| efil | e Pu | ublic Visu | al Render | ObjectId: 2 | 2021219493493 | 301722 - Su | bmissio | on: 202 | 21-07 | -13 | т | IN: 20-0694400 |
|--------------------------------|--------|---------------------------|---------------------------------|-----------------------|---|-------------------|---------|-----------|----------|---------------------------|----------------|-----------------------|
| | 0 | | Re | of O | rganization | Exempt | From | n Inco | me | Тах | | OMB No. 1545-0047 |
| Form 1 | 9: | 90 | Under sectio | n 501(c), 527, o | r 4947(a)(1) of the | Internal Reve | nue Cod | e (excep | ot priva | ate foundat | ions) | 2020 |
| Departr | nent o | f the Treasury | | | ocial security number | | | , | • | | | Open to Public |
| | | nue Service | • | Go to <u>www.irs.</u> | <u>gov/Form990</u> for | instructions a | and the | latest in | forma | ation. | | Inspection |
| A F | or th | ne 2020 ca | | | inning 01-01-202 | 0 , and endi | ng 12-3 | 1-2020 | | | | |
| _ | | applicable: | C Name of organ OPERATION IN | | | | | | | D Employ | er identi | fication number |
| | | change hange | | | | | | | | 20-0694 | 4400 | |
| ◯ Ini | | 5 | Doing busines | s as | | | | | | | | |
| _ | | irn/terminated | | | | | | | | E Telephon | e numbei | |
| | | ed return tion pending | Number and s PO BOX 2523 | treet (or P.O. box if | mail is not delivered to | o street address) | Room/su | ite | | | 51-2511 | |
| | | | City or town, s | state or province, co | ountry, and ZIP or forei | gn postal code | | | | (000) 5 | 01 2011 | |
| | | | KNOXVILLE, T | N 37901 | | | | | | G Gross re | ceipts \$ 5 | 520,383 |
| | | ſ | F Name and DAVID RENFE | address of princi | pal officer: | | | H(a) | Is this | a group re | turn for | |
| | | | PO BOX 2523 | | | | | | | linates? subordinat | 06 | 🗆 Yes 🗹 No |
| T Tay | -070 | mpt status: | KNOXVILLE, 1 | | | | 2 | ` ´ | include | ed? | | □ Yes □No |
| | | - | 5 01(c)(3) | | (insert no.) 🗌 4 | 947(a)(1) or | 527 | | , | " attach a l exemption | | instructions) |
| JW | ebsi | ite: 🕨 WW | W.OPERATION | INASMUCH.COM | | | | (c) | Group | exemption | number | • |
| K Forr | n of c | organization: | Corporation | n 🗌 Trust 🗌 As | sociation 🗌 Other 🕨 | | | L Year o | f formai | tion: 2004 | M State | of legal domicile: TN |
| Pa | art I | Sum | narv | | | | | | | | | |
| | | Briefly des | cribe the orgar | | or most significant | | | | | | | |
| e | | | | | AND CREATE A CU | | | | | E TO CATAL | YZE CO | MMUNITY MINISTRY |
| anc | | | | | | | | | | | | |
| em | | | | | | | | | | | | |
| Governance | 2 | Check this | s box 🕨 🗌 | | | | | | | | | I |
| ×ð | 3 | | | | ning body (Part VI, I | | | | • • | | 3 | 7 |
| les | 4 | | | | of the governing bo | | | | • • | | 4 | 7 |
| Activities | 5 | | | | calendar year 2020 ecessary) | |) | • • | • • | | 6 | 4 |
| Act | | | | | art VIII, column (C), | | • • | • • • | ••• | • | 0 7a | 0 |
| | | | | | om Form 990-T, line | | · · | ••• | · · | | 7a 7b | |
| | _ | | | | | | | | | or Year | | Current Year |
| | 8 | Contribut | ons and grants | s (Part VIII, line 1 | h) | | | | | 314,9 | 958 | 511,895 |
| Revenue | 9 | Program s | service revenue | e (Part VIII, line 2 | g) | | | | | 3,1 | L50 | 500 |
| Sev. | 10 | Investme | nt income (Par | t VIII, column (A) | , lines 3, 4, and 7d |) | | | | 1,8 | 328 | 2,460 |
| | 11 | Other rev | enue (Part VIII, | , column (A), line | s 5, 6d, 8c, 9c, 10c | , and 11e) | | | | 5,1 | L09 | 1,877 |
| | 12 | Total reve | nue—add lines | 8 through 11 (m | nust equal Part VIII, | column (A), lin | e 12) | | | 325,0 | 045 | 516,732 |
| | 13 | | | | , column (A), lines : | - | | | | | 0 | 0 |
| | | | | | column (A), line 4) | | | | | | 0 | 0 |
| Ses | | | | , , , | benefits (Part IX, co | ()/ | , | | | 187,6 | | 200,233 |
| Exp enses | _ | | - | | umn (A), line 11e) | | • | | | | 0 | 0 |
| Бр | | | | Part IX, column (D) | | 2) | | | | 122 (| 0.04 | 108,772 |
| _ | | - | | | s 11a-11d, 11f-24 qual Part IX, columr | - | • | | | 133,0 | | 309,005 |
| | | - | | - | from line 12 | | | | | | 295 | 207,727 |
| or Ses | | Revenue | 200 expenses. | Sabiract fille 10 | | | • | Begi | nning (| of Current Y | | End of Year |
| Net Assets or Fund Balances | 20 | Total acco | ts (Part V line | 16) | | | | | | 246,1 | 133 | 453,898 |
| dB | | | | - | | | • | | | | 358 | 3,396 |
| Pun | | | | - | e 21 from line 20 | | | | | 242,7 | | 450,502 |
| P | - | | sturo Block | | | - | | | | =/ | | , |

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

| Sign Here Page of the service of th | | | | | | | | 2021-07-12 | | |
|---|--|--|--------------------|-----------------------|------------------|-------------------------|--------------------|---|-----------------|------------|
| Product Prepare: | | , . | gnature of officer | | | | | Date | | |
| Image: Control of the contro | Here | | | | | | | | | |
| Paid Preparer Program Immin and immin an | | l ly | · · | | | | | 1 | | |
| Treparin The sourcess & Solar Dealer HILL DRIVE KNOWLEE, TK. 37919 Preven no. (985) 603-8000 May the IRS discuss this return with the preparer shown above? (see instructions) Cat. No. 112827 Form 990 (2020) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 112827 Form 990 (2020) Page 2 Form 990 (2020) Page 2 Did the organization properties schoreaded page 2 | Paid | Prope or print name and title aid (reparer) Print/Type preparer's name Preparer's signature 2021-07-12 Check if PTIN Print's name HG&A SSOCIATES FC. Firm's name HG&A SSOCIATES FC. Firm's address 6504 DEANE HILL DRIVE KNOXVILLE, TN 37919 y the IRS discuss this return with the preparer's slown above? (see instructions) Image: Calculation of the preparer shown above? (see instructions) r Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Page 2 Page 2 Page 2000 Page 2 Page 1 Statement of Program Service Accomplishments Check If Schedule 0 contains a response or note to any line in this Part III Check If Schedule 0 contains a response or note to any line in this Part III Did the organization smission: ERATION INASMUCH, INC. EMPOWERS CONGREGATIONS WORLDWIDE TO CATALYZE COMMUNITY MINISTRY WITH THE OPERATION IN DEL ANUC REATE A CULTURE OF COMPASSION MINISTRY. Did the organization cases conducting, or make significant changes in how it conducts, any program services? Image: Yes If 'Yes,'' describe these namization's response or not complishments for each of its three largest program services, as measured by expense Section 501(c)(c) and 501(c)(-4) organizations are required to report the amount of grants and allocations to others, the total exper and restruine; fa | | | | | | | | |
| Image: Second control in the state is second control in the property in the second control in the property in t | Sign DAVID RENFRO PRESIDENT Type or print name and title Praid Preparer Use Only Firm's name Here Way the IRS discuss this return with the For Paperwork Reduction Act Notice Form 990 (2020) Part III Statement of Program Check if Schedule O contai 1 Briefly describe the organization's OPERATION INASMUCH, INC. EMPOWER MODEL AND CREATE A CULTURE OF CON MODEL AND CREATE A CULTURE OF CON I "Yes," describe these new service 3 Did the organization undertake and the prior Form 990 or 990-EZ? If "Yes," describe these new service 3 Did the organization cease conduct services? If "Yes," describe these new service 3 Did the organization's program Section 501(c)(3) and 501(c)(4) or and revenue, if any, for each program Section 501(c)(3) and 501(c)(4) or and revenue, if any, for each program To CONSULT WITH CHURCHES AND OT 4b (Code: | HG&A ASSOCIATES P | C | | | Firm's EIN 🏲 6 | 52-1206753 | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) Cat. No. 11282Y Form 990 (2020) Page 2 Page 2 Form 990 (2020) Page 2 Part III Statement of Program Service Accomptishments Page 2 Check If Schedule 0 contains a response or note to any line in this Part III Page 2 Port 100 Statement of Program Service Accomptishments Page 2 Check If Schedule 0 contains a response or note to any line in this Part III Page 2 Page 101 Beffy describe the organization's mission: OPERATION INASHUCH, INC. EMOVERS CONARGATIONS WORLDWIDE TO CATAIX2E COMMUNITY MINISTRY WITH THE OPERATION INASHUCH MODEL AND CREATE A CULTURE OF COMPASSION MINISTRY. Page 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 Page 2 Pres,* describe the seconducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c) and antizons are required to program services, as measured by expenses. Section 501(c) and antizons are required to proof the annual allocations to others, the total expenses. Section 501(c) and antizons are required to proof the annual allocations to others, the total expenses. Section 501(c) and antizons are required to proof the annual of grants and allocations to others, the total expenses. Section 501(c) and antizons are required to proof the annual of grants and allocatins to others, the total expenses. Section 501(c) and antizons are | Use | Only | Firm's address | ► 6504 DEANE HILL DR | IVE | | | Phone no. (865 | 5) 691-8000 | , |
| For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Porm 990 (2020) Page 2 Part III Statement of Program Service Accomplishments Page 2 Check if Schedule O contains a response or note to any line in this Part III | | Paper e Only Firm's name ► HG&A ASSOCIATES PC Firm's EIN ► 62-120675 Firm's address ► 6504 DEANE HILL DRIVE KNOXVILLE, TN 37919 Phone no. (865) 691-800 the IRS discuss this return with the preparer shown above? (see instructions) Cat. No. 11282Y Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Page 2 Page 2 an 990 (2020) Page 2 ant III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Cat. No. 11282Y Briefly describe the organization's mission: Briefly describe the organization's mission: RATION INASMUCH, INC. EMPOWERS CONGREGATIONS WORLDWIDE TO CATALYZE COMMUNITY MINISTRY WITH THE OPE VEL AND CREATE A CULTURE OF COMPASSION MINISTRY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? Did the organization cease conducting, or make significant changes in how it conducts, any program services; Services? Schedule O. Did the organization's program service accomplishments for each of its three largest program services, as measured section 501(c)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported. (Code:) (Expenses \$ 202,938 < | | | | | | | | |
| For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Porm 990 (2020) Page 2 Part III Statement of Program Service Accomplishments Page 2 Check if Schedule O contains a response or note to any line in this Part III | May t | he IRS disc | cuss this return | with the preparer sho | own above? (see | instructions) | | | . 🗸 Yes 🗌 | No |
| Page 2 Form 990 (2020) Page 2 Part III Statement of Program Service Accomplishments | | | | 1 1 | (| , | | | | - |
| Form 990 (2020) Page 2 Part III Statement of Program Service Accomplishments | | | | | | | | | | () |
| Part III Statement of Program Service Accomplishments | | | | | | – Page 2 – | | | | |
| Part III Statement of Program Service Accomplishments | Form | 000 (2020 | ۱ | | | | | | | D 7 |
| Check if Schedule 0 contains a response or note to any line in this Part III | | - | - | Program Service | Accomplish | nente | | | | Page Z |
| 1 Briefly describe the organization's mission: OPERATION INASMUCH, INC. EMPOWERS CONCREGATIONS WORLDWIDE TO CATALYZE COMMUNITY MINISTRY WITH THE OPERATION INASMUCH MODEL AND CREATE A CULTURE OF COMPASSION MINISTRY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? services? | Гd | | | - | - | | | | | |
| OPERATION INASHUCH, INC. EMPOWERS CONGREGATIONS WORLDWIDE TO CATALYZE COMMUNITY MINISTRY WITH THE OPERATION INASHUCH <pre>MODELATION INASHUCH, INC. EMPOWERS CONGREGATIONS WORLDWIDE TO CATALYZE COMMUNITY MINISTRY WITH THE OPERATION INASHUCH MODELAND CREATE A CULTURE OF COMPASSION MINISTRY.</pre> 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-EZ? | 1 | | | | e or note to any | / line in this Part III | | | | . U |
| MODELLAND CREATE A CULTURE OF COMPASSION MINISTRY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 | - | • | | | ATIONS WORLD | WIDE TO CATALYZE | | VISTRY WITH | THE OPERATION I | NASMUCH |
| the prior Form 990 or 990-E2? | | | | | | | | | | |
| the prior Form 990 or 990-E2? | | | | | | | | | | |
| the prior Form 990 or 990-E2? | 2 | Didthear | anningtion and | | | | uhich word not lie | the of a se | | |
| If "Yes," describe these new services on Schedule 0. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? services? | 2 | | | | | es during the year | which were not its | sted on | | |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | | | | | | | | | |
| If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(3) and 501c(3) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 202,938 including grants of \$) (Revenue \$ 59,303) TO CONSULT WITH CHURCHES AND OTHER NONPROFIT COMMUNITY ORGANIZATIONS TO ASSIST WITH ONE-DAY COMMUNITY PROJECT BLITZES 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$) | 3 | - | | | | anges in how it con | ducts, any progra | m | | |
| 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 202,938 including grants of \$) (Revenue \$ 59,303) TO CONSULT WITH CHURCHES AND OTHER NONPROFIT COMMUNITY ORGANIZATIONS TO ASSIST WITH ONE-DAY COMMUNITY PROJECT BLITZES 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) | | services? | | | | | | | . 🗌 Ye | s 🔽 No |
| Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 202,938 including grants of \$) (Revenue \$ 59,303) TO CONSULT WITH CHURCHES AND OTHER NONPROFIT COMMUNITY ORGANIZATIONS TO ASSIST WITH ONE-DAY COMMUNITY PROJECT BLITZES 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | If "Yes," d | escribe these c | hanges on Schedule (|). | | | | | |
| TO CONSULT WITH CHURCHES AND OTHER NONPROFIT COMMUNITY ORGANIZATIONS TO ASSIST WITH ONE-DAY COMMUNITY PROJECT BLITZES 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) | 4 | Section 5 | 01(c)(3) and 50 | 1(c)(4) organizations | are required to | | | at. No. 11282Y Form 990 (2020) Page 2 | | |
| TO CONSULT WITH CHURCHES AND OTHER NONPROFIT COMMUNITY ORGANIZATIONS TO ASSIST WITH ONE-DAY COMMUNITY PROJECT BLITZES 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) | 4a | (Code: | |) (Expenses \$ | 202.938 ii | ncluding grants of \$ | |) (Revenue \$ | 59.303 |) |
| 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) | | • | T WITH CHURCHE | | | | SIST WITH ONE-DAY | | | , |
| 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | 4b | (Code: | |) (Expenses \$ | i | ncluding grants of \$ | |) (Revenue \$ | |) |
| 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | 4c | (Code: | |) (Expenses \$ | İ. | ncluding grants of \$ | |) (Revenue \$ | |) |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | 44 | Other pro | aram services (| Describe in Schedula | 0) | | | | | |
| | -10 | | | | | |) (Revenue s | \$ |) | |
| | 4e | | | | | | | - | , | |

| D | |
|--------|--|
| Page 3 | |

| Form | 990 | (2020) | |
|------|-----|--------|--|
| | | | |

Page 3

| Form | 990 (2020) | | | Page 3 |
|------|--|-----|-----|---------------|
| Pa | t IV Checklist of Required Schedules | | | |
| _ | | | Yes | No |
| 1 | Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A ∞ | 1 | 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? 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? <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 Revenue Procedure 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? <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? <i>If "Yes," complete Schedule D, Part IV</i> 3 | 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 |
| | 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. | | | |
| | 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 | |
| | 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> 3 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its | 11b | | No |
| | 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? If "Yes," complete Schedule D, Part IX 😒 | 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 |
| 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? | 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? If "Yes," complete Schedule G, Part 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 |

https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full

government on Farth, commit (A), me 1: 11 103, complete Schedule 1, 1 at 3 1 and 11 . • • . .

| | _ | | |
|--|----|----|-----|
| | Рa | ae | - 4 |

Page 4

| Pai | rt IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 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? | 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? 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 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 |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 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? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes | |
| Pa | Int 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 3 1b 0

.

.

 ${\bm b}~$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full Yes

No

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

Form 990 (2020)

1c

Page 5 -

| orm | 990 (2020) | | | Page 5 |
|--------|--|-----|-----|----------|
| Pa | t V 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? 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? | 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 | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 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 | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| с | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| | 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 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 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 11a | | | |
| 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 | 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 | | | |
| tne // | projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full | | - | - |

10/27/24, 8:22 AM

Operation Inasmuch Incorporated - Full Filing- Nonprofit Explorer - ProPublica

| 0/27/2 | 24, 8:22 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 | | |
| | 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 | If "Yes," see instructions and file Form 4720, Schedule N. 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 |
| | If "Yes," complete Form 4720, Schedule O. | | | 0 (202) |
| | | F | orm 99 | U (2020 |
| | Page 6 | | | |
| | | | | |
| Form | 990 (2020) | | | Page |
| Par | I Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Ne 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 | | onse to | lines |
| Se | ction A. Governing Body and Management | • • | | |
| | Ston Al Coverning Boay and Hanagement | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | | |
| | 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 7 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| 3 | officer, director, trustee, or key employee? | 2 | | No |
| | of officers, directors or trustees, or key employees to a management company or other person? . | 3 4 | | No No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | - |
| 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 Revenu | e Code | - .) | <u>.</u> |
| | | 0 000 | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | 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 in Schedule O the process, if any, used by the organization to review this Form 990 | | | ļ |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | 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 in 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 | |
| | Other officers or key employees of the organization | 15b | | No |
| 5 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 1.30 | | 110 |
| 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? | 16- | | NI - |
| | | 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 applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | |
| | | 16b | | I |

| 10/27/ | 24, 8:22 AM | Operation Ir | asmuc | h Inco | orpoi | rate | d - Ful | l Fili | ng- Nonprofit Explo | rer - ProPublica | |
|----------|---|--|-----------------------------------|-----------------------|-----------------|-----------------------|------------------------------------|--------|---|--|---|
| Se | ction C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of thi | is Form 990 is requ | ired to | be file | ed► | | TN | | | | |
| 18 | Section 6104 requires an organization only) available for public inspection. In | ndicate how you ma | de thes | se ava | ailab | le. C | heck | alĺ tł | hat apply. | 01(c)(3)s | |
| 19 20 | Own website Another's web Describe in Schedule O whether (and i policy, and financial statements availal State the name, address, and telephor | ble to the public du | nizatior ring the | n mad e tax y | le its year. | s go | vernin | g do | ocuments, conflict o | | |
| | BARBARA MITCHELL 609 CEDAR LAI | | N 3791 | 2 (86 | 5) 9 | 951- | 2511 | 5 | | | Form 990 (2020) |
| | | | | | | | | | | | |
| | | | | Page | e 7 | | | | | | |
| Form | 990 (2020) | | | | | | | | | | Page 7 |
| Pa | t VII Compensation of Officers and Independent Contra | | stees | , Key | y Er | npl | oyee | s, ⊦ | lighest Compe | nsated Employ | ees, |
| | Check if Schedule O contains a | | o any li | ne in | this | Par | t VII . | | | | 🗆 |
| Se | ection A. Officers, Directors, Tru | istees, Key Emp | loyee | s, ar | nd H | ligl | hest | Con | npensated Emp | oloyees | |
| year. | omplete this table for all persons require | | | • | | | | | , , | | ganization's tax |
| | List all of the organization's current off mpensation. Enter -0- in columns (D), (| | | | | | | OFC | organizations), rega | ardiess of amount | |
| | ist all of the organization's current key | | | | | | | | | | |
| who | ist the organization's five current high received reportable compensation (Box | | | | | | | | | | |
| - | nization and any related organizations. .ist all of the organization's former offic | cers, key employees | s, or hic | hest | com | ipen | sated | emp | oloyees who receive | ed more than \$100 | ,000 |
| | portable compensation from the organiz | | - | | | | | | , | | |
| | ist all of the organization's former dire nization, more than \$10,000 of reportab | | | | | | | | | | |
| See i | nstructions for the order in which to list | the persons above | | | | | | | | | |
| | Check this box if neither the organization | | rganiza | tion c | | | ated a | ny c | | | |
| | (A) Name and title | (B) Average hours per week (list any hours | than o is b | one b | ox, ι In of | t ch unle ficei | eck m ss per r and a cee) | son | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (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 | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations |
| . , | CKI WILLIAMS | 5.00 | х | | | | | | 0 | 0 | 0 |
| BOAR | D MEMBER | | | | | | | | | | |
| • • | AVID RENFRO DENT | 5.00 | х | | x | | | | 0 | 0 | 0 |
| (3) CI | NDY BUSH | 5.00 | х | | | | | | 0 | 0 | 0 |
| BOAR | D MEMBER | | ^ | | | | | | 0 | | |
| • • | RYAN WILSON | 5.00 | x | | | | | | 0 | 0 | 0 |
| | D MEMBER | | | | | | | | , , | 0 | |
| (5) BI | LL ROSENBALM | 5.00 | | 1 | I I | I . | | l I | | | |

.....

.....

.....

.....

5.00

5.00

Х

х

Х

Х

Х

0

0

0

0

0

0

(5) BILL ROSENBALM

(7) CARL BROADHURST

BOARD MEMBER

(6) PHIL ROY

SECRETARY/TREASURER

VICE-PRESIDENT

0

0

0

Form 990 (2020)

Form 990 (2020)

– Page 8 –

Page 8

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 for related | than c is b | one b | ox, ι In of | t che unles ficer | and a | son | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- | |
|--|---|-----------------------------------|-----------------------|----------------|-------------------------|---------------------------------|--------|---|--|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | 2/1099-MISC) | organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | · | |
| c Total from continuation sheets to Pa | | | • • | • | | | | | | |
| d 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 \triangleright 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 | | | | | | | |
| | | 4 | | No | | | | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for | | | | | | | |

https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full

| ection B. Independent Contractors | | | | | |
|--|--------------------------------|---------------------------------|----------------------|-----------------------|-------------------------------|
| Complete this table for your five highest com | pensated independ | dent contractors that | received more than | \$100,000 of compen | sation |
| from the organization. Report compensation (A) | , | ear ending with or wit | hin the organization | n's tax year. (B) | (C) |
| Name and busin | | | Desc | ription of services | Compensatio |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of independent contractors (inclu | ding but not limite | d to those listed abov | ve) who received mo | ore than \$100,000 of | |
| compensation from the organization $\blacktriangleright 0$ | - | | - | | - 000 (0 |
| | | | | | Form 990 (2 |
| | | Page 9 | | | |
| | | | | | |
| n 990 (2020) | | | | | Pa |
| art VIII Statement of Revenue | | | | | ſ |
| Check if Schedule O contains a resp | onse or note to an | y line in this Part VIII (A) | (B) | (C) | <u> </u> |
| | | Total revenue | Related or | Unrelated | Revenue |
| | | | exempt function | business revenue t | excluded fro ax under sect |
| | | | revenue | | 512 - 514 |
| derated campaigns 1a | | | | | |
| erated campaigns 1a | | | | | |
| | | | | | |
| undraising events 1c | | | | | |
| E | | | | | |
| lated organizations 1d | | | | | |
| vernment grants (contributions) 1e | | | | | |
| overnment grants (contributions) 1e | | | | | |
| 41,640 | | | | | |
| R other contributions, gifts, grants, and similar amounts not included | | | | | |
| above 1f | | | | | |
| 470,255 | | | | | |
| Noncash contributions included in lines 1a - 1f:\$ 1a | | | | | |
| 1g | | | | | |
| | | | | | |
| Total. Add lines 1a-1f | • • 511,895 | | | | |
| | Business Code | | | | |
| 2a TRAINING FEES | 611710 | 500 | 500 | | |
| | | | | | |
| | | | | | |
| 3 | | | | | |
| > | | | | | |
| > | | | | | |
| • • • • • • • • • • • • • • • • • • • | | | | | |
| > : 1 | | | | | |
| | | | | | |
| - | | | | | |
| f All other program service revenue. | | | | | |
| f All other program service revenue. 9 Total. Add lines 2a-2f | 500 | | | | |
| f All other program service revenue. g Total. Add lines 2a-2f 3 Investment income (including dividends, int | | 2,505 | 2,505 | | |
| f All other program service revenue. 9 Total. Add lines 2a-2f | erest, and other | | 2,505 | | |
| f All other program service revenue. 9 Total. Add lines 2a-2f 3 Investment income (including dividends, int similar amounts) | erest, and other | | 2,505 | | |
| f All other program service revenue. g Total. Add lines 2a-2f 3 Investment income (including dividends, int similar amounts) 4 Income from investment of tax-exempt bon | erest, and other | | 2,505 | | |
| f All other program service revenue. 9 Total. Add lines 2a-2f. 3 Investment income (including dividends, int similar amounts) 4 Income from investment of tax-exempt bon 5 Royalties | erest, and other d proceeds | | 2,505 | | |

https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full

10/27/24, 8:22 AM

| | , 8:22 AIVI | | | | Operation inasmu | ich incorporated - Fu | II Filing- Nonprofit Ex | piorer - ProPublica | |
|---------|---|-------------|----------------|-----------------------|------------------|-----------------------|-------------------------|---------------------|------------------------|
| D | expenses | 6b | | | | | | | |
| с | Rental income or (loss) | 6c | | | | | | | |
| 6 | Net rental income | or (| loss) | | • | | | | |
| |] | | (i) Securi | ities | (ii) Other | | | | |
| 7a | Gross amount from sales of assets other than inventory | 7a | | 953 | | | | | |
| Ь | Less: cost or other basis and sales expenses | 7b | | 998 | | | | | |
| с | Gain or (loss) | 7c | | -45 | | | | | |
| 6 | Net gain or (loss) | • | | | | -45 | -45 | | |
| Revenue | Gross income from fur (not including \$ contributions reported See Part IV, line 18 Less: direct expense Net income or (loss | on l | of ine 1c). | 8a 8b ng eve | nts | | | | |
| ľ | Gross income from o See Part IV, line 19 Dess: direct expens Net income or (loss | ses | · · · | 9a 9b activitie | 25 | | | | |
| ŀ | aGross sales of inve returns and allowar Less: cost of goods Net income or (loss | nces sol | d | 10a 10b | 4,530 2,653 | 1,877 | 1,877 | | |
| - | Miscellaneo | | | | Business Code | | | | |
| 11 t | | | | | | | | | |
| | | | | | | | | | |
| C | 2 | | | | | | | | |
| 6 | All other revenue | • | | | | | | | |
| e | Total. Add lines 11 | la-1 | 1d | • • | | | | | |
| 12 | Total revenue. Se | e in | structions . | | 🕨 | 516,732 | 4,837 | 0 | 0 |
| | | | | | | | | | Form 990 (2020) |

Page 10

Form 990 (2020)

Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). \Box Check if Schedule O contains a response or note to any line in this Part IX . (D) Fundraising (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . **2** Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 73,100 4,300 86,000 8,600 key employees

https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full

Page **10**

10/27/24, 8:22 AM

Operation Inasmuch Incorporated - Full Filing- Nonprofit Explorer - ProPublica

| | 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 | 90,992 | 25,478 | 61,874 | 3,640 |
| | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 12,134 | 8,251 | 3,276 | 607 |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 11,107 | 7,553 | 2,999 | 555 |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 470 | | 470 | |
| с | Accounting | 975 | | 975 | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 648 | 421 | 227 | |
| 13 | Office expenses | 488 | | 488 | |
| 14 | Information technology | 899 | 899 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 11,529 | 4,612 | 6,917 | |
| 17 | Travel | 3,902 | 2,672 | | 1,230 |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 | Conferences, conventions, and meetings | 65 | 65 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 6,058 | 6,058 | | |
| 23 | Insurance | 1,849 | | 1,849 | |
| | 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 | 61,982 | 61,982 | | |
| b | TRAINING | 10,030 | 10,030 | | |
| Ċ | : WEB DEVELOPMENT | 3,635 | 1,817 | 1,818 | |
| d | TELEPHONE AND COMMUNICA | 2,266 | | 2,266 | |
| e | All other expenses | 3,976 | | 3,154 | 822 |
| 25 | Total functional expenses. Add lines 1 through 24e | 309,005 | 202,938 | 94,913 | 11,154 |
| | 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). | | | | |

Form **990** (2020)

5

Page 11 –

Form 990 (2020) Page 11 Part X **Balance Sheet** \square Check if Schedule O contains a response or note to any line in this Part IX $% \left({{\rm{A}}} \right)$. (A) Beginning of year **(B)** End of year 3,262 26,704 1 Cash-non-interest-bearing 1 237,100 2 421,305 2 Savings and temporary cash investments . . 3 3 Pledges and grants receivable, net . . . 4 Accounts receivable, net . 4 5 Loans and other payables to any current or former officer, director, trustee, key

employee, creator or founder, substantial contributor, or 35% controlled entity https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full

| | , I | or family member of any of these persons | | [.] . ∟ | 0 1 1 |) | 1 |
|-------------|--------|--|----------|---------------------------------------|---------|-----|----------|
| | 6 | Loans and other receivables from other disquali | | rsons (as defined under | | | |
| | | section $4958(f)(1)$), and persons described in section | ection | 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 5,712 | 8 | 5,889 |
| ss | 9 | Prepaid expenses and deferred charges | | · · . | | 9 | |
| - | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 20,291 | | | |
| | ь | Less: accumulated depreciation | 10b | 20,291 | 59 | 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 equ | ual line | 33) | 246,133 | 16 | 453,898 |
| | 17 | Accounts payable and accrued expenses | | | 3,358 | 17 | 3,396 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| ŝ | 21 | Escrow or custodial account liability. Complete F | Part IV | of Schedule D | | 21 | |
| _iabilities | 22 | Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons | | | | | |
| | | | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrela | · · | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated | | · · · · · · · · · · · · · · · · · · · | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D | | 25 | | | |
| | 26 | Total liabilities. Add lines 17 through 25 . | | | 3,358 | 26 | 3,396 |
| Balances | | Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. | neck h | ere 🕨 🗹 and | | | |
| alai | 27 | Net assets without donor restrictions | • | | 242,775 | 27 | 450,502 |
| dB | 28 | Net assets with donor restrictions | | 28 | | | |
| or Fund | 29 | Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds | | check here 🕨 🗌 and | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or eq | | nt fund | | 30 | <u> </u> |
| Assets | 31 | Retained earnings, endowment, accumulated in | | | | 31 | <u> </u> |
| | 32 | Total net assets or fund balances | | | 242,775 | 32 | 450,502 |
| - | | | • | | 246,133 | 33 | 453,898 |
| Net | 33 | Total liabilities and net assets/fund balances . | | | 270.100 | | |

Form **990** (2020)

— Page 12 —

| | | | | | | | | | | | | | | | | | | | | | 5 | sets | As | Net | of l | on (| atio | cilli | cond | Re | <1 | Part |
|---------|----------|----------|----|------|----------|------|------|------|-------|----|-----|-------|------|------|------|-------|------|------|--------|-------|-------|-------|--------|--------|-------|------|--------|-------|--------|--------|--------|------|
| 🗆 | <u> </u> | <u> </u> | | | <u> </u> | • | | | | | ۲I | art) | s Pa | thi | e in | / lin | any | e to | not | e or | ons | resp | ıs a | ntair |) cor | e O | edule | Sch | eck if | Che | | |
| 516,732 | 1 | | | | | | | | | | | | | | | | | 2) | e 12 | , lin | i (A) | umr | , col | t VII | Part | ual | t equ | mus | nue (r | even | otal | L |
| 309,005 | 2 | | | | | | | | | | | | | | | | | 5) | e 25 | , lin | i (A) | umr | , col | ırt IX | il Pa | qua | ıst eq | (mu | nses | exper | otal | 2 |
| 207,727 | 3 | | | • | | | | | | | | • | | | | | | - | | ne 1 | n lir | fro | ine 2 | act l | ıbtra | Su | ises. | xpen | ess ex | ue le | ever | 3 |
| 242,775 | 4 | | | | | | |) | (A) | ۱n | lun | , сс | 32 | line | Х, | Part | ual | t eq | nust | ar (r | f yea | ng of | inni | beç | s at | nces | balan | und l | or fu | sets | let as | ł |
| | 5 | | | | | | | | | • | | | | | | | | | | | ts | men | vest | on in | es) o | sse | s (los | gain | ized g | nreali | let u | 5 |
| | 6 | | | | | | | | | • | | | | | | | | | | | | | ies | icilit | of fa | se c | nd us | es ar | ervice | ed se | onat | 5 |
| | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | es . | oense | t exp | ment | nvest | 7 |
| | 8 | | | | | | | | | | | | | | | | | | | | | | | | | S | nents | justn | d adji | period | rior J | 3 |
| 0 | 9 | | | | | | | | | | | | | | 0) | dule | che | in S | ain | exp | es (| lanc | d ba | . fun | ts or | set | et ass | in ne | nges i | chan | ther |) |
| 450,502 | 10 | B)) | mn | olui | 2, c | e 32 | line | x, I | art) | Pa | ual | : ec | านร |) (m | gh 9 | rou | 3 th | nes | ie lir | nbir | Cor | ear. | l of y | enc | s at | nce | balan | und l | or fu | sets | let as | 10 |

Financial Statements and Reporting

Chack if Schadula O contains a response or note to any line in this Part XII https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 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. | Зb | | |

Form 990 (2020)

Additional Data

Return to Form

Software ID: Software Version:

Form 990 Special Condition Description:

| efil | e Pul | olic Visual | Render | ObjectId: 2 | 20212194934930 | 1722 - Submi | ssion: 2021- | 07-13 | TIN: 20-0694400 |
|-----------|--------------------|----------------------------------|-------------------------------|-------------------------------------|--|---|-------------------------------------|---|---|
| SC | HED | ULE A | | Public | Charity Statu | s and Put | olic Supp | ort | OMB No. 1545-0047 |
| (For | m 990 | or 990EZ) | Con | | rganization is a sect | ion 501(c)(3) d | organization or | | 2020 |
| Depart | ment of t | he Treasury | | | 4947(a)(1) nonexe Attach to Form | | | | |
| Interna | l Revenu | e Service | ► | Go to <u>www.irs</u> | <u>.gov/Form990</u> for in | nstructions and | the latest info | ormation. | Open to Public Inspection |
| | | he organiza | | | | | | Employer identif | |
| OPER | ATION I | NASMUCH INC | | | | | | 20-0694400 | |
| | rt I | Reason | for Public | Charity Stat | us (All organization | s must comple | te this part.) S | See instructions. | |
| | organiz | | | | e it is: (For lines 1 thro | | | | |
| 1 | | | | , | sociation of churches | | | | |
| 2 | | | | | 1)(A)(ii). (Attach Sch | - | | | |
| 3 | | • | • | · | vice organization desc | | | - | |
| 4 | \cup | | and state: | inization operat | ed in conjunction with | a nospital descri | bed in section : | 170(B)(1)(A)(III). | Enter the hospital's |
| 5 | | | | | t of a college or univer | rsity owned or op | erated by a gov | ernmental unit desc | ribed in section |
| 6 | \Box | | | omplete Part II.) government or | , governmental unit de | scribed in sectio | on 170(b)(1)(A | ()(v). | |
| 7 | | , An organiza | , ation that no | rmally receives | a substantial part of it | s support from a | governmental u | init or from the gene | eral public described in |
| | | section 17 | 70(b)(1)(A) | (vi). (Complete | e Part II.) | | - | 5 | |
| 8 | | | • | | 170(b)(1)(A)(vi). | | | | |
| 9 | \Box | | | | ee instructions. Enter | | | | llege or university or a |
| 10 | | from activition investment | ties related to income and | o its exempt fur unrelated busin | (1) more than 331/3% actions—subject to cert less taxable income (le omplete Part III.) | tain exceptions, a | and (2) no more | than 331/3% of its | |
| 11 | | | | | d exclusively to test for | r public safety. S | ee section 509 | (a)(4). | |
| 12 | | more publi | cly supported | l organizations (| | 09(a)(1) or see | tion 509(a)(2 |). See section 509 | the purposes of one or (a)(3). Check the box |
| а | | Type I. A so organization | supporting or n(s) the pow | ganization oper | ated, supervised, or co | ontrolled by its s | upported organiz | zation(s), typically b | y giving the supported Janization. You must |
| b | | Type II. A manageme | supporting c nt of the sup | organization sup | ervised or controlled in ation vested in the sar | | | | |
| с | | Type III f | unctionally | integrated. A | supporting organizatio ions). You must com | | | | rated with, its |
| d | | Type III r functionally | on-function | ally integrate The organizatio | , | ization operated i fy a distribution i | in connection wi requirement and | th its supported orga | anization(s) that is not quirement (see |
| е | | Check this | box if the org | ganization recei | ved a written determin integrated supporting | nation from the II | | pe I, Type II, Type I | II functionally |
| f | Entei | | | | | | | <u>.</u> | |
| g | | | <u> </u> | | upported organization(| | | | |
| | (i) î | Name of supp 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) | |
| | | | | | | Yes | No | | |
| | | | | 1 | | | | | |
| Tota | | | | | | | | | |
| For I | Paperv | work Reduc or 990-EZ. | tion Act No | tice, see the I | nstructions for | Cat. No. 11285 | iF s | L Schedule A (Form | 990 or 990-EZ) 2020 |
| | | | | | Do | ao 2 | | | |
| Sche | dule A | (Form 990 c | or 990-EZ) 20 |)20 | | ge 2 | | | Page 2 |
| | rt II | - | - | | zations Described | in Sections 1 | 70(b)(1)(A) | (iv) and 170(b) | |
| | | (Compl | ete only if y | ou checked th | | or 8 of Part I c | or if the organi | zation failed to qu | alify under Part III. |
| | | A. Public | | | | | | | |
| م اد ۲ | andar /www.ia.a | voar | | to /o mon imotions - | I 1200604400/20212404 | I | I – | I | I |

| 10/27 | /24, 8:22 AM | Operation | n Inasmuch Incorp | orated - Full Filing | - Nonprofit Explore | er - ProPublica | |
|-------|--|--|---|--|---|--------------------------------------|-----------------|
| | fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | 250,750 | 250,900 | 261,597 | 314,958 | 512,395 | 1,590,600 |
| 2 | include any "unusual grant.") 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 | 250,750 | 250,900 | 261,597 | 314,958 | 512,395 | 1,590,600 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on | | | | | | 189,032 |
| | line 1 that exceeds 2% of the amount | | | | | | |
| ~ | shown on line 11, column (f) Public support. Subtract line 5 from | | | | | | |
| 6 | line 4. | | | | | | 1,401,568 |
| | ection B. Total Support | | | | | | |
| | endar year fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4. | 250,750 | 250,900 | 261,597 | 314,958 | 512,395 | 1,590,600 |
| 8 | Gross income from interest, dividends, payments received on | 958 | 985 | 1,350 | 1,912 | 2,505 | 7,710 |
| 9 | securities loans, rents, royalties and income from similar sources 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 | | | | | | |
| 11 | (Explain in Part VI.) Total support. Add lines 7 through 10 | | | | | | 1,598,310 |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 107,884 |
| 13 | First 5 years. If the Form 990 is for t | he organization's f | first, second, third | , fourth, or fifth ta | ax vear as a sectio | n 501(c)(3) organ | |
| | this box and stop here | 5 | | | • | | , |
| S | ection C. Computation of Public | | | | | | |
| | Public support percentage for 2020 (lir | | - | column (f)) | | 14 | 87.690 % |
| 15 | Public support percentage for 2019 Sc | hedule A, Part II, | line 14 | | | 15 | 93.820 % |
| | 33 1/3% support test-2020. If the | | | | | more, check this | |
| b | and stop here. The organization quali 33 1/3% support test—2019. If the | e organization did | not check a box o | n line 13 or 16a, a | and line 15 is 33 1 | 3% or more, chec | k this |
| 17a | box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organizatio in Part VI how the organization meets | -2020. If the orgon meets the "facts" | ganization did not -and-circumstanc | check a box on lir es" test, check this | ne 13, 16a, or 16b s box and stop h e | , and line 14 ere. Explain | |
| b | organization | t—2019. If the or ation meets the "f | rganization did no facts-and-circums | t check a box on li tances" test, checl | ine 13, 16a, 16b, k this box and sto | or 17a, and line p here. | ► 🗆 |
| 18 | supported organization | | | | | | ► 🗆 |
| | instructions | | | | | | |
| | | | | | Schedu | le A (Form 990 o | or 990-EZ) 2020 |
| | | | Page 3 | | | | |
| | | | | | | | |
| Sch | edule A (Form 990 or 990-EZ) 2020 | | | | | | Page 3 |
| | Part III Support Schedule for | or Organizatio | ns Described i | n Section 509(| (a)(2) | | |

| - F | aithi S | Support Schedule for | organizati | ons Described | i ili Section So | /J(a)(2) | | |
|-----|---|--|----------------|--------------------|--------------------|-------------------|-------------------|------------------|
| | (| Complete only if you o | checked the b | ox on line 10 o | f Part I or if the | organization fa | iled to qualify u | nder Part II. If |
| | t | he organization fails to | o qualify unde | er the tests liste | ed below, please | e complete Part | II.) | |
| Se | ection A. Pu | blic Support | | | | | | |
| | endar year fiscal year be | ginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | membership f | contributions, and fees received. (Do not unusual grants.") . | | | | | | |
| 2 | merchandise performed, or any activity th | s from admissions, sold or services r facilities furnished in hat is related to the s tax-exempt purpose | | | | | | |
| 3 | not an unrela under section | s from activities that are ted trade or business | | | | | | |
| | Tax rayanyaa | louisd for the | 1 | I | 1 | I | I | I I |

| 10/27/ | 24, 8:22 AM | Operation | Inasmuch Incorpo | orated - Full Filing | g- Nonprofit Explore | er - ProPublica | | | |
|---|--|--|--|---|----------------------|---|---|-------------------------------|-------------------------------------|
| 4 | lax revenues levieu ior une | 1 | 1 | | l I | 1 | 1 | | |
| | organization's benefit and either paid to or expended on its behalf. | | | | | | | | |
| 5 | The value of services or facilities | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | |
| 6 | the organization without charge Total. Add lines 1 through 5 | | | 1 | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | | | |
| | 3 received from disqualified persons Amounts included on lines 2 and 3 | | | | _ | | | | |
| D | 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 | | | | | | | | |
| Se | from line 6.) Inction B. Total Support | | | | | | | | |
| | ndar year | () 2016 | (1) 2017 | () 2010 | (1) 2010 | () 2020 | (0) | T 1 1 | |
| | fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (†) | Total | |
| 9 | Amounts from line 6. | | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties and | | | | | | | | |
| b | income from similar sources Unrelated business taxable income | | + | 1 | | + | - | | |
| U | (less section 511 taxes) from | | | | | | | | |
| | businesses acquired after June 30, 1975. | | | | | | | | |
| с | Add lines 10a and 10b. | | 1 | 1 | 1 | 1 | | | |
| 11 | Net income from unrelated business | | 1 | | 1 | T | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | | | |
| | regularly carried on. | | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | | | |
| | (Explain in Part VI.) | | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | | | |
| 14 | 11, and 12.) First 5 years. If the Form 990 is for t | he organization's | first, second, thin | d, fourth, or fifth | tax year as a sect | tion 501(c)(3) o | rganiza | tion, | |
| | check this box and stop here | | | | | | | | |
| Se | ction C. Computation of Public | Support Perce | entage | | | | | | |
| | Public support percentage for 2020 (lin | $m = 0$ $= a \left(\frac{1}{2} \right)$ | | column(f) | | 15 | | | |
| 15 | | | | | | 15 | | | |
| | Public support percentage for 2020 (in Public support percentage from 2019 s | | | | | 16 | | | |
| 15 16 Se | Public support percentage from 2019 section D. Computation of Invest | Schedule A, Part I | II, line 15 Percentage | | | 16 | | | |
| 15 16 Se 17 | Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 | Schedule A, Part I ment Income 20 (line 10c, colu | II, line 15 | line 13, column | (f)) | 16 | | | |
| 15 16 Se 17 18 | Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, | II, line 15 | line 13, column | (f)) | 16 17 18 | ino 17 | ic not | |
| 15 16 Se 17 18 19a | Public support percentage from 2019 s ction D. Computation of Invests Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n | II, line 15 . Percentage mn (f) divided by Part III, line 17 . not check the box | line 13, column | (f)) | 16 17 18 n 33 1/3%, and I | | | |
| 15 16 5e 17 18 19a | Public support percentage from 2019 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and a | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The of | II, line 15 | line 13, column on line 14, and l es as a publicly s | (f)) | 16 17 18 n 33 1/3%, and I ition | 🕨 | - 🗌 | 18 is |
| 15 16 5e 17 18 19a | Public support percentage from 2019 s ction D. Computation of Invests Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The or e organization did | II, line 15 | line 13, column on line 14, and I es as a publicly s on line 14 or line | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 | ► 1/3% a | nd line | 18 is |
| 15 16 5e 17 18 19a | Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The organization did c and stop here. | II, line 15 . Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box of The organization of | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub | (f)) | 16 17 18 n 33 1/3%, and l ition s more than 33 ganization | ▶ 1/3% aı | nd line | 18 is |
| 15 16 Se 17 18 19a b | Public support percentage from 2019 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 33 1/3% support tests—2019. If the | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The organization did c and stop here. | II, line 15 . Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box of The organization of | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub | (f)) | 16 17 18 n 33 1/3%, and l ition s more than 33 ganization | ▶ 1/3% ai . ▶ | nd line | |
| 15 16 Se 17 18 19a b | Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The organization did c and stop here. | II, line 15 . Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box of The organization of | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization e instructions . | ▶ 1/3% ai . ▶ | nd line | |
| 15 16 Se 17 18 19a b | Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The organization did c and stop here. | II, line 15 . Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box of The organization of | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chea | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization e instructions . | ▶ 1/3% ai . ▶ | nd line | |
| 15 16 Se 17 18 19a b | Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The organization did c and stop here. | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chea | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization e instructions . | ▶ 1/3% ai . ▶ | nd line | |
| 15 16 56 17 18 19a 5 20 | Public support percentage from 2019 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 3 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The organization did c and stop here. | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chea | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization e instructions . | ▶ 1/3% ai . ▶ | nd line □ ▶ □ 00-EZ) | 2020 |
| 15 16 Se 17 18 19a b 20 | Public support percentage from 2019 5 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organizati dule A (Form 990 or 990-EZ) 2020 | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The organization did (and stop here. ion did not check a | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, chea | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization e instructions . | ▶ 1/3% ai . ▶ | nd line □ ▶ □ 00-EZ) | |
| 15 16 Se 17 18 19a b 20 | Public support percentage from 2019 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organization | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The organization did (and stop here. ion did not check a 15 | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a put 19a, or 19b, che | (f)) | 16 17 18 13 1/3%, and I ition s more than 33 ganization e instructions . Ie A (Form 99 | ► 1/3% ai | P | 2020 Page 4 |
| 15 16 Se 17 18 19a b 20 | Public support percentage from 2019 5 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 3 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The org- e organization did (and stop here. ion did not check a a box on line 12 c ections A and C. If | II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box of The organization of a box on line 14, Page 4 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, che | (f)) | 16 17 18 1/3%, and I ation s more than 33 ganization e instructions . Ie A (Form 99) Sections A and | ► 1/3% an . ► D or 99 | Pour chec | 2020 Page 4 ked |
| 15 16 5 17 18 19a 5 20 | Public support percentage from 2019 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The or e organization did (and stop here.) ion did not check a a box on line 12 c ections A and C. If ns A and D, and c | II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box of The organization of a box on line 14, Page 4 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, che | (f)) | 16 17 18 1/3%, and I ation s more than 33 ganization e instructions . Ie A (Form 99) Sections A and | ► 1/3% an . ► D or 99 | Pour chec | 2020 Page 4 ked |
| 15 16 5 17 18 19a 5 20 | Public support percentage from 2019 5 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 3 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The or e organization did (and stop here.) ion did not check a a box on line 12 c ections A and C. If ns A and D, and c | II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box of The organization of a box on line 14, Page 4 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, che | (f)) | 16 17 18 1/3%, and I ation s more than 33 ganization e instructions . Ie A (Form 99) Sections A and | ► 1/3% an . ► D or 99 | Pour check | 2020 Page 4 ked |
| 15 16 17 18 19a b 20 Schee Par | Public support percentage from 2019 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The orgenization did (and stop here.) ion did not check a a box on line 12 c ections A and C. Iff ns A and D, and c cations | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a pub 19a, or 19b, cher ecked box 12a, o 12c, of Part I, c | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization a instructions . ie instructions . ie A (Form 99) Sections A and A, D, and E. If you | ► 1/3% an . ► D or 99 | Pour chec | 2020 Page 4 ked |
| 15 16 5 17 18 19a 5 20 | Public support percentage from 2019 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The organization did (and stop here. The organization did (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | II, line 15 | line 13, column | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization e instructions . le A (Form 99) Sections A and A, D, and E. If yound the section is the sect | ► 1/3% an . ► D or 99 | Pour check | 2020 Page 4 ked |
| 15 16 17 18 19a b 20 Schee Par | Public support percentage from 2019 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 3 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization's Are all of the organization's supported | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The org- e organization did (and stop here. ion did not check a a box on line 12 c ections A and C. If ns A and D, and c cations organizations list upported organizations list | II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box rganization qualifi not check a box of The organization qualifi a box on line 14, Page 4 Page 4 of Part I. If you ch you checked box omplete Part V.) edd by name in the ations are designa | line 13, column | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization e instructions . le A (Form 99) Sections A and A, D, and E. If yound the section is the sect | ► 1/3% an . ► D or 99 | Pour check | 2020 Page 4 ked |
| 15 16 17 18 19a b 20 Schee Par | Public support percentage from 2019 5 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 3 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The ore e organization did (and stop here. ion did not check a a box on line 12 c ections A and D, and c sations organizations list upported organizations and continuing relat | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a publicly 19a, or 19b, check 19a, or 19b, check checked box 12a, of 12c, of Part I, c e organization's of ted. If designate | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization ganization e instructions . le A (Form 99) Sections A and A, D, and E. If you nts? pse, | ► ^{1/3} % a D or 99 B. If yo bu chect | Pour check | 2020 Page 4 ked |
| 15 16 5e 17 18 19a 5 20 Schee Par 1 | Public support percentage from 2019 5 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 3 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in V | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The org- e organization did (and stop here.) ion did not check a box on line 12 c ections A and D, and c cations lorganizations list upported organizations the ced organization the ced organizatio | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a publicly 19a, or 19b, check ecked box 12a, of 12c, of Part I, c e organization's of ted. If designate an IRS determin | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization ganization e instructions . le A (Form 990) Sections A and A, D, and E. If you nts? pse, der section | ► ^{1/3} % a D or 99 B. If yo bu chect | Pour check | 2020 Page 4 ked |
| 15 16 5e 17 18 19a 5 20 Schee Par 1 | Public support percentage from 2019 5 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 3 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The org- e organization did (and stop here.) ion did not check a box on line 12 c ections A and D, and c cations lorganizations list upported organizations the ced organization the ced organizatio | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a publicly 19a, or 19b, check ecked box 12a, of 12c, of Part I, c e organization's of ted. If designate an IRS determin | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization ganization e instructions . le A (Form 990) Sections A and A, D, and E. If you nts? pse, der section | ► ^{1/3} % a D or 99 B. If yo bu chect | Pour check | 2020 Page 4 ked |
| 15 16 5e 17 18 19a 5 20 Schee Par 1 | Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 3 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section I2d, of Part I, complete Section Complete only if you checked If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support dues cribed in section 509(a)(1) or (2). Did the organization have a supported | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The org- e organization did (and stop here. ion did not check a a box on line 12 co ections A and C. If ns A and D, and co cations l organizations list upported organization the Part VI how the organization the part VI how the organization the Part VI how the organization the part VI how the organization the Part VI how the organization the part VI how the organiza | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a publicly gualifies as a publicly an 19b, chee ecked box 12a, c 12c, of Part I, c e organization's of ted. If designate an IRS determin mined that the s | (f)) | 16 17 18 133 1/3%, and I ition s more than 33 ganization a instructions . le instructions . le A (Form 99) Sections A and A, D, and E. If yound the section t | ► 1/3% ar . ► 0 or 99 B. If yo bu chec 1 2 | Pour check | 2020 Page 4 ked |
| 15 16 5 17 18 19a 5 20 Schee Par 1 2 | Public support percentage from 2019 Section D. Computation of Invest Investment income percentage from 20 331/3% support tests—2020. If the nore than 33 1/3%, check this box and a 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section Complete only if you checked box 12b, of Part I, complete Section Complete only if you checked for A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The ore e organization did (and stop here. ion did not check a a box on line 12 co a box on line 12 co ections A and C. If ns A and D, and co cations l organizations list upported organization the Part VI how the organization the part VI how the organization the Part VI how the organization the part VI how the organization the Part VI how the organization the part | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a publicly gualifies as a publicly an 19b, chee ecked box 12a, c 12c, of Part I, c e organization's of ted. If designate an IRS determin mined that the s | (f)) | 16 17 18 133 1/3%, and I ition s more than 33 ganization a instructions . le instructions . le A (Form 99) Sections A and A, D, and E. If yound the section t | ► 1/3% ar . ► 0 or 99 B. If yo bu chec 1 2 | Pour check | 2020 Page 4 ked |
| 15 16 5 17 18 19a 5 20 Schee Par 1 2 | Public support percentage from 2019 5 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 3 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The or- e organization did (and stop here. The or- e organization did a box on line 12 co- ections A and D, and co- cations I organizations list upported organization the Part VI how the or- I organization descent a supported organi | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a publicly qualifies as a publicly an 19b, chee ecked box 12a, o 12c, of Part I, c e organization's o ted. If designate an IRS determin mined that the s 501(c)(4), (5), on nder section 501 | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization s instructions . le instructions . le A (Form 99) Sections A and A, D, and E. If yound E. If yound for the section the section was wer lines 3b and and satisfied | ► 1/3% ar D or 99 B. If you bu chector 1 2 4 | Pour check | 2020 Page 4 ked |
| 15 16 5 17 18 19a 5 20 Schee Par 1 2 3a | Public support percentage from 2019 5 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the nore than 33 1/3%, check this box and 3 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any supported 30 (1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 3c below. | Schedule A, Part I ment Income 20 (line 10c, colu 2019 Schedule A, organization did n stop here. The or- e organization did (and stop here. The or- e organization did a box on line 12 co- ections A and D, and co- cations I organizations list upported organization the Part VI how the or- I organization descent a supported organi | II, line 15 | line 13, column on line 14, and l es as a publicly s on line 14 or line qualifies as a publicly qualifies as a publicly an 19b, chee ecked box 12a, o 12c, of Part I, c e organization's o ted. If designate an IRS determin mined that the s 501(c)(4), (5), on nder section 501 | (f)) | 16 17 18 n 33 1/3%, and I ition s more than 33 ganization s instructions . le instructions . le A (Form 99) Sections A and A, D, and E. If yound E. If yound for the section the section was wer lines 3b and and satisfied | ► 1/3% ar D or 99 B. If you bu chector 1 2 4 | Pour check | 2020 Page 4 ked |

| 4a we are unported organization not expanded in the United Series ("foreign supported organization?) <i>B</i> "Yes" and <i>B</i> ye 4a 4a | С | If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 2 | | | |
|---|--|--|--|-------|----------|--|
| checked box 12 or 12 on 12 on 12 on 17 mms vb and 4 c below. | 4 a | | 3с | | | |
| b Dut the organization have uttrate control and discretion in discrition whether to make grants to the foreign supported organization in deciding whether to make grants to the foreign supported organization. But the organization support of organization is solver only additional discretion of subjective discretion discretion of the support of organization is solver only additional discretion of the support of organization of use solver that advants of the support of organization of use solver of the support of organization of use subjective decidin in Part VI, including (1) the names and EIN numbers of the support of organization of use solver of the support of the support of organization of use solver of the support of the support of organization of use solver of the support of organization of use solver of the support of the support of organization of use solver of the support of the support of organization of use solver of the support of the support of the organization of use solver of the support of the support of the support of the organization is a support of organization of the support of the organization is that are part of the charable class aready designated in the organization of the support of the support of the organization is a support of organization of the support of the organization of the support of the support of the support of the organization of the support of the support of the organization of the support of the organization is the are part of the charable class aready designated in the organization of the support of organization is the area of the organization of the support of the organization of the | | | 4a | | | |
| subjective day or in connection with its supported organizations. | b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | | | |
| S01(3) and S08(a(1) or (2)? IF "es," explain in Part VI what controls the organization and the answer that all support to the toreganization made, substitute, or remove any supported organizations during the tax year? IF "es," answer that all support (Fagnicable), Asing provide decin In Part VI. Including (1) the names and II in numbers of the supported organization's organization glocument; and how TVI. Including (1) the names and II in numbers of the supported organization's organization glocument; and the TVI. Including (1) the names and II in numbers of the supported organization's organization provide support degrametry and (1) how the action was accomplished (such as by annew/merch to the organization glocument). Div the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other fram (1) its supported organizations, (i) individuals that are part of the christial close them to be find organization provide support. (New Yes, Trives, T | | | 4b | | | |
| Sa Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organizations added, substituted, or removed; (iii) the reasons for each such action; (iii) the authority under the organizations added, substituted, supported organizations added, substituted supported organization was accompliable (Such as by the organization's organization support (whether is the form of organization for acticas or facilities) to anyone other organization organization in the form of organization or facilities) to anyone other the organization organization is apported organization granizations. The face of anyone or beneft one or more of the filing organization provide organization grant actions, or grant-zation provide a grant. I can, comparisation, provide a grant. I can, comparisation are part of the charabble class banding or more of the filing organization brance and a grant. I can, comparisation provide a grant. I can, comparisation area and the filing organization provide a grant. I can, comparisation, provide a grant. I can, comparisation, area and a substantial contributor (affina and a substantial contributor (affina and a substantial contributor) or a 35% controlled and incite the angola and and an incersation. A substantial controlling interest in any entry in which the supporting organization provide detail in Part VI. 90 U the organization non-angers and organization a | с | 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 | 4c | | | |
| b Type I or Type I I only. Was any added or substituted supported organization part of a class already designated in the organizations organization document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 6 Did the organization organizations (i) individuals that are part of the charitable class herefited by one or more of the fining organizations (ii) other supporting organization or the series on the single part of the charitable class herefited by one or more of the fining organization or (iii) other supported organizations or (iii) other supported or substantial contributor or a 35% controlled entity with regard to a substantial contributor (after single part of the charitable class herefited by one or more of the fining organization organizat | 5a | 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 | | | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 1 6 Did the organization rough apport (instruct on the form of prints or the prints) on the prints or the print or the | b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the | Eb | | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities 1b anyone other supported organizations, if (117, 1955, <i>Provide detail in Part VI</i> . 7 Did the organization provide a grant, lean, compensation, <i>Ur other supported organizations and the support of provide and the support of a substantial cass benefits of a substantial contributor (defined in contributor) if "Yes," complete Part 1 of Schedule L (Form 990 or 990-E2). 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part 1 of Schedule L (Form 990 or 990-E2). 9 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as a defined in section 4956 (1010C) as the support of a grant of the support of a substantial controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as a defined in section 4963 (Controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as a defined in section 4963 (Controlled directly or indirectly at any time during the tax year by one or more disgualified person, say a difference or more disgualified person (as defined in line 9a) hold a controlling interest in, or derive any personal benefit from, assets in any entity in which the supporting organization and an interest? If "Yes," provide defail in Part VI. 10 Did disqualified person (as defined in line 9a) hold a controlling interest in, or derive any personal benefit from, assets in the supporting organization schedules proved and interest? If "Yes," provide defail in Part VI. 10 Did the organization scheduli</i> | с | | | | | |
| section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor, or a 35% controlled entity with regard to a substantial contributor, or a 35% controlled entity with regard to a substantial contributor, or a 35% controlled entity with regard to a substantial contributor, or a 35% controlled entity with regard to a substantial contributor, or a 35% controlled entity with regard to a substantial contributor, or a 35% controlled entity with regard to a substantial contributor, or a 35% controlled entity of the 200 make a loan to a disqualified person, (as defined in section 4966 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," a provide detail in Part VI. b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. c Did a disqualified person (as defined in the 9a) have an ownership interest in, or derive any personal benefit from, assets in a server line 10b below. c As the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type III supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. c Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 990-EZ) 2020 Page 5 chedule A (Form 990 or 9 | | 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 | | | | |
| complete Part 1 of Schedule L (Form 990 or 990-E2). | 7 | section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial | | | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9a c Did a disqualified person (as defined in line 9a) hold a controlling 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 in the tax year? (Jse Schedule C, Form 4720, to determine whether the organization have any excess business holdings in the tax year? (Jse Schedule C, Form 4720, to determine whether the organization have any excess business holdings in the tax year? (Jse Schedule C, Form 4720, to determine whether the organization have any excess business holdings). 10a 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or almitered in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part U. 11b 12 b A family member of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part U. 11b 13b 11c 11c 14c a Asperson who directly or orbit, either alone or torgether with persons described in lines 11b and 11c below, the organization? 11a 14a testhe organization accepted a gift or contribution from any of the f | 8 | | 8 | | | |
| b Did one or more disqualified persons (as defined in 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 9b c Did a disqualified persons (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in method in line 10 have an ownership interest in, or derive any personal benefit from, assets in personal to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations?)? If "Yes," answer line 10b below. b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 9 | 9a | defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," | 9a | | | |
| c Did a disqualified person (as defined in 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 9c 10a Was the organization subject to the excess business holdings: pulse of section 4943 (f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If "Yes," 9c 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 10a Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Ves No 1 Na family member o | b | | | | | |
| 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 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 10a 10a Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Yes No Intermi | с | | | | | |
| 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). 100 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? Yes a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described in 11a above? res 11b 11c Section B. Type I Supporting Organizations Yes No 11b 11c 11c schives. If the organization had more than one 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 own the supported organization, describe how the powers to appoint and/or remove directors or trustees at all times during the tax year? If "No," applied to such powers during the tax year. 1 1 2 Did the organization had more than one supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 </td <td>10a</td> <td>certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"</td> <td></td> <td></td> <td></td> | 10a | certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," | | | | |
| Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? A A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? M A family member of a person described in 11a above? Cection 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 V how the supported organization's directors or trustees at all times during the tax year? If "No," applied to such powers during the tax year. 2 Did the organization operate domang the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. <th c<="" td=""><td>b</td><td>Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether</td><td></td><td></td><td></td></th> | <td>b</td> <td>Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether</td> <td></td> <td></td> <td></td> | b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether | | | |
| Page 5 Schedule A (Form 990 or 990-EZ) 2020 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2" Image Source Yes No Image: Source Image: Source Yes No Image: Source Image: Source <td< th=""><th></th><th>Schedule A (Form 990</th><th></th><th>0-EZ)</th><th>2020</th></td<> | | Schedule A (Form 990 | | 0-EZ) | 2020 | |
| Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c I1c Section B. Type I Supporting Organizations Yes No describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization fam organization(s) effectively operated, supervised, or controlled the organization, supported organization of the supported organization of the supported organization sor restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supporting organization(s) that operated, supervised, or controlled the supporting such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting such benefit in any applied to such powers of the supported organization (s) that operated, supervised or controlled the supporting organization (s) that operated, supervised or controlled the supporting such benefit in any applied to such powers of the supported organization(s) that operated, supervised or controlled the supporting organiza | | | | | | |
| Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? C A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part I1c VI. Section B. Type I Supporting Organizations Yes No 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) 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. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | | Page 5 | | | | |
| Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in 11a above? C A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part I1c VI. Section B. Type I Supporting Organizations Yes No 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) 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. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised or controlled the supporting such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | | | | | | |
| Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control of the support of the s | Sche | dule A (Form 990 or 990-EZ) 2020 | | F | Page 5 | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? Image: control in the im | Par | t IV Supporting Organizations (continued) | | | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c Section 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) 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. 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(s) that operated, supervised or controlled the supp | | | | Yes | No | |
| governing body of a supported organization? 11a b A family member of a person described in 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c 11c Section B. Type I Supporting Organizations 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization? 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. | 11 | 5 , 5 | | | | |
| b A family member of a person described in 11a above? 11b 11b 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c 11c Section 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 during the tax year. 1 2 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization(s) that operated, supervised or controlled the supporting 2 1 | а | | 11a | | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c VI. Section 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 during the tax year. 1 1 1 2 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit or carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. 2 <td>b</td> <td>A family member of a person described in 11a above?</td> <td></td> <td></td> <td></td> | b | A family member of a person described in 11a above? | | | | |
| Section 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 during the tax year. 1 < | с | | 11c | | | |
| 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 during the tax year. 1 | Se | | | | | |
| 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 during the tax year. Did the organization operate for the benefit of any supported 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 | |
| 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 1 2 2 | 1 | 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, | | | | |
| 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. | - | | 1 | | <u> </u> | |
| Section C. Type II Supporting Organizations | 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 | 2 | | | |
| | | ction C. Type II Supporting Organizations | | | | |

Yes No

https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full

. . .

10/27/24, 8:22 AM

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

| Se | 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? <i>If "No," explain in Part VI how the</i> | | | |
| | organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| 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 | | | |
| | ing the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | | |

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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 in line 2a 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.

Schedule A (Form 990 or 990-EZ) 2020

Page 6

Schedule A (Form 990 or 990-EZ) 2020

Page 6

Yes

2a

2b

3a

3b

No

| Ра | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0 | rgani | izations | |
|----|--|-------|----------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization | | | |
| | 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 | | |
| a | Average monthly value of securities | 1a | | |
| t | Average monthly cash balances | 1b | | |
| c | : Fair market value of other non-exempt-use assets | 1c | | |
| c | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | | - | | |

10/27/24, 8:22 AM

Operation Inasmuch Incorporated - Full Filing- Nonprofit Explorer - ProPublica

| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
|------------------|--|-----------------------|---|---|
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | Section C - Distributable Amount | | Current Yea | r |
| | Section C - Distributable Anount | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 1 | | 1 2 | | |
| | Adjusted net income for prior year (from Section A, line 8, Column A) | | | |
| 2 | Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 | 2 | | |
| 2 | Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) | 2 | | |
| 2 3 4 | Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 | 2 3 4 | | |
| 2 3 4 5 | Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency | 2 3 4 5 6 | red Type III supporting organization (see | |

– Page 7 –

Schedule A (Form 990 or 990-EZ) 2020

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | |
|--|--|--|---------------------------------------|----|---|
| Se | ection D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | n exempt purposes | | 1 | |
| | Amounts paid to perform activity that directly furthers excess of income from activity | 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 2020 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) Underdistributior Pre-2020 | าร | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required <i>explain in Part VI</i>). See instructions. | | | | |
| | Excess distributions carryover, if any, to 2020: | | | | |
| | From 2015 | | | | |
| | From 2016 | | | | |
| | From 2017 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | Total of lines 3a through e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |

Page 7

| b Applied to 2020 distributable amount | | | | |
|--|--------|--------------|--------------------------|-----|
| c Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c. | | | | |
| 8 Breakdown of line 7: | | | | _ |
| a Excess from 2016 | | | | |
| b Excess from 2017 | | | | |
| c Excess from 2018 | | | | |
| d Excess from 2019 | | | | |
| e Excess from 2020 | | | | |
| | | Schedule A (| Form 990 or 990-EZ) (202 | 20) |
| | Page 8 | | | |
| Schedule A (Form 990 or 990-EZ) 2020 | | | Page | 8 |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

 Facts And Circumstances Test

 Return Reference
 Explanation

 Schedule A (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

| efile Public Visual Rer | nder Objectld: 202121949349301722 - Submission: 2021-07-13 | | TIN: 20-0694400 |
|--|---|-------------|---------------------|
| Schedule B | Schedule of Contributors | | OMB No. 1545-0047 |
| (Form 990, 990-E2, or 990-PF) Department of the Treasury Internal Revenue Service | Department of the Treasury F Go to www.irs.gov/Form990 for the latest information. | | 2020 |
| Name of the organization OPERATION INASMUCH | | Employer id | entification number |
| | | 20-0694400 | |
| Organization type (ch | eck one): | | |
| Filers of: | Section: | | |
| Form 990 or 990-EZ | □ 501(c)() (enter number) organization | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private | ofoundation | |
| | ☐ 527 political organization | | |
| Form 990-PF | \Box 501(c)(3) exempt private foundation | | |
| | \Box 4947(a)(1) nonexempt charitable trust treated as a private fou | ndation | |
| | \Box 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.

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. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

| - | | | ~ | |
|-----|-----|-----|---|--|
| - P | ao | le. | 2 | |
| | ~ 3 | ~ | _ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Name of organization https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full Part I

| Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|--|---|--|--|--|--|
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | \$ RESTRICTED | PersonPayrollNoncash | | | |
| | (2) | (Complete Part II for noncash contributions.) | | | |
| Name, address, and ZIP + 4 | Total contributions | (d) Type of contribution | | | |
| | <u> </u> | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | \$_ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | \$_ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | \$_ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | <u>\$</u> | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| | (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4 (c) (c) Name, address, and ZIP + 4 (c) (c) (c) (c) (c) (c) (c) (c | (b) Name, address, and ZIP + 4 C C C C C C C C C C C C C | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

- Page 3 -----

| Schedule B (Form 990, 990-EZ, or 990-PF) (2020) | | | | | | | | |
|---|---|--|----------------------|--|--|--|--|--|
| Name of org OPERATION | ganization INASMUCH INC | Employer identification number | | | | | | |
| 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 | | | | | |

https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full

| 10/27/24, 8: | 22 AM Opera | ation Inasmuch Incorporated - Full Fil | ing- Nonprofit Explorer - F | roPublica | | | | |
|----------------------------------|--|---|--|-------------------------------------|--|--|--|--|
| | | | | <u>\$</u> | | | | |
| | | | | | | | | |
| (a) No. from <u>Part I</u> | (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 | | | | |
| - | | | | <u>\$</u> | | | | |
| (a) | | | (c) | (d) | | | | |
| No. from Part I | (b) Description of noncash | (b) Description of noncash property given | | | | | | |
| - | | | | <u>\$</u> | | | | |
| (a) No. from | (b) Description of noncast | (b) Description of noncash property given | | | | | | |
| Part I | | | (See instructions) | Date received | | | | |
| - | | | | <u>\$</u> | | | | |
| (a) No. from Part I | (b) Description of noncash | property given | (C) FMV (or estimate) (See instructions) | (d) Date received | | | | |
| | | | | \$ | | | | |
| - | | | | <u> </u> | | | | |
| | | | Schedule B (| Form 990, 990-EZ, or 990-PF) (2020) | | | | |
| | | Page 4 | | | | | | |
| Schedule | B (Form 990, 990-EZ, or 990-PF) (2020) | | | Page 4 | | | | |
| | rganization N INASMUCH INC | | Employer i | dentification number | | | | |
| | | | 20-0694400 | | | | | |
| Part III | Exclusively religious, charitable, etc., cor than \$1,000 for the year from any one cor organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s | ntributor. Complete columns (a) the total of <i>exclusively</i> religious, clastructions.) * | hrough (e) and the follo | wing line entry. For | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | | | |
| | | | | | | | | |
| - | | (a) Transfor of gift | | | | | | |
| | Transferee's name, address, and | (e) Transfer of gift Transferee's name, address, and ZIP 4 | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (d) Description of how gift is held | | | | | | |
| | | | | | | | | |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 | Relationship of transfer | or to transferee | | | | |
| | | | | | | | | |
| | | | • | | | | | |
| (a) | | l | , | | | | | |

https://projects.propublica.org/nonprofits/organizations/200694400/202121949349301722/full

| No. from Part I | (b) Purpose of gift | (c) Use of gift | (a) Description of now gift is neid |
|--------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| | Transferee's name, address, and ZIP | (e) Transfer of gift 4 Relatio | onship 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 | (e) Transfer of gift 4 Relatio | onship of transferor to transferee |
| | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Additional Data

Return to Form

Software ID: Software Version:

| efi | e Public Visua | al Render | ObjectId: 2021219 | 949349301722 - Submission | 349301722 - Submission: 2021-07-13 | | | | | | | |
|-------|--|--------------------------------|--|--|------------------------------------|-----------------|-------------------------|--|--|--|--|--|
| SCI | HEDULE D | | OMB No. 1545-0047 | | | | | | | | | |
| | m 990) ment of the Treasury | | ► Complete if the or Part IV, line 6, 7, 8, 9, 1 | Ital Financial Statem ganization answered "Yes," on F 10, 11a, 11b, 11c, 11d, 11e, 11f, Attach to Form 990. | orm 990, | | 2020 Open to Public | | | | | |
| | Il Revenue Service | ► 0 | | 1990 for instructions and the late | est informati | on. | Inspection | | | | | |
| | me of the organ RATION INASMUCH | | | | Em | ployer ident | ification number | | | | | |
| OFL | RATION INASMOCH | INC | | | 20- | 0694400 | | | | | | |
| Pa | | | | sed Funds or Other Similar F | unds or Ac | counts. | | | | | | |
| | Comple | te if the org | anization answered "Ye | 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 | 3 Aggregate value of grants from (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 confer | | sible | | | | | |
| Pa | | vation Eas | | | | | | | | | | |
| | | | | s" on Form 990, Part IV, line 7. | | | | | | | | |
| 1 | | | | nization (check all that apply). | | | | | | | | |
| | | | public use (e.g., recreatior | | ion of an histo | | | | | | | |
| | \square | of natural hat | | Preservation | ion of a certifie | ed historic str | ucture | | | | | |
| • | | on of open spa | | | | | | | | | | |
| 2 | easement on the | | | qualified conservation contribution i | in the form of | | n he End of the Year | | | | | |
| а | Total number of | conservation | easements | | 2a | | | | | | | |
| b | Total acreage res | stricted by cor | nservation easements | | 2 b | | | | | | | |
| с | Number of conse | ervation easer | nents on a certified histori | c structure included in (a) | . 2c | | | | | | | |
| d | structure listed i | n the Nationa | Register | ired after 7/25/06, and not on a hist | | | | | | | | |
| 3 | Number of cons tax year ► | ervation ease | ments modified, transferre | d, released, extinguished, or termin | ated by the o | rganization 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 vio | lations, | Yes 🗌 No | | | | | |
| 6 | Staff and volunt | eer hours dev | roted to monitoring, inspec | ting, handling of violations, and enf | orcing conserv | vation easeme | ents during the year | | | | | |
| 7 | Amount of expe | nses incurred | in monitoring, inspecting, | handling of violations, and enforcin | g conservatior | n 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 S | imilar Asse | ets. | | | | | |
| 1a | | | | s" on Form 990, Part IV, line 8. C 958, not to report in its revenue s | statement and | balance shee | t works of art. | | | | | |
| Ia | 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 furtheranc | e of public se | rvice, provide, in | | | | | |
| b | historical treasu following amour | ires, or other s | similar assets held for pub these items: | SC 958, to report in its revenue state lic exhibition, education, or research | n in furtheranc | e of public se | rvice, provide the | | | | | |
| (| i) Revenue includ | led on Form 9 | 90, Part VIII, line 1 | | | . ▶\$ | | | | | | |
| (i | i)Assets included | in Form 990, | Part X | | | . ►\$ | | | | | | |
| 2 | | | | cal treasures, or other similar assets ASC 958 relating to these items: | s for financial | gain, provide | the | | | | | |
| а | Revenue include | ed on Form 99 | 0, Part VIII, line 1 | | | . ►\$ | | | | | | |
| b | | | | | | | | | | | | |
| For I | Paperwork Redu | uction Act No | tice, see the Instruction | ns for Form 990. | Cat. No. 5228 | 3D Schedu | ule D (Form 990) 2020 | | | | | |

| | | | | Page 2 | | | | | |
|--------|---------|---|----------------------|-----------------|-----------|---------------|------------------------|-----------------|----------------|
| Scheo | lule D | (Form 990) 2020 | | | | | | | Page 2 |
| Part | | Organizations Maintaining Col | lections of Art. | Histori | cal Tre | asures, o | r Other Similar A | ssets (conti | - |
| 3 | | the organization's acquisition, accessio (check all that apply): | | | | | | | |
| а | | Public exhibition | | d | | oan or exch | ange programs | | |
| b | | Scholarly research | | е | | Other | | | |
| с | | Preservation for future generations | | | | | | | |
| 4 | | de a description of the organization's co | llections and explai | n how the | y furthe | r the organi | zation's exempt purp | ose in | |
| 5 | | g the year, did the organization solicit o s to be sold to raise funds rather than to | | | | | | 🗌 Yes | |
| Par | t IV | Escrow and Custodial Arrange Complete if the organization answ line 21. | | orm 990, | Part I | V, line 9, o | r reported an amo | unt on Form | 990, Part X, |
| 1a | | e organization an agent, trustee, custodi led on Form 990, Part X? | | | | | | 🗌 Yes | 🗆 No |
| b | If "Ye | s," explain the arrangement in Part XIII | and complete the | followina | table: | | | Amount | |
| с | | ning balance | · | | | | 1c | | |
| d | Addit | 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 | orm 990, Part X, lin | e 21, for e | escrow o | or custodial | account liability? | . 🗌 Yes | |
| b | If "Ye | s," explain the arrangement in Part XIII | . Check here if the | explanatio | on has b | een provide | d in Part XIII | . 🗆 | |
| Pa | τV | Endowment Funds. | | | | | | | |
| | | Complete if the organization answ | | | | | voars back (d) Throp y | | |
| 1a | Beainn | ing of year balance | (a) Current year | (b) Pi | rior year | (c) 1wo | years back (d) Three y | ears back (e) F | our years back |
| | - | putions | | | | | | | |
| | | restment earnings, gains, and losses | | | | | | | |
| | | or scholarships | | | | | | | <u> </u> |
| | | expenditures for facilities ograms | | | | | | | |
| f | Admini | strative expenses | | | | | | | |
| gl | End of | year balance | | | | | | | |
| 2 a | | de the estimated percentage of the curred designated or quasi-endowment | ent year end baland | ce (line 1g | i, colum | n (a)) held a | as: | | |
| b | Perm | anent endowment 🕨 | | | | | | | |
| с | Term | endowment 🕨 | | | | | | | |
| 3a | Are th | ercentages on lines 2a, 2b, and 2c shounere endowment funds not in the posses nization by: | • | ation that | are hel | d and admir | nistered for the | 1 | Yes No |
| | - | nrelated organizations | | | | | | 3a(i) | |
| | (ii) R | elated organizations | | | | | | 3a(ii) | |
| b | | s" on 3a(ii), are the related organization | • | | | | | . 3b | |
| 4 | | ibe in Part XIII the intended uses of the | 5 | owment f | unds. | | | | |
| Par | t VI | Land, Buildings, and Equipme Complete if the organization answ | | orm 000 | Dart IV | / line 11a | Soo Form 000 D | ort V line 10 | |
| | Descri | ption of property (a) Cost or ot (investme | her basis (b) Co | st or other | | | cumulated depreciation | 1 1 | ook value |
| 1a | and | | | | | | | | |
| b I | Buildin | gs | | | | | | | |
| cΙ | easeh | old improvements | | | | | | | |
| d | Equipn | nent | | | 10 | ,291 | 10,291 | | 0 |
| - | | | | | | ,000 | 10,000 | | 0 |
| Tota | . Add | lines 1a through 1e. (Column (d) must | equal Form 990, Pa | rt X, colui | тп (B), | line 10(c).) | 🕨 | | 0 |

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

| Schedule D (Form 990) 2020 | | | | Page 3 |
|---|----------------------|---------------------------------------|-------------|--|
| Part VII Investments Other Securities. Complete if the organization answered "Yes" on Form 990, | Part IV/ lin | o 11b Soo Form 990 | Part V | lino 12 |
| (a) Description of security or category (including name of security) | (b) Book value | | hod of va | luation: |
| (1) Financial derivatives | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| (I) | | | | |
| Total. (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, (a) Description of investment | Part IV, lin | e 11c. See Form 990 (b) Book value | e (c) | line 13. Method of valuation: or end-of-year market value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| 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, P | Part IV, line | 11d. See Form 990, F | art X, line | |
| (a) Description | | | | (b) Book value |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| 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

1.

| (1) Federal income taxes | | |
|---|---|--|
| | | |
| (2) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| <u>/F\</u> | | |
| (5) | | |
| (6) | | |
| | | |
| (7) | | |
| (8) | | |
| | | |
| (9) | | |
| 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) 2020

| Scheo | lule D (Form 990) 2020 | | <u>.</u> | | | | | Page 4 |
|-------|---|---------|----------|-------|---------|----------|--------|-----------------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | | | | enue p | er Ret | turn. | |
| 1 | Complete if the organization answered 'Yes' on Form 990, Part 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: | • | • • | • | • | - | 1 | |
| | | • | | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | | | | |
| b | Donated services and use of facilities | 2b | | | | | | |
| с | Recoveries of prior year grants | 2c | | | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | | | |
| е | Add lines 2a through 2d | • • | • | • • | ••• | • | 2e | |
| 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.) | 4b | | | | | | |
| с | Add lines 4a and 4b | | • | | | | 4c | |
| 5 | Total revenue. Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12.) | | | | | | 5 | |
| Par | EXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part | | | | enses | per R | eturı | 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: | | | | | ĺ | | |
| а | Donated services and use of facilities | 2a | | | | | | |
| b | Prior year adjustments | 2b | | | | | | |
| с | Other losses | 2c | | | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | | | |
| е | Add lines 2a through 2d | | • | | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | | | Ī | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | Ī | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | | |
| с | Add lines 4a and 4b | | | | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. | | | | | F | 5 | |
| Par | t XIII Supplemental Information | - | | | | L | | |
| Prov | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4: Part | IV, line | es 1b | and 2b | : Part V | line - | 4; Part X, line 2; Part XI. |
| | s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an | | | | | , | , | , ,, |
| | Return Reference | | | E | xplanat | ion | | |

Schedule D (Form 990) 2020

Additional Data

Return to Form

Software ID:

Software Version:

| efile Public | Visual | Render | ObjectId: 202121949349301722 - Submission: 2021-07-13 | | | | | | | | TIN: 20-0694400 | | | | |
|--|-----------------|---|---|------------|-----------|--------|--------|------------|--------------------------------------|---------|----------------------------|-------|--------------|----------------|---------|
| SCHEDUL (Form 990 or 99 Department of the Trea Internal Revenue Servi | 90-EZ) 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 <u>www.irs.gov/Form990</u> for the latest information. | | | | | | 2 Ope | 1545-0 1020 n to Publispection | lic | | | | | |
| Name of the org OPERATION INASM | | ١ | | | | | | | | | Employe 20-06944 | | ification | number | |
| Return Reference | | | | | | | Expl | anation | | | | | | | |
| FORM 990, PART VI, SECTION A, LINE 8B | THERE | THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. | | | | | | | | | | | | | |
| FORM 990, PART VI, SECTION B, LINE 11B | FORM | FORM 990 IS MADE AVAILABLE TO BOARD MEMBERS PRIOR TO BEING FILED. | | | | | | | | | | | | | |
| FORM 990, PART VI, SECTION B, LINE 12C | | DIRECTORS EREST ARIS | | | | | | | | | | | | F A CONFI | LICT |
| FORM 990, PART VI, SECTION B, LINE 15A | THE BO | DARD OF DI | RECTORS | 6 DECIDI | ES THE (| COMPE | NSATIO | N OF THE | E EXECU | TIVE DI | RECTOR | | | | |
| FORM 990, PART VI, SECTION C, LINE 18 | TAX RE | ETURNS ARI | E MADE A | VAILABL | E UPON | REQUE | EST. | | | | | | | | |
| FORM 990, PART VI, SECTION C, LINE 19 | THESE | DOCUMEN | TS ARE M | IADE AVA | AILABLE | UPON I | REQUES | βT. | | | | | | | |
| For Paperwork Reduc | ction Act N | otice, see the Ins | structions for | Form 990 o | r 990-EZ. | | Ca | at. No. 51 | L056K | | | Sched | lule O (Form | n 990 or 990-E | Z) 2020 |

Additional Data

Return to Form

Software ID:

Software Version