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TIN: 20-0694400 OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

	nent of the Treasury Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the	latest inf	ormation.		Inspection
A F	or the 2022 c	alendar year, or tax year beginning 01-01-2022 , and ending 12-	31-2022			
O Ad	ck if applicable: dress change me change	C Name of organization OPERATION INASMUCH INC		D Employe 20-0694		fication number
O Ini	tial return al return/terminated	Doing business as				
☐ Am	nended return	Number and street (or P.O. box if mail is not delivered to street address) Room/s PO BOX 2523	suite	E Telephone		
— Ар	plication pending	City or town, state or province, country, and ZIP or foreign postal code		(865) 95	51-2511	<u> </u>
		KNOXVILLE, TN 37901	•	G Gross red		12,734
		F Name and address of principal officer: DAVID RENFRO PO BOX 2523 KNOXVILLE, TN 37901	st H(b) A	s this a group ret ubordinates? re all subordinate		☐Yes ☑No ☐Yes ☐No
I Tax	k-exempt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527		icluded? [:] "No," attach a li	st. See	
J W	ebsite: ► WW	/W.OPERATIONINASMUCH.COM	H(c) G	roup exemption	number	>
K Forr	n of organization:	Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of f	formation: 2004	M State	of legal domicile: TN
Pa	art I Sum	mary				
Activities & Governance	TO CONSU	scribe the organization's mission or most significant activities: JLT WITH CHURCHES AND OTHER NONPROFIT COMMUNITY ORGANIZATIO OPERATION INASMUCH MODEL AND CREATE A CULTURE OF COMPASSIO			YZE CO	MMUNITY MINISTRY
ешэ						
Gov	2 Check thi				ا ۔	I -
×8		of voting members of the governing body (Part VI, line 1a)			3	7
III 6		nber of individuals employed in calendar year 2022 (Part V, line 2a)			5	4
cţ.	6 Total num	nber of volunteers (estimate if necessary)			6	0
A	7a Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0
				Prior Year		Current Year
9		ions and grants (Part VIII, line 1h)		334,3	_	390,663
Revenue	1	service revenue (Part VIII, line 2g)		30,4	-	1,700
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)		1,2		2,771
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,6 368,7		11,151 406,285
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3)		300,7	0	0
		paid to or for members (Part IX, column (A), line 4)			0	0
		other compensation, employee benefits (Part IX, column (A), lines 5–10)		202,2	_	217,862
Se		anal fundraising fees (Part IX, column (A), line 11e)		202/2	0	0
Expenses		aising expenses (Part IX, column (D), line 25) 11,764				
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		124,9	60	187,157
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		327,2	_	405,019
	-	less expenses. Subtract line 18 from line 12		41,5		1,266
s or			Beginn	ning of Current Ye		End of Year
Net Assets or Fund Balances	20 Total asse	ets (Part X, line 16)		496,2	18	497,794
Pd A	21 Total liabi	ilities (Part X, line 26)		4,1	97	4,507
žĪ	22 Net asset	s or fund balances. Subtract line 21 from line 20		492.0	21	493,287

Signature Block

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

	I k					2022 06 16	
C:	Sig	gnature of officer				2023-06-16 Date	
Sign Here		WAR DENIEDO PRECIPENT					
	Dr.	AVID RENFRO PRESIDENT pe or print name and title					
	,	Print/Type preparer's name	Preparer's	signature	Date		PTIN
Paid	ł			J	2023-06-16	Check if self-employed	P00174056
	parer	Firm's name HG&A ASSOCIATE	S PC		<u>.</u>	Firm's EIN 6	2-1206753
	Only	Firm's address ▶ PO BOX 50846				DI (0.05) CO1 0000
	•		70500046			Phone no. (865) 691-8000
M 1	l- IDC di-	KNOXVILLE, TN 3		S T			. Ves 🗆 No
		cuss this return with the preparer see the				No. 11282Y	Form 990 (2022
		,,			Cut. 1	10. 112021	101111 330 (2022
				— Page 2 ——			
_	(
	990 (2022)	,					Page 2
Pai		atement of Program Service	-				
1		eck if Schedule O contains a respondance of the organization's mission:	onse or note to	any line in this Part III			<u> U</u>
_	•	SMUCH, INC. EMPOWERS CONGRE	GATIONS WOR	I DWIDE TO CATALYZI	COMMUNITY MI	NISTRY WITH	THE OPERATION INASMUCH
		EATE A CULTURE OF COMPASSION		CED WIDE TO CAMALIZA		1101111 111111	1112 01 210 (1701) 10 (1700)
2		ganization undertake any significa		· ·	which were not lis	ted on	
		Form 990 or 990-EZ?					🗆 Yes 💟 No
3	•	escribe these new services on Sch ganization cease conducting, or m		changes in how it con	ducts any progra	m	
3		ganization cease conducting, or in	-	changes in now it con	ducts, any progra	111	. 🗆 Yes 🛂 No
		escribe these changes on Schedul					. Tes William
4	•	he organization's program service		nte for each of its thre	e largest program	corvicos as n	neasured by expenses
-	Section 50	01(c)(3) and $501(c)(4)$ organization	ns are required				
	and reven	ue, if any, for each program service	ce reported.				
4a	(Code:) (Expenses \$	283,668	including grants of \$) (Revenue \$	181,350)
	TO CONSUL	T WITH CHURCHES AND OTHER NONPR	OFIT COMMUNITY	Y ORGANIZATIONS TO AS	SIST WITH ONE-DAY	COMMUNITY PR	OJECT BLITZES
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-						
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-						
				_			
4d	-	gram services (Describe in Schedu	-	*) (D-:		•
	(Expenses	gram service expenses	uding grants of) (Revenue s	P)

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Pai	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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	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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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? If "Yes," complete Schedule D, Part VII	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
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? <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
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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?	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? If "Yes," complete Schedule F, Parts I and IV	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? <i>If</i> "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? If "Yes," complete Schedule G, Part III	19		No
20a	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 Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Pai	rt IV Checklist of Required Schedules (continued)		37	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22	Yes	No No
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	23		No
24a	complete Schedule J	24a		No
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> 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? If "Yes," complete Schedule L, 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? If "Yes," complete Schedule L, Part II	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? <i>If "Yes,"</i> 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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		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? <i>If "Yes," complete Schedule R, Part I</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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2		Yes	No

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orm	990 (2022)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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
ь	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	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		No
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?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
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:			
	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			
11	Section 501(c)(12) organizations. Enter:			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			

10/27/2	24, 8:21 AM Operation Inasmuch Incorporated - Full Filing- Nonprofit Explorer - ProPubli	ca		
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, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	F	orm 99	0 (2022
			01111 33	0 (2022
	Page 6			
	Tage 0			
Form	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" resp	onse to	,
	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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
-	1b	•		
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
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more	ightarrow		110
7 a	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	$\label{lem:decomposition} \mbox{Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:}$			
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 Revenu	e Code	e.) Yes	N.
10-	Did the eventination have lead showton humahas an efflicted	10a	res	No
	Did the organization have local chapters, branches, or affiliates?	IUa		No
D	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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? <i>If "Yes," describe on Schedule O how this was done</i>	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	L
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

	in joint venture arrangements under app status with respect to such arrangements		ax law	, and take step	s to	safe •	eguar	d the	e organization's	exempt	16b		
Se	ection C. Disclosure												
17	List the states with which a copy of this F	Form 990 is requ	ired t	o be filed▶	TN								
18	Section 6104 requires an organization to 501(c)(3)s only) available for public insp				A, if					section			
	Own website Another's websit	e 🔽 Upon re	quest	Other (e	xpla	in ir	n Sche	edul	e O)				
19	Describe in Schedule O whether (and if s				verr	ning	docu	men	ts, conflict of int	erest			
20	policy, and financial statements available State the name, address, and telephone	•	_	•	s the	e ord	ganiza	ition	's books and rec	ords:			
	►BARBARA MITCHELL 609 CEDAR LANE			912 (865) 951-									<u> </u>
											F	orm 99	0 (2022)
				- Page 7 —									
				- 3 -									
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Pai	Compensation of Officers, and Independent Contract		ustee	es, Key Emp	loye	ees	, Hig	hes	st Compensat	ted Emp	loyee	es,	
	Check if Schedule O contains a re		to any	line in this Par	t VII								
Se	ection A. Officers, Directors, Trust	•											
	omplete this table for all persons required	to be listed. Rep	ort co	mpensation fo	r the	e cal	lendar	yea	ar ending with or	within th	e orga	nization	's tax
	List all of the organization's current office					als o	or orga	aniza	ations), regardle	ss of amo	unt		
	mpensation. Enter -0- in columns (D), (E),	. ,		•		dof	inition	o e	"Ivov omplovoo "				
	.ist all of the organization's current key en .ist the organization's five current highest									v emplove	ee)		
who	received reportable compensation (box 5 c											1 \$100,0	000 from
	rganization and any related organizations. .ist all of the organization's former officer:	s. kev emplovee	s. or h	niahest comper	isate	ed e	mnlov	ees.	who received m	ore than s	\$100.0	00	
of rep	portable compensation from the organizati	on and any relat	ted or	ganizations.									
	list all of the organization's former direct . Dization, more than \$10,000 of reportable.									trustee of	the		
_	he instructions for the order in which to lis	•		.		,			3				
<u> </u>	Check this box if neither the organization r	or any related o	organi	zation compens	sate	d an	ıy curı	rent	officer, director,	or trustee	<u> </u>		
	(A)	(B)	Doo	(C)					(D)	(E)			(F)
	Name and title	Average hours per	one	sition (do not che box, unless pe	ersor	n is	both a	an	Reportable compensation	Report compens	sation		mated ount of
		week (list any hours		fficer and a dire		•			from the organization	from re organiza			ther ensation
		for related	or d	Institutional Trustee;	8	Key emp	Highest c	Former	(W-2/1099-	(W-2/1	099-	froi	m the
		organizations below dotted	100 Sign	Trustee;	ĕ	өm)est	ner	MISC/1099- NEC)	MISC/1 NEC		_	nization related
		line)	\$ E			ployee	8 8					organ	iizations
			trustee			99	compens						
			96				nsat						
							be.						
(1) VI	CKI WILLIAMS	5.00											
	D MEMBER	•	Х						0		0		0
(2) D	AVID RENFRO	5.00											
		•	Х		Х				0		0		0
	INDY BUSH	5.00											
	D MEMBER		Х						0		0		0
		5.00											
	RYAN WILSON		х		х				0		0		0
	PRESIDENT	F 00		1									
. ,	HRIS BLAKE	5.00	Х						0		С		0
BOAR	D MEMBER												
. ,	HIL ROY	5.00	Х		x				0		r		0
	ETARY / TREASURER									<u> </u>			
. ,	JSIE REEDER	5.00	.,										
	D MEMBER	†	Х						0		0		0

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m 990 (2022)																Page
art VII Section A. Officers	, Directors, T	rustees	, Key En	nploy	/ees	s, a	nd Hi	ghe	st C	om	ensated	Emp	loyee	s (con	tinued)	, age
(A)	(B)			(C)						(D)		(E)		(F	`
Name and title	Average	Positi	on (do no unless pe	t chec	ck m	ore	than o	one		Repo	ortable		eportal npensa		Estim	ated
	hours per week (list	DOX,	and a d	irecto	r/tru	ıste		er		fror	ensation n the	fro	m rela	ted	amount o	sation
	any hours for related	오늘	Institut Trustee		2	줎	チ	Ţ	org		ation (W- .099-		ganizati V-2/109		from organizat	
	organization		Institut	ional	ice.	Key employee	Highest compensated employee	Former	MIS		099-NEC)		C/1099-		relat	ted
	below dotted line)	o S dual	Trustee	,	_	npl	yee Yee	*							organiz	ations
		~ £				уе	m									
		868				Ψ	ene									
							ate									
							Д									
								<u> </u>								
Sub-Total								: -								
Total (add lines 1b and 1c)	•							\vdash			0			0		
Total number of individuals (i				isted	abov	ve)	who re	eceiv	ed m	ore	than \$100	,000				
of reportable compensation fr	om the organiz	ation 🕨)			7					. +-50	,				
															Yes	No
Did the organization list any f				, key	emp	loye	ee, or	high	est c	omp	ensated e	mploy	ee on			
line 1a? If "Yes," complete Sc	hedule J for su	ch individ	lual		•	•	•	•					ī	3		No
For any individual listed on lin	e 1a, is the su	m of repo	rtable co	mpen:	satio	on a	nd oth	er c	ompe	ensa	tion from t	he				
organization and related orga	nızatıons great	er than \$	150,000?	1f "Ye	es," -	com	ipiete	Schi •	eaule	J fo	r such			_ ا		NI -
		=	npensatio	-	-	-	-				•		-	4		No

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service	es rendered to	the o	organization? <i>If "Ye</i>	s," complete Schedi	ule J for such person			5		No
Section	B. Independ	dent	t Contractors							
1 Compl	ete this table f	or yo	our five highest cor		dent contractors that ear ending with or wi			npens	ation	
			(A Name and bus			De	(B) escription of services		(C Comper	
			Name and bus	illess address		De	scription of services		Compe	isation
2 Total nur	mber of indene	nder	nt contractors (incl	udina but not limited	d to those listed abo	ve) who received		00 of		
	sation from the									
									Form 99	(2022)
					Page 9					
Form 000 (2)	022)									- 0
Form 990 (2) Part VIII	Statemen	t of	Devenue							Page 9
rait VIII				ponse or note to any	y line in this Part VIII					
					(A)	(B)	(C)		(D	
					Total revenue	Related or exempt	Unrelated business		Rever excluded	d from
						function revenue	revenue	ta	ax under 512 -	
Federate	ed campaigns		1a							
Contribution										
arld Member OtherAmt	ship dues .	•	1b							
Similar	sing events .		1c							
Amounts	ing events 1	•								
d Related	organizations		1d							
e Governm	ent grants (contr	ibutio	ns) 1e							
£ All athan			1							
and similar	contributions, gift ar amounts not ir	is, gra	ed 1f							
	00,663 contributions incl	uded	in I							
lines 1a -			1g							
h Total. A	dd lines 1a-1f			390,663						
<u>' </u>				Business Code			1			
2a TRAII	NING FEES			611710	1,700	1,70	00	\top		
9			_					+		
ē,										
Service Revenue							1	\top		
<u>~</u>								+		
S I										
Program —								\top		
ور. 								_		
	ther program s	ervi	ce revenue.							
9 Tot	al. Add lines 2	a-2f .		1,700						
			uding dividends, in	terest, and other	2,771	2,7	71	\Box		
	r amounts) .		of tax-exempt bor	nd proceeds	2,//1	2,7.	-	+		
5 Royal			or tax-exempt bor				+	+		
2, 41	· · · · · · · · · · · · · · · · · · ·		(i) Real	(ii) Personal			+	-		
		أيرا								
6a Gros	s rents	6a]						

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b Less: rental expenses	6b		1			
c Rental income or (loss)	6c]			
d Net rental income	e or (loss)	• • •				
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a					
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss)	7b					
Gain or (loss)	7c					
daill of (loss)			4		ii.	
n Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	•				
a Gross income from fu (not including \$ contributions reported See Part IV, line 18 b Less: direct expen	of d on line 1c).		_			
•	LL ss) from fundraising ever	nts .	_			
2 Net medine or (los			1			
9a Gross income from See Part IV, line 19 b Less: direct expen	9a					
c Net income or (los	ss) from gaming activitie	s				
10aGross sales of inverteurns and allowa b Less: cost of goods c Net income or (los	ances 10a	•	11,15.	11,15	1	
11a		Business Code			8	
b						
Other Revenue Misc Amt						
d All other revenue						
e Total. Add lines 1	1a-11d	>				
12 Total revenue. S	on instructions					
12 rotal revenue. 3	ee instructions		406,28	15,62	2	0
			Page 10 ———			Form 990 (2022)
Form 990 (2022) Part IX Statement	t of Functional Expe	enses				Page 10
	c)(3) and 501(c)(4) orga		mplete all columns.	All other organization	ons must complete co	olumn (A).
Check if Scho	edule O contains a respo	onse or note to any	line in this Part IX			\cap
Do not include amounts 7b, 8b, 9b, and 10b of P	s reported on lines 6b, Part VIII.	,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistant domestic government	istance to domestic orga ts. See Part IV, line 21					
2 Grants and other assist Part IV, line 22	istance to domestic indiv		T			
and 16	reign individuals. See Pa	rt IV, lines 15				
4 Benefits paid to or for	r members					

5 Compensation of current officers, directors, trustees, and

4,584

77,928

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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	100,852	28,239	68	3,579	4,034
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,618	9,260	;	3,677	681
9 Other employee benefits					
10 Payroll taxes	11,712	7,964	:	3,162	586
11 Fees for services (non-employees):					
a Management					
b Legal	788			788	
c Accounting	1,161			1,161	_
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	14,368	9,339	!	5,029	
13 Office expenses	372			372	
14 Information technology	1,784	1,784			_
15 Royalties					
16 Occupancy	12,000	4,800		7,200	_
17 Travel	957				957
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .					
19 Conferences, conventions, and meetings	321	321			
20 Interest					
21 Payments to affiliates					
22 Depreciation, depletion, and amortization					_
23 Insurance	3,334		:	3,334	
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	141,866	141,866			
b Training	2,167	2,167			
c TELEPHONE AND COMMUNICA	2,017		7	2,017	
d POSTAGE AND MAILING	1,842		:	1,842	
e All other expenses	4,180			3,258	922
25 Total functional expenses. Add lines 1 through 24e	405,019	283,668	109	9,587	11,764
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).					
Check here 2 in following 301 30 2 (A3C 330 720).					Form 990 (2022)
	Page 11 ———				
Form 990 (2022)					Page 11
Part X Balance Sheet					-9
Check if Schedule O contains a response or note to any lir	oo in thic Part IV				
Check if Schedule O contains a response of note to any in	ie iii tilis Fait IA .	(A) Beginning of year			(B) End of year
1 Cash-non-interest-bearing		12,928	1		19,127
2 Savings and temporary cash investments		448,672	-		473,804
3 Pledges and grants receivable, net			3		
4 Accounts receivable, net		29,221	4		

Loans and other receivables from any current or former officer, director,

Assets 9 10a	section 4958(f)(1)), and persons described in so Notes and loans receivable, net	ese persons fied person ection 4958	s (as defined under		5	
Assets 8	section 4958(f)(1)), and persons described in so Notes and loans receivable, net	ection 4958			_	
Assets 6	Inventories for sale or use				6	
	Inventories for sale or use				7	
	Prepaid expenses and deferred charges			5,397	8	4,863
					9	
	a 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	11			13	
14	• •				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must eq	ual line 33)		496,218	16	497,794
17	Accounts payable and accrued expenses			4,197	17	4,507
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
ω 21	Escrow or custodial account liability. Complete F	Part IV of So	chedule D		21	
Liabilities	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	5% controlled entity		22		
≟ 23	Secured mortgages and notes payable to unrela	ated third pa	arties		23	
24		•			24	
25	Other liabilities (including federal income tax, particularly and other liabilities not included on lines 17 - 24	ayables to r			25	
	Complete Part X of Schedule D					
26	Total liabilities. Add lines 17 through 25 .	•		4,197	26	4,507
Balances 27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	heck here	▶	492,021	27	493,287
8 28	Net assets with donor restrictions				28	
or Fund	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds		k here ▶ □ and		29	
	Paid-in or capital surplus, or land, building or ed	quipment fu	ınd		30	
Assets 30	Retained earnings, endowment, accumulated in	come, or ot	her funds		31	
	Total net assets or fund balances		🗀	492,021	32	493,287
33 35	Total liabilities and net assets/fund balances .			496,218	33	497,794

Form **990** (2022)

—— Page 12 ——

Form	990 (2022)		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		🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	406,285
2	Total expenses (must equal Part IX, column (A), line 25)	2	405,019
3	Revenue less expenses. Subtract line 2 from line 1	3	1,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	492,021
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	493,287

	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			
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	0.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	1 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		
			Form 99	0 (2022)
orm	990 (2022)			
Ac	Iditional Data	Retur	n to Fo	rm
	Software ID:			

Software Version:

Form 990 Special Condition Description:

efile Public Visual Render

ObjectId: 202311739349301101 - Submission: 2023-06-22

TIN: 20-0694400

OMB No. 1545-0047

2022

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

		ne organization					Employer identific	ation number
OPERA	ATTON I	NASMUCH INC					20-0694400	
	rt I	Reason for Public					See instructions	
_	organiz	ration is not a private four		•	<i>,</i>	, ,		
1		A church, convention of	,				(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital or a cooperat	tive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	anization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	erated by a gov	ernmental unit descril	oed in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓	An organization that no section 170(b)(1)(A)			s support from a	governmental u	init or from the genera	al public described in
8		A community trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busin	nctions—subject to cer ness taxable income (le	tain exceptions, a	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	d organizations (described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	rganization oper er to regularly a	rated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A supporting of management of the sup	organization sup oporting organiz	pervised or controlled i ation vested in the sar				
С		must complete Part I Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organing generally must satis	ization operated i fy a distribution i	in connection wi requirement and	th its supported orgar	
е		Check this box if the ordintegrated, or Type III r	_			RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supported	d organizations				<u> </u>	_
g		de the following informat						
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
	Paperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 11285	jF	Schedule	A (Form 990) 2022
				Pa	ge 2 ———			
- ۱۵	^ جاريات	/Form 000) 2022						_
		(Form 990) 2022			1. 6	70/1->/->/->	// >	Page 2
Ра	rt II			vations Described he box on line 5, 7,				

Section A. Public Support

If the organization failed to qualify under the tests listed below, please complete Part III.)

	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	264 505	244.050	540.005	205 555	202.252	4 04 6 0 0 0
	membership fees received. (Do not include any "unusual grant.")	261,597	314,958	512,395	335,565	392,363	1,816,878
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	Total. Add lines 1 through 3	261,597	314,958	512,395	335,565	392,363	1,816,878
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						191,254
	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 line 4.						1,625,624
5	Section B. Total Support				Į.	<u>I</u>	
	lendar year r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	261,597	314,958	512,395	335,565	392,363	1,816,878
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and	1,350	1,912	2,505	1,367	2,771	9,905
	income from similar sources						
9	Net income from unrelated business 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						1,826,783
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	67,146
13	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					▶□	
	Section C. Computation of Public						
	Public support percentage for 2022 (lin					14	88.990 %
15	Public support percentage for 2021 Sch 3 33 1/3% support test—2022. If the					15	87.580 %
10	and stop here. The organization qualif						_
ŀ	33 1/3% support test—2021. If the						
	box and stop here. The organization						
17	10%-facts-and-circumstances test and if the organization meets the "facts						
	meets the "facts-and-circumstances" to						
Ŀ	10%-facts-and-circumstances tes more, and if the organization meets the	t—2021. If the or ne "facts-and-circ	rganization did no umstances" test. (t check a box on li check this box and	ine 13, 16a, 16b, (I stop here . Expla	or 17a, and line 1. in in Part VI how	5 is 10% or the organization
	meets the "facts-and-circumstances"		•		-		
18							_
	instructions						▶□
						Schedule A (Form 990) 2022
			Daga 2				
			Page 3				
. .	adula A (Farma 2001) 2002						
	edule A (Form 990) 2022	0	B " · ·		(-)(2)		Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	er Part II If
	the organization fails t						er rait II. Ii
	Section A. Public Support				_	_	
Ca	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").				1		
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the				1		
3	organization's tax-exempt purpose Gross receipts from activities that are			+	+		
3	not an unrelated trade or business				1		
4	under section 513 Tax revenues levied for the			+	+		
•		1		i	ī	1	
	organization's benefit and either paid						

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10/27/	24, 8:21 AM	Operation	Inasmuch Incorpo	orated - Full Filing-	Nonprofit Explore	r - ProPublica			
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from 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								
С	13 for the year. Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
Se	rom line 6.) ction B. Total Support								
	ndar year	(-) 2010	(h) 2010	(-) 2020	(4) 2024	(-) 2022	(6)	T-4-1	
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(1)	Total	
9 10a	Amounts from line 6 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 11	Add lines 10a and 10b. Net income from unrelated business						-		
	activities not included on line 10b, whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.).								
14	First 5 years. If the Form 990 is for t	=			· ·				neck
	this box and stop here								▶∪
<u>Se</u>	ction C. Computation of Public Public support percentage for 2022 (lii	Support Perce	entage livided by line 13	column (f))		15			
16	Public support percentage from 2021 9					16			
	ction D. Computation of Invest	,				1 10 1			
17	Investment income percentage for 20			line 13, column (f))	17			
18	Investment income percentage from 2	,	•			18			
19a	33 1/3% support tests-2022. If the							_	
	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	stop here. The	organization quali	fies as a publicly	supported organiz	ation	I	▶ U	10 ic
D	not more than 33 1/3%, check this box							_	10 13
20	Private foundation. If the organizati								
	Tittate roundation if the organizati	on did not check t	a box on line 14,	190, 01 190, 61661	tills box and see	Schedule A			2022
							-	_	
			Page 4						
Sche	dule A (Form 990) 2022							Р	age 4
Par	t IV Supporting Organization	ıs							
	(Complete only if you checked								
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			12c, of Part I, coi	mpiete Sections A,	, D, and E. If you	ı cnec	кеа во	Х
Se	ction A. All Supporting Organiz	ations							
						_		Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the sadescribe the designation. If historic an			tea. Il designated	by class or purpo.	se,			
2	Did the organization have any support	ed organization th	nat does not have	an IRS determina	ation of status and	er section	1		
_	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).								
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and a district of the second	:01/-)/4) /5)	(C)2 IS "V "		2		
3a	Did the organization have a supported <i>3c below.</i>	organization desc	cribed in section 5	ou1(c)(4), (5), or	(b)? If "Yes," answ	ver lines 3b and	3a		
b	Did the organization confirm that each						Ja		
	the public support tests under section determination.						3b		
c	Did the organization ensure that all su					(B) purposes?			
	If "Yes," explain in Part VI what conti	rois the organizati	on nut in place to	ensure such use		F	3с		

	·			
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	та		
	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	5a		
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	Ja		
	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? <i>If</i> "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).	7		
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	Ja		
	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	100		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	1 990)	2022
	Page 5			
Sche	dule A (Form 990) 2022		F	age 5
Pai	rt IV 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		
ь	A family member of a person described on 11a above?	11a 11b		
c	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	11c		
	VI. ection B. Type I Supporting Organizations			
	ection b. Type I Supporting Organizations		Yes	No
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? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers divise the towards.			
	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 supported or controlled the supporting organization? If "Yes " explain in Part VI how providing such benefit	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 organization.	2		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
	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		Yes	No
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		Yes	No

27/:	24, 8:21 suppoi	AM Operation Inasmuch Incorporated - Full Filing- Nonprofit Explorer - ProPublica tring organization was vested in the same persons that controlled or managed the supported organization(s).	_	ľ
Se	ction	D. All Type III Supporting Organizations		
				Yes
	tax year	e organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ar, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 190 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing		
	docum	ents in effect on the date of notification, to the extent not previously provided?	1	
	organi	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the zation maintained a close and continuous working relationship with the supported organization(s).		
	organi.	zation maintained a close and continuous working relationship with the supported organization(s).	2	
		son of the relationship described in line 2 above, did the organization's supported organizations have a significant		
		n the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	
Se	ction	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 instruction	ons):	
а		The organization satisfied the Activities Test. Complete line 2 below.		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)
	Activit	ies 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.

10/27/24, 8:21 AM

1

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or mo 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.

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 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.

	2a	
re		
r		
	2b	
of	3a	
	3b	

Yes

No

No

Schedule A (Form 990) 2022

rage		Pa	g	e	6
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Schedule A (Form 990) 2022 Page 6 Time III New Franctionally Interpreted FOO(s)(2) Symmetries Ownerications

га	Type III Non-Functionally Integrated 309(a)(3) Supporting O	n yanı	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			

2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	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-instructions)	ntegrat	,, ,,	,
			Sched	ule A (Form 990) 2022

Schedule A (Form 990) 2022

Page 7

Page 7

Schedule A (Form 990) 2022

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Section D - Distributions Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in 2 excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 **6** Other distributions (describe in **Part VI**). See instructions 7 **7 Total annual distributions.** Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide 8 details in Part VI). See instructions Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount

To Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			

				Schedule A (Form 990) 202
R	eturn Reference		Explanation	Schodulo A (Form 200) 201
		Facts And Circu	inistances rest	
		Facts And Circu	imetances Toet	
Part VI	Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 ar	, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 nd 3; Part IV, Section E, lines 1c, 2	b, and 11c; Part IV, Section B a, 2b, 3a and 3b; Part V, line	line 17a or 17b; Part III, line 12; Part IV, , lines 1 and 2; Part IV, Section C, line 1; 1; Part V, Section B, line 1e; Part V for any additional information. (See
Schedule A (Form 990) 2022	Pag	e 8	Page
				Schedule A (Form 990) (202
	from 2022			
	from 2020 from 2021			
b Excess	from 2019			
	wn of line 7: from 2018			
3j and 4		2023. Add lines		
lines 3h	ng underdistributions for 2022 and 4b from line 1. If the an ro, <i>explain in Part VI</i> . See in	nount is greater		
2022, if If the a See inst	ng underdistributions for year any. Subtract lines 3g and 4a mount is greater than zero, e tructions.	a from line 2. explain in Part VI .		
		from line 4.		

efile Public Visual Render	ObjectId: 2023117393493011	01 - Submission: 2023-06-22		TIN: 20-0694400			
Schedule B	Sched	dule of Contributors		OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. gov/Form990 for the latest information.		2022			
Name of the organization OPERATION INASMUCH INC			Employer i	identification number			
Organization type (check o	one):		20-0694400)			
Filers of:	Section:						
	-						
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization					
	4947(a)(1) nonexempt ch	aritable trust not treated as a private f	oundation				
	☐ 527 political organization						
Form 990-PF	☐ 501(c)(3) exempt private	foundation					
	☐ 4947(a)(1) nonexempt ch	aritable trust treated as a private foun	dation				
	501(c)(3) taxable private foundation						
under sections 509(a received from any or	a)(1) and 170(b)(1)(A)(vi), that c	ing Form 990 or 990-EZ that met the 3 necked Schedule A (Form 990 or 990- otal contributions of the greater of (1) \$ mplete Parts I and II.	EZ), Part İİ, line 13	, 16a, or 16b, and that			
For an organization of during the year, total	described in section 501(c)(7), (contributions of more than \$1,0	' 8), or (10) filing Form 990 or 990-EZ th 00 <i>exclusively</i> for religious, charitable, or animals. Complete Parts I, II, and II	scientific, literary,	ny one contributor, or educational			
during the year, cont If this box is checked purpose. Don't comp	ributions exclusively for religious I, enter here the total contributio plete any of the parts unless the	B), or (10) filing Form 990 or 990-EZ the street of the secondary street of th	ch contributions tot for an <i>exclusively</i> r tion because it rece	aled more than \$1,000 eligious, charitable, etc eived <i>nonexclusively</i>			
990-EZ, or 990-PF), but it m	ust answer "No" on Part IV, line	Rule and/or the Special Rules doesn't 2, of its Form 990; or check the box oneet the filing requirements of Schedul	n line H of its Form				
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF.		Cat. No. 30613	SX Sc	chedule B (Form 990) (202			
		—— Page 2 ————					
		3					
Schedule B (Form 990) (202	22)		Page 2				

Name of organization

Employer identification number

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		φ	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
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3 ———		
Schodulo P	(Form 000) (2022)		Down 2
Name of org	(Form 990) (2022) enization	Employer identification	Page 3 on number
OPERATION	INASMUCH INC	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

•			\$	
		_		
(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	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(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	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	(b) Description of noncash property given		
<u>.</u>			\$	
Schedule	B (Form 990) (2022)	Page 4		Schedule B (Form 990) (2022) Page 4
Name of o	rganization N INASMUCH INC		Employer ide	entification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional second	tributor. Complete columns (a) the total of exclusively religious, characters.) ► \$	rough (e) and the followi	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
_				
	Transferee's name, address, and	L(e) Transfer of gift ZIP 4 F	Relationship of transferor	to transferee
(a) No. from Part I (b) Purpose of gift		(c) Use of gift	(d) Descr	ription of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor	to transferee
(a)				

No. from Part I	Operation II (α) Purpose of giπ	(c) Use of gift	Filing- Nonprofit Explorer - ProPublica (a) Description of now gift is neighbor.
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990) (202
Additiona	al Data		Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202311739349301101 - Submission: 2023-06-22

TIN: 20-0694400

SCHEDULE D

Department of the Treasury

(Form 990)

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.

OMB No. 1545-0047

Open to Public

Interna	Revenue Service Go to <u>www.irs.gov/Forn</u>	<u>1990</u> for instructions and the latest infor	mation.	Ins	pection
	me of the organization RATION INASMUCH INC		Employer identi	fication i	number
Do	rt I Organizations Maintaining Donor Advi	and Friede or Other Similar Friede o	20-0694400		
Ра	rt I Organizations Maintaining Donor Advi Complete if the organization answered "Ye		r Accounts.		
		(a) Donor advised funds	(b) Funds ar	nd other a	ccounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex				Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose c			Yes 🗆 No
Pai	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).			
	Preservation of land for public use (e.g., recreation	n or education) $igcap $ Preservation of an	historically importa	nt land ar	rea
	Protection of natural habitat	☐ Preservation of a c	certified historic stru	ıcture	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for			the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified histori	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acquinistoric structure listed in the National Register	ired after July 25, 2006, and not on a	2d		
3	Number of conservation easements modified, transferre tax year	ed, released, extinguished, or terminated by	the organization du	ring the	
4	Number of states where property subject to conservation	on easement is located 🕨			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, inspection, handling os?	of violations,	Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation easeme	nts during	the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \begin{align*} \text{*} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	handling of violations, and enforcing conserv	vation easements d	uring the	year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		_	Yes	□ No
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the	footnote to the organization's financial state	nse statement, and		_ NO
Par	the organization's accounting for conservation easement III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	er Similar Asse	ts.	
	Complete if the organization answered "Ye		and halous state		
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	lic exhibition, education, or research in further			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:				
(i) Revenue included on Form 990, Part VIII, line 1		▶\$		
	i)Assets included in Form 990, Part X				
2	If the organization received or held works of art, histori following amounts required to be reported under FASB	cal treasures, or other similar assets for final		the	
а	Revenue included on Form 990, Part VIII, line 1	-	▶\$		
b	Assets included in Form 990, Part X		· -		

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Schedule D (Form 990) 2022

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Sche	dule D	(Form 990) 2022											Page 2
Part	III	Organizations Ma	aintaining Col	lections o	of Art, His	torical T	reası	ıres, o	r Other	Similar A	ssets (cont	inued)	
3		the organization's acque (check all that apply):	uisition, accessior	n, and other	records, ch	eck any of	the fo	llowing t	that are a	significant	use of its col	lection	
а		Public exhibition				d _	Loan	or exch	ange prog	grams			
b		Scholarly research				e 🗆	Othe	r					
С		Preservation for future	generations										
4	Provid Part X	de a description of the o	organization's col	lections and	l explain how	they furt	her the	e organiz	zation's e	xempt purpo	ose in		
5		g the year, did the orga s to be sold to raise fun									☐ Yes		lo
Par	t IV	Escrow and Custo Complete if the org line 21.			" on Form 9	990, Part	IV, lir	ne 9, or	reporte	ed an amou	ınt on Form	n 990,	Part X,
1a		e organization an agent, led on Form 990, Part X									☐ Yes		lo
b	If "Ye	es," explain the arrange	ment in Part XIII	and comple	ete the follow	ving table:				<u> </u>	mount		_
С	Begin	ning balance							1c				
d	Additi	ions during the year							1d				
е	Distri	butions during the year	·						1e				_
f	Endin	g balance							1f				_
2a	Did th	ne organization include	an amount on Fo	rm 990, Pai	rt X, line 21,	for escrov	v or cu	stodial a	ccount li	ability?	☐ Yes		lo
b	If "Ye	s," explain the arranger	ment in Part XIII.	Check here	e if the expla	nation has	s been	provide	d in Part	XIII			
Pa	rt V	Endowment Fund											
		Complete if the org	ganization answ	vered "Yes (a) Curre		990, Part (b) Prior yea			ears back	(d) Three ye	ars back (a)	Four yea	ire hack
1a	Beginn	ing of year balance .		(u) curren	ne year	(b) Thor yes	a1	(c) mo y	curs buck	(a) Three ye	dis back (C)	rour yea	no back
	-	outions											
С	Net inv	estment earnings, gain	s, and losses										
d	Grants	or scholarships											
		expenditures for facilitie	es										
f	Admini	strative expenses .											
g	End of	year balance											
2 a		de the estimated percer I designated or quasi-er	-	ent year end	d balance (lir	ne 1g, colu	ımn (a)) held a	ıs:				
b	Perma	anent endowment 🕨			·····								
c	Term	endowment 🕨											
	The p	ercentages on lines 2a,		ld equal 10	0%.								
3а		nere endowment funds nization by:	not in the posses	sion of the	organization	that are h	ield an	d admin	istered fo	or the		Vaa	N
		nrelated organizations									3a(i)	Yes	No
	. ,	elated organizations .									3a(ii)	1	
b	` '	s" on 3a(ii), are the rela				Schedule R	l? .				3b		
4	Descr	ibe in Part XIII the inte	nded uses of the	organizatio	n's endowme	ent funds.							
Par	t VI	Land, Buildings,			_								
	Doscri	Complete if the org	ganization answ (a) Cost or oth		" on Form 9 (b) Cost or 0					m 990, Pa		0. ook valu	Δ
	Descri	ption of property	(investme		(b) Cost of C	otilei basis (otrier)	(C) ACC	umulateu	depreciation	(u) B	ook valu	E
1a	Land												
b	Buildin	gs .											
C	Leaseh	old improvements											
d	Equipm	nent					10,291			10,291			0
							10,000			10,000			0
Гota	I. Add	lines 1a through 1e. (C	olumn (d) must e	equal Form	990, Part X,	column (B), line	10(c).)		•			0
										Sch	redule D (F	orm 99	U 1 202

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of v t or end-of-year	aluation:
1) Financial derivatives				
2) Closely-held equity interests				
N)				
3)				
0)				
E)				
F)				
G)				
H)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	•			
Complete if the organization answered 'Yes' on Form 990,	Part IV,			
(a) Description of investment		(b) Book value	(c) Met Cost or end-	hod of valuation: of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.	٠			
Complete if the organization answered 'Yes' on Form 990, F (a) Description	Part IV, I	ine 11d. See Fo	rm 990, Part X	, line 15. (b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (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, F		ine 11e or 11f.S	ee Form 990,	
. (a) Description of liabilit	У			(b) Book v

	24, 8:21 AM Operation Inasmuch Incorpora	ted - F	full Filing- No	nprofit Explo	rer - Pr	oPublica
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	(Column (h) much as all Form 000 Part V and (D) line 25				_	
	(Column (b) must equal Form 990, Part X, col.(B) line 25.) bility for uncertain tax positions. In Part XIII, provide the text of the footnote t	o the i	organization's	financial sta	tement	rs that reports the
	ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check he		•			
an	ization's hability for uncertain tax positions under 114 40 (ASC 740). Check he	e ii tii	e text of the	iootilote ilas		dule D (Form 990) 2022
					50	aule 5 (1 01111 550) 2022
_	Page 4					
ed	lule D (Form 990) 2022					Page 4
ar	t XI Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Pa			nue per R	leturn	•
_	Total revenue, gains, and other support per audited financial statements .				1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		•	+	
	Net unrealized gains (losses) on investments	2a	ĺ			
,	Donated services and use of facilities	2b			-	
	Recoveries of prior year grants	2c			-	
	Other (Describe in Part XIII.)	2d			-	
		Zu			- 20	
•	Add lines 2a through 2d	•			2e	
		•			-	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	1			
1	Other (Describe in Part XIII.)	4a 4b			-	
	Add lines 4a and 4b	40			4.	
2					4c 5	
- m	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.				لــــــــــــــــــــــــــــــــــــــ	
111	Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa			enses per	Ketur	п.
	Total expenses and losses per audited financial statements				1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
1	Donated services and use of facilities	2a				
)	Prior year adjustments	2b				
	Other losses	2c				
	Other (Describe in Part XIII.)	2d				
•	Add lines 2a through 2d	٠.			2e	
	Subtract line 2e from line 1				3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)	4b			1	
		-		•	4c	
•					5	
•	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.) .				
a b c	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 XIII Supplemental Information	3.) .	<u> </u>			
ar	t XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Pa	rt IV, lines 1b		t V, line	4; Part X, line 2; Part XI,
ar	t XIII Supplemental Information	4; Pa	rt IV, lines 1b		t V, line	4; Part X, line 2; Part XI,

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SCHEDULE 0

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ (Form 990)

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.

OMB No. 1545-0047

Open to Public

Name of the organization OPERATION INASMUCH INC

Employer identification number

20-0694400

Return Reference	Explanation
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 DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

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Schedule O (Form 990) 2022

Additional Data

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