equirement and	th its supported orga an attentiveness re	nization(s) that is not quirement (see
е		Check this	box if the org	, ganization recei	ved a written determir	, ation from the II		pe I, Type II, Type I	II functionally
f	Enter				integrated supporting				
g					upported organization(· · · · · · · - <u>-</u>	
	(i) N	lame of sup organizatio		(ii) EIN	(iii) Type of organization	(iv) Is the organized in your governi		(v) Amount of monetary support	(vi) Amount of other support (see
		organization			(described on lines	in your governi	ing abcament.	(see instructions)	instructions)
					1- 10 above (see instructions))				
						Yes	No		
								<u> </u>	⁻
Tota							_		
		or 990-EZ.	TION ACT NO	lice, see the I	nstructions for	Cat. No. 11285	١٢	Schedul	e A (Form 990) 2021
					Pag	ge 2			
Sche	dule A	(Form 990)	2021						Page 2
Pa	rt II				zations Described				(1)(A)(vi) alify under Part III.
					ify under the tests l				
		A. Public		1				i	

	7/24, 8:22 AM	Operation	n Inasmuch Incorp	orated - Full Filing	- Nonprofit Explore	er - ProPublica	
	r 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 grant.").	250,900	261,597	314,958	512,395	335,565	1,675,415
2	Tax revenues levied for the organization's benefit and either paid						
~	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by	250,900	261,597	314,958	512,395	335,565	1,675,415
5	each person (other than a						
	governmental unit or publicly						200,940
	supported organization) included on line 1 that exceeds 2% of the amount						,.
	shown on line 11, column (f).						
6	Public support. Subtract line 5 from						1,474,475
_	line 4. Section B. Total Support						
Ca	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	r fiscal year beginning in) 🕨				• •	• •	. ,
7 8	Amounts from line 4 Gross income from interest,	250,900	261,597	314,958	512,395	335,565	1,675,415
0	dividends, payments received on securities loans, rents, royalties and	985	1,350	1,912	2,505	1,367	8,119
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						1,683,534
12		etc. (see instructio	ons)			12	76,955
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organ	
	this box and stop here	-			•		
-	Section C. Computation of Public						
14			-	column (f))		14	87.580 %
	Public support percentage for 2020 Sch					15	87.690 %
	a 33 1/3% support test—2021. If the o						
100	and stop here. The organization gualif						
ł	33 1/3% support test—2020. If the						
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			🕨 🗆
17a	a 10%-facts-and-circumstances test						
	and if the organization meets the "facts		,	•		5	_
	meets the "facts-and-circumstances" te 10%-facts-and-circumstances tes						-
Ľ	more, and if the organization meets the						
	meets the "facts-and-circumstances" t	test. The organiza	tion qualifies as a	publicly supported	d organization		🕨 🗆
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this boy	and see	
	instructions						► 🗆
						Schedule A (Form 990) 2021
			Page 3				
Sch	edule A (Form 990) 2021						Page 3
	Part III Support Schedule for	or Organizatio	ns Described i	n Section 509((a)(2)		
	(Complete only if you	checked the bo	x on line 10 of F	Part I or if the o	rganization faile		er Part II. If
	the organization fails t	o qualify under	the tests listed	below, please c	omplete Part II.)	
	Section A. Public Support	1					
Ca (o	llendar year r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and		1	1			1
	membership fees received. (Do not include any "unusual grants.") .						
2							
-	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid	1	1	1	1	1	1

				5	• •				
5	The value of services or facilities								
-	furnished by a governmental unit to								
e	the organization without charge								
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and								
74	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
С	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support								
	ndar year				[
	fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
с	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is						1		
	regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,		1						
15	11, and 12.).								
14	First 5 years. If the Form 990 is for the								
	this box and stop here								
Se	ction C. Computation of Public								
15	Public support percentage for 2021 (lir					15			
16	Public support percentage from 2020 S	Schedule A, Part I	II, line 15 . . .			16			
Se	ction D. Computation of Invest	ment Income	Percentage						
17	Investment income percentage for 202	21 (line 10c, colui	mn (f) divided by	line 13, column ((f))	17			
18	Investment income percentage from 2	020 Schedule A,	Part III, line 17 .			18			
19a	33 1/3% support tests-2021. If the	organization did r	not check the box	on line 14, and li	ne 15 is more than	33 1/3%, and li	ine 17	is not	
	more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly	supported organiza	ation	1		
b	33 1/3% support tests-2020. If the	organization did	not check a box of	on line 14 or line	19a, and line 16 is	more than 33 1	/3% ar	nd line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization of	qualifies as a pub	licly supported orga	anization			
20	Private foundation. If the organization								
				,		Schedule A			2021
			Page 4						
			i age i						
_ ·									
Sche	dule A (Form 990) 2021							P	age 4
Par	t IV Supporting Organization	s							
	(Complete only if you checked a								
	box 12b, of Part I, complete Se 12d, of Part I, complete Sectior			12c, of Part I, co	implete Sections A,	D, and E. If yo	u chec	кеа ро	x
Se	ction A. All Supporting Organiz								
	ction A. An Supporting organiz							Yes	No
1	Are all of the organization's supported	organizations list	od by name in the	organization/a -	overning document	-62			
T	If "No," describe in Part VI how the supported								
	describe the designation. If historic and				,	/	1		
2	Did the eventineties have any evenest			an IDC determine		au aa ahia a	T		
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in P								
	described in section 509(a)(1) or (2).	are veriow the o	gamzation acteri	innea that the su			_		
-					(0) 0 70 11 1		2		<u> </u>
3a	Did the organization have a supported <i>3c below.</i>	organization desc	cribed in section 5	01(c)(4), (5), or	(6)? If "Yes," answ	ver lines 3b and			
							3a		
b	Did the organization confirm that each								
	the public support tests under section				and the sum i i	m man d - +1			
	determination.	509(a)(2)? If "Yes	s," describe in Pa	rt VI when and h	now the organizatio	n made the	3b		

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.

3c

0/27/2	Coperation inastruct incorporated - Full Filling- Nonprolit Explorer - ProPublica		
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.	4a	
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.	4b	
с	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.	4c	
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).	5a	
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?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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 .	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	8	
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 .	9a	
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 .	9b	
с	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 .	9c	
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.	10a	
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).	10a 10b	

Schedule A (Form 990) 2021

Page 5

No

– Page 5 –

Schedule A (Form 990) 2021

organization.

Par	Tiv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		

Section B. Type I Supporting Organizations

utin a Ourser institute (sentiment)

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

1	
2	

Yes

No

Section C. Type II Supporting Organizations

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 1

1

0/2//				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1 ¹		1
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	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 the organization maintained a close and continuous working relationship with the supported organization(s).			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 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. \square
- The organization is the parent of each of its supported organizations. Complete **line 3** below. b \square
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С \square

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

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

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes

No

Page 6

Schedule A (Form 990) 2021

Part

Page 6

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See \square instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 Depreciation and depletion 5 5 6 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 1 tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances

1b

1c

1d

d Total (add lines 1a, 1b, and 1c)

Discount claimed for blockage or other factors

c Fair market value of other non-exempt-use assets

(explain in detail in Part VI):

			1	
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	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-functionally-i	ntegrat	ted Type III supporting org	anization (see

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Page 7

Part V Type III Non-Functionally Integrate	d 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to we details in Part VI). See instructions	hich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2021 distributable amount			1	
i Carryover from 2016 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2021 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
 b Applied to 2021 distributions of phot years 				

c Remainder. Subtract lines 4a and 4b from line 4.		
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2022. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2017.		
b Excess from 2018		
c Excess from 2019		
d Excess from 2020		
e Excess from 2021		
	Sch	nedule A (Form 990) (2021)

t VI	Section A, lines 1, 2, 3b, 3c Part IV, Section D, lines 2 a	n. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, , 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, S and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional inform	ection C, line 1; 1e; Part V
		Facts And Circumstances Test	

Additional Data

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efile Public Visual Render		Objectld: 202241579349301614 - Submission: 2022-06-06	TIN: 20-0694400	
Schedule B		Schedule of Contributors	OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service		2021		
Name of the organization			Employer id	entification number
	INC	20-0		
Organization type (ch	eck one	e):		
Filers of:		Section:		
Form 990 or 990-EZ		□ 501(c)() (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation	
		□ 527 political organization		
Form 990-PF		\Box 501(c)(3) exempt private foundation		
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation		I	
		□ 501(c)(3) taxable private foundation		

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

General Rule

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

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 3061	3X Schedule B (Form 990) (2021)
	Page 2	
Schedule B (Form 990) (2021)		Page 2
Name of organization		Employer identification number

Name of organization

Part I

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.) 				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)				

– Page 3 –

Schedule E	3 (Form 990) (2021)		Page 3		
Name of org OPERATION	ganization INASMUCH INC	Employer identification 20-0694400	Employer identification number 20-0694400		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		

10/21/24, 0.2		mon masmuch incorporated - Full Fi		
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from	(b) (b) Description of noncash	proporty givon	(c) FMV (or estimate)	(d) Date received
Part I			(See instructions)	
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$		
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received	
- (a)		(c)		
No. from Part I	(b) Description of noncash	property given	FMV (or estimate) (See instructions)	(d) Date received
-			\$\$	Schedule B (Form 990) (2021)
		Page 4		
	B (Form 990) (2021)			Page 4
Name of or OPERATION	ganization I INASMUCH INC		Employer ide 20-0694400	ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) t e total of <i>exclusively</i> religious, c structions.)▶ \$	hrough (e) and the followi	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor	to transferee
(2)				
(a) No. from Part I	(b) Purpose of gift	(d) Descr	iption of how gift is held	
·		(e) Transfer of gift		
ŀ	Transferee's name, address, and	ZIP 4	Relationship of transferor	to transferee
(a)				

No. from Part I	(b) Purpose of giπ	(c) Use of gift	(a) Description of now gift is neid
. =	Transferee's name, address, and ZIF	(e) Transfer of gift	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
• =	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 Relatior	nship of transferor to transferee

Schedule B (Form 990) (2021)

Additional Data

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Software ID: Software Version:

efi	e Public Visua	al Render	ObjectId: 2022415	579349301614 - Submission	: 2022-06-0)6	TIN: 20-0694400	
SC	SCHEDULE D Supplemental Financial Statements							
,	m 990) ment of the Treasury		► Complete if the or Part IV, line 6, 7, 8, 9, 1	► Complete if the organization answered "Yes," on Form 990, art IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.				
	I Revenue Service	▶ @	-	1990 for instructions and the late	est informatio	on.	Open to Public Inspection	
	me of the organ RATION INASMUCH				Em	ployer ident	ification number	
						0694400		
Pa				sed Funds or Other Similar F	unds or Ac	counts.		
	Comple	te ir the org	anization answered re	s" on Form 990, Part IV, line 6. (a) Donor advised funds		(b) Funds a	nd other accounts	
1	Total number at	end of year .				(-)		
2	Aggregate value	of contributio	ns to (during year)					
3	Aggregate value	of grants fron	n (during year)					
4	Aggregate value	at end of yea	r					
5				rs in writing that the assets held in clusive legal control?		funds are the	e 🗌 Yes 🗌 No	
6	charitable purpo	oses and not f	or the benefit of the donor	onor advisors in writing that grant fu or donor advisor, or for any other p	urpose conferi		sible	
Ра		vation Eas						
				s" on Form 990, Part IV, line 7.				
1				nization (check all that apply).				
			public use (e.g., recreatior		ion of an histor			
	Protection	of natural hat	bitat		ion of a certifie	ed historic str	ucture	
		on of open spa						
2	Complete lines 2 easement on the			qualified conservation contribution i	in the form of a			
а					2a	Held at t	he End of the Year	
b								
с	Number of conse	ervation easer	nents on a certified histori	c structure included in (a)	. 2c			
d	Number of conse structure listed i			ired after 7/25/06, and not on a hist	oric 2d			
3	Number of const tax year ►	ervation ease	ments modified, transferre	d, released, extinguished, or termin	ated by the or	ganization du	Iring the	
4	Number of state	es where prop	erty subject to conservatio	n easement is located 🕨				
5				ne periodic monitoring, inspection, h s?	andling of viol	ations,	Yes 🗌 No	
6	Staff and volunt	eer hours dev	roted to monitoring, inspec	ting, handling of violations, and enf	orcing conserv	ation easeme	ents during the year	
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcin	g conservation	easements o	luring the year	
8				above satisfy the requirements of s	(),		Yes 🗌 No	
9	balance sheet, a	and include, if		ervation easements in its revenue a footnote to the organization's finan ts.				
Par				of Art, Historical Treasures,	or Other Si	milar Asse	ets.	
• -				s" on Form 990, Part IV, line 8. C 958, not to report in its revenue s	statement and	halance shor	t works of art	
1a	historical treasu Part XIII, the te	res, or other set of the footr	imilar assets held for pub note to its financial statem	lic exhibition, education, or research ents that describes these items.	n in furtherance	e of public se	rvice, provide, in	
b		ires, or other s	similar assets held for pub	SC 958, to report in its revenue state lic exhibition, education, or research				
(i) Revenue includ	led on Form 9	90, Part VIII, line 1			▶\$		
2				cal treasures, or other similar assets ASC 958 relating to these items:	s for financial <u>c</u>	gain, provide	the	
а	Revenue include	ed on Form 99	0, Part VIII, line 1			. ►\$		
b	Assets included	in Form 990,	Part X			. ►\$		
For				ns for Form 990.			ule D (Form 990) 2021	

				Page 2								
Sche	dule D	(Form 990) 2021										Page 2
Par		Organizations Maintaining Col	lections of Art.	Histori	ical Tr	easur	es. or	Other Simi	lar As	sets (cont	inued)	Paye Z
3	Using	the organization's acquisition, accession (check all that apply):										
а		Public exhibition		d		Loan o	r exchan	ige programs				
b	\square	Scholarly research		е		Other .						
с												
4	Provid	Preservation for future generations de a description of the organization's col	lections and explain	how the	ov furth	er the c	organizat	tion's evennt	nurnos	e in		
•	Part X				Ly furth		organiza	cion 5 exempt	. purpos			
5		g the year, did the organization solicit o s to be sold to raise funds rather than to								\Box v		
Par	t IV	Escrow and Custodial Arrange	ments.							U Yes	U No)
		Complete if the organization answ line 21.		rm 990	, Part	IV, line	e 9, or r	eported an	amoun	t on Form	n 990, P	art X,
1a	Is the	e organization an agent, trustee, custodi led on Form 990, Part X?	an or other interme	diary for	contril	outions	or other	assets not			_	
	merad						•••			U Yes	U No)
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	ollowing	table:				An	nount		-
с	Begin	ning balance						1c				_
d	Additi	ions during the year \ldots \ldots \ldots \ldots					· +	1d				_
e	Distril	butions during the year				• • •	•	1e				-
f	Endin	g balance					· L	1f			_	-
2a		ne organization include an amount on Fo								_	🗌 No)
b	If "Ye	s," explain the arrangement in Part XIII	. Check here if the e	explanati	ion has	been pi	rovided i	n Part XIII				
Ра	rt V	Endowment Funds. Complete if the organization answ	warad "Vac" on Ea	rm 000	Dart	TV line	10					
			(a) Current year		rior yea		:) Two yea	irs back (d) T	hree yea	rs back (e)	Four year	s back
1a	Beginn	ing of year balance										
b	Contrib	outions										
с	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
		expenditures for facilities ograms										
f	Admini	strative expenses										
g	End of	year balance										
2		de the estimated percentage of the curre	ent year end balance	e (line 1	g, colur	mn (a))	held as:					
а		designated or quasi-endowment										
b		anent endowment 🕨										
с		endowment income and the second seco	Id aqual 100%									
3a	Are th	nere endowment funds not in the posses nization by:	•	ition tha	t are he	eld and	administ	ered for the			Yes	No
	(i) Ur	nrelated organizations								3a(i)		
		elated organizations								3a(ii)		
b		s" on 3a(ii), are the related organization	•			?	• •	· · ·	• •	3b		
4		ibe in Part XIII the intended uses of the	-	owment	funds.							
Par	t VI	Land, Buildings, and Equipme Complete if the organization answ		rm 990	Part	IV line	11a S	ee Form 99	0 Part	X line 1	n	
	Descri	ption of property (a) Cost or otl (investme	her basis (b) Cos	t or other	,			nulated depreci			ook value	
1a	Land											
		gs										
		old improvements										
d	Equipm	nent			1	0,291		1	0,291			0
е	Other				1	0,000		1	0,000			0
Tota	I. Add	lines 1a through 1e. (Column (d) must o	equal Form 990, Par	t X, colu	ımn (B)	, line 10	0(c).) .	. ►				0

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021					Page 3
Part VII Investments - Other Securities.	Earm 000 Part I	V line	11b Coo For	m 000 Part V	line 12
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(I Bo			(c) Method of va or end-of-year r	luation:
(1) Financial derivatives		lue			
(2) Closely-held equity interests (3)Other	· · · [
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	•				
Complete if the organization answered 'Yes' or (a) Description of investment	1 Form 990, Part I		11c. See For) Book value	(c) Meth	, line 13. od of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX Other Assets. Complete if the organization answered 'Yes' on	Form 990 Part I	/ line	11d See For	m 990 Part X	line 15
(a) Descript		<i>i</i> , inte	1101 000 101		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		•		🕨	

Part X **Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value

(-)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

Schedule	D	(Form	990)	2021

Schee	dule D (Form 990) 2021		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn	ı.
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retu	r n .
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Par	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line	e 4; Part X, line 2; Part XI,
	Return Reference Explanation		

Schedule D (Form 990) 2021

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SCHEDUL (Form 990) Department of the Trea Internal Revenue Servi	asury	 Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 						0	B No. 1545 202 ' pen to Pu Inspectio	1 Iblic					
Name of the org OPERATION INASM		n									1	oyer ider 594400	ntificati	on numbe	er —
Return Reference							Ex	xplanatio	n						
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.														
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS MADE AVAILABLE TO BOARD MEMBERS PRIOR TO BEING FILED.														
FORM 990, PART VI, SECTION B, LINE 12C	NEW DIRECTORS SIGN A CONFLICT OF INTEREST STATEMENT WHEN THEY BECOME A BOARD MEMBER. IF A CONFLICT OF INTEREST ARISES, THE BOARD MEMBER NOTIFIES THE GOVERNING BODY OF THE CONFLICT.														
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS DECIDES THE COMPENSATION OF THE EXECUTIVE DIRECTOR.														
FORM 990, PART VI, SECTION C, LINE 18	TAX RETURNS ARE MADE AVAILABLE UPON REQUEST.														
FORM 990, PART VI, SECTION C, LINE 19	THESE	E DOCUMEN	ITS ARE	MADE A	VAILABLE	UPON	I REQU	JEST.							
For Paperwork Reduc	ction Act N	otice, see the In	structions	for Form 990	or 990-EZ.			Cat. No.	51056K				Sch	edule O (Form	990) 2021

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