# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2539988 | Return of Organization Exempt From Income Tax

990 Form

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Internal Revenue S

В

| Dep<br>Inte | oartment o<br>rnal Reve              | f the Treasury<br>nue Service  | Do not enter social security numbers on this form as it<br>Go to www.irs.gov/Form990 for instructions and the | -         | •                                  | Open to Public<br>Inspection |  |  |  |  |  |
|-------------|--------------------------------------|--|---|-----------|------------------------------------|------------------------------|--|--|--|--|--|
| <u>A</u>    | For the                              | e 2023 calend  | ar year, or tax year beginning JUL 1, 2023 and en   | nding JU  | JN 30, 2024                        |                              |  |  |  |  |  |
| В           | Check if<br>applicabl                |  | forganization   |           | D Employer identificat             | ion number                   |  |  |  |  |  |
|             | Addre                                | e OPERAT   | CION GRATITUDE, INC.  |           |                                    |                              |  |  |  |  |  |
|             | Name<br>chang                        | e Doing b  | usiness as  |           | 20-0103575                         |                              |  |  |  |  |  |
|             | Initial<br>return<br>Final<br>return | POST O   | and street (or P.O. box if mail is not delivered to street address) Ro<br>FFICE BOX 260257                    | oom/suite | E Telephone number<br>818-960-7878 |                              |  |  |  |  |  |
|             | termir<br>ated                       | City or t  | own, state or province, country, and ZIP or foreign postal code   |           | G Gross receipts \$                | 13,165,977.                  |  |  |  |  |  |
|             | Amen<br>return                       | ded ENCINO   | 0, CA 91426   |           | H(a) Is this a group retu          | return                       |  |  |  |  |  |
|             | Applic tion                          | <sup>a-</sup> <b>F</b> Name a  | nd address of principal officer: MARGARET BARRON  |           | for subordinates?                  |                              |  |  |  |  |  |
|             | pendi                                |  | C ABOVE   |           | H(b) Are all subordinates inclue   | ded? Yes No                  |  |  |  |  |  |
| T           | Tax-ex                               | empt status:   | X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or   | 527       | If "No," attach a lis              | t. See instructions          |  |  |  |  |  |
|             | Websi                                |  | PERATIONGRATITUDE.COM   |           | H(c) Group exemption r             | lumber                       |  |  |  |  |  |
| к           | Form of                              | organization:  | X Corporation Trust Association Other   | L Year of | of formation: 2003 M S             | tate of legal domicile: CA   |  |  |  |  |  |
|             | art I                                | Summary  |   |           |                                    |                              |  |  |  |  |  |
|             | 1                                    | Briefly describ  | be the organization's mission or most significant activities: OPERATION                                       | N GRATI   | TUDE PROVIDES                      |                              |  |  |  |  |  |
|             | 2                                    |  | IES TO SAY THANK YOU TO OUR MILITARY & FIRST RESPOND  |           |                                    |                              |  |  |  |  |  |
| le u        | 2                                    | Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. |   |           |                                    |                              |  |  |  |  |  |
| overnance   | 3                                    | Number of vot  | ting members of the governing body (Part VI, line 1a)   |           | 3                                  | 8                            |  |  |  |  |  |
| 6           |                                      |  |   |           |                                    | ş                            |  |  |  |  |  |

| rna           | 2     | Check this box if the organization discontinued its operations or disposed of r    | nore than 25% of its net as | sets.        |
|---------------|-------|--|-----------------------------|--------------|
| Governa       | 3     | Number of voting members of the governing body (Part VI, line 1a)                  |                             | 8            |
|               | 4     | Number of independent voting members of the governing body (Part VI, line 1b)      |                             | 8            |
| s &           | 5     | Total number of individuals employed in calendar year 2023 (Part V, line 2a)       |                             | 48           |
| ctivities     | 6     | Total number of volunteers (estimate if necessary)                                 |                             | 85000        |
| ctiv          | 7 a   |  | 7a                          | 0.           |
| •             | b     | Net unrelated business taxable income from Form 990-T, Part I, line 11             | 7b                          | 0.           |
|               |       |  | Prior Year                  | Current Year |
| Ð             | 8     | Contributions and grants (Part VIII, line 1h)                                      | 6,224,145.                  | 12,323,057.  |
| nue           | 9     | Program service revenue (Part VIII, line 2g)                                       | 0.                          | 0.           |
| Revenue       | 10    | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 105,062.                    | 337,754.     |
| £             | 11    | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 0.                          | 0.           |
|               | 12    | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,329,207.                  | 12,660,811.  |
|               | 13    | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   | 3,782,668.                  | 9,688,213.   |
|               | 14    | Benefits paid to or for members (Part IX, column (A), line 4)                      | 0.                          | 0.           |
| ş             | 15    | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 1,983,992.                  | 3,289,678.   |
| nse           | 16a   | Professional fundraising fees (Part IX, column (A), line 11e)                      | 0.                          | 0.           |
| Expenses      | b     | Total fundraising expenses (Part IX, column (D), line 25) 834, 477.                |                             |              |
| ш             | 17    | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 1,328,343.                  | 2,543,160.   |
|               | 18    | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          | 7,095,003.                  | 15,521,051.  |
|               | 19    | Revenue less expenses. Subtract line 18 from line 12                               | -765,796.                   | -2,860,240.  |
| or            |       |  | Beginning of Current Year   | End of Year  |
| sets          | 20    | Total assets (Part X, line 16)   | 15,067,276.                 | 13,456,333.  |
| t As:<br>d Bá | 21    | Total liabilities (Part X, line 26)  | 507,554.                    | 1,526,070.   |
| Fun           | 22    | Net assets or fund balances. Subtract line 21 from line 20                         | 14,559,722.                 | 11,930,263.  |
| Pa            | rt 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      | Signature of officer                              |                        |                        |      | Date          |                |          |  |  |  |
|-----------|---|------------------------|------------------------|------|---------------|----------------|----------|--|--|--|
| Here      | STEVEN WILLETT, CFO                               |                        |                        |      |               |                |          |  |  |  |
|           | Type or print name and title                      |                        |                        |      |               |                |          |  |  |  |
|           | Print/Type preparer's name                        | Preparer's signature   |                        | Date | Check         | ] PTIN         |          |  |  |  |
| Paid      | BRIAN YACKER                                      |                        | 03/04/25 self-employed |      |               |                |          |  |  |  |
| Preparer  | Firm's name BAKER TILLY ADVISORY GRO              | OUP, LP                |                        |      | Firm's EIN 39 | -0859910       |          |  |  |  |
| Use Only  | Firm's address 18500 VON KARMAN AVE, 10           |                        |                        |      |               |                |          |  |  |  |
|           | IRVINE, CA 92612 Phone no.949.222.2999            |                        |                        |      |               |                |          |  |  |  |
| May the I | RS discuss this return with the preparer shown at | oove? See instructions |                        |      |               | X Yes          | No       |  |  |  |
| LHA For   | Paperwork Reduction Act Notice, see the sep       | arate instructions.    | 332001 12-21-23        |      |               | Form <b>99</b> | 0 (2023) |  |  |  |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Form<br>Par | 990 (2023) OPERATION GRATITUDE, INC.   | 20-0103575 Page 2                      |
|-------------|--|--|
| Fai         |  |  |
| 4           | Check if Schedule O contains a response or note to any line in this Part III   |  |
| 1           | Brieny describe the organization's mission:<br>OPERATION GRATITUDE HONORS OUR MILITARY AND FIRST RESPONDERS BY                             |  |
|             | PROVIDING OPPORTUNITIES FOR AMERICANS TO EXPRESS THEIR GRATITUDE.  |  |
|             |  |  |
|             |  |  |
| 2           | Did the organization undertake any significant program services during the year which were not listed on the                               | Yes X No                               |
|             | prior Form 990 or 990-EZ?<br>If "Yes," describe these new services on Schedule O.  |  |
| 3           | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                               | Yes X No                               |
| 0           | 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 i                           | measured by expenses.                  |
|             | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other                         |  |
|             | revenue, if any, for each program service reported.  |  |
| 4a          | (Code:) (Expenses \$ 13,197,216. including grants of \$ 9,688,213. ) (Reven  | ue \$                                  |
|             | OPERATION GRATITUDE, INC., HAS A MISSION TO HONOR OUR MILITARY AND<br>FIRST RESPONDERS BY PROVIDING OPPORTUNITIES FOR AMERICANS TO EXPRESS |  |
|             | THEIR GRATITUDE. THE ORGANIZATION HAS PROVIDED AMERICANS ACROSS OUR  |  |
|             | COUNTRY THE OPPORTUNITY TO SAY "THANK YOU FOR YOUR SERVICE" THROUGH  |  |
|             | HANDS-ON VOLUNTEERISM, LIFTING THE SPIRITS OF DEPLOYED TROOPS, RECRUIT   |  |
|             | GRADUATES, VETERANS, MILITARY FAMILIES AND FIRST RESPONDERS.   |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
| 41-         |  |  |
| 4b          | (Code:) (Expenses \$ including grants of \$) (Reven  | ue \$                                  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
| 4.          |  |  |
| 4c          | (Code:) (Expenses \$ including grants of \$) (Reven  | ue \$                                  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             | Other program services (Describe on Schedule O.)   |  |
| 4d          |  | `````````````````````````````````````` |
|             | (Expenses \$ including grants of \$ ) (Revenue \$  | )                                      |
|             |  | )<br>Form <b>990</b> (2023             |

16140304 144198 206695BT

2 2023.05060 OPERATION GRATITUDE, INC. 206695B1

|          | 990 (2023) OPERATION GRATITUDE, INC. 20-01035   | 75         | P   | age 3       |
|----------|---|------------|-----|-------------|
| Pa       | TIV Checklist of Required Schedules   |            |     | <del></del> |
|          |   |            | Yes | No          |
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |            | x   |             |
| •        | If "Yes," complete Schedule A   | 1          | X   |             |
| 2        | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions   | 2          |     |             |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |            |     | x           |
| 4        | public office? If "Yes," complete Schedule C, Part I<br>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                    | 3          |     |             |
| 4        |   | 4          |     | x           |
| 5        | during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> .<br>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 4          |     | <u> </u>    |
| 5        | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5          |     | x           |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |            |     |             |
| U        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |     | x           |
| 7        | 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</i> "Yes," <i>complete Schedule D, Part II</i>  | 7          |     | x           |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  | <b>-</b>   |     | <u> </u>    |
| •        | Schedule D, Part III  | 8          |     | x           |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for   |            |     | <u> </u>    |
| •        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |            |     |             |
|          | If "Yes," complete Schedule D, Part IV  | 9          |     | x           |
| 10       | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |            |     |             |
|          | or in quasi-endowments? If "Yes," complete Schedule D, Part V   | 10         | х   |             |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,   |            |     |             |
|          | as applicable.  |            |     |             |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |            |     |             |
|          | Part VI   | 11a        | х   |             |
| b        | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  |            |     |             |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        |     | X           |
| с        | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |            |     |             |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |     | x           |
| 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        | Х   |             |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e        | Х   |             |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |            |     |             |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f        | Х   |             |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |            |     |             |
|          | Schedule D, Parts XI and XII  | 12a        | Х   |             |
| 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        |     | X           |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13         |     | X           |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a        |     | X           |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |            |     |             |
|          | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |            |     |             |
|          | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        |     | X           |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   | 1.5        |     |             |
| 40       | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15         |     | X           |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |            |     | x           |
| 17       | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16         |     |             |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 17         |     | x           |
| 18       | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions  | <b>–</b> " |     | <u> </u>    |
| 10       |   | 18         |     | x           |
| 19       | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i><br>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"            |            |     | +           |
| 13       |   | 19         |     | x           |
| 20a      | complete Schedule G, Part III<br>Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        | 1   | x           |
| 20a<br>b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20a        |     |             |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |            | 1   | 1           |
|          | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II   | 21         |     | x           |

332003 12-21-23

16140304 144198 206695BT

3 2023.05060 OPERATION GRATITUDE, INC. 206695B1

Form 990 (2023)

| Form | aan | (2023) |
|------|-----|--------|
| FOUL | 990 | (2023) |

OPERATION GRATITUDE, INC.

Part 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С 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 Х 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 Х Schedule I Part I 25b 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% х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ...... Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "Yes." complete Schedule L, Part IV ..... 28a х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If x 28c "Yes," complete Schedule L, Part IV ..... х 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation x contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х 34 Part V line 1 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part 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 Yes No 6 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable b 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С Х (gambling) winnings to prize winners? **1**c Form 990 (2023) 332004 12-21-23

20-0103575

Page **4** 

<sup>2023.05060</sup> OPERATION GRATITUDE, INC. 206695B1

|          | 990 (2    | 2023) OPERATION GRATITUDE, INC.   | 20-010357                | 5         | Р   | age <b>5</b> |
|----------|-----------|---|--------------------------|-----------|-----|--------------|
| Par      | t V       | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |                          |           |     |              |
|          |           |   | · •                      |           | Yes | No           |
| 2a       | Enter     | the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                          |           |     |              |
|          | filed f   | or the calendar year ending with or within the year covered by this return  | <b>2a</b> 48             |           |     |              |
| b        | lf at le  | east one is reported on line 2a, did the organization file all required federal employment tax returr                               | ns?                      | 2b        | Х   |              |
| 3a       | Did th    | ne organization have unrelated business gross income of \$1,000 or more during the year?  |                          | 3a        |     | х            |
| b        | lf "Ye    | s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule                                 | 0                        | 3b        |     |              |
|          |           | y time during the calendar year, did the organization have an interest in, or a signature or other a                                |                          |           |     |              |
|          |           | cial account in a foreign country (such as a bank account, securities account, or other financial a                                 |                          | 4a        |     | x            |
| b        |           | s," enter the name of the foreign country   | ,                        |           |     |              |
|          |           | nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac                                    | counts (FBAR).           |           |     |              |
| 5a       |           | the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                   |                          | 5a        |     | x            |
| b        |           | ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac                              |                          | 5b        |     | x            |
|          |           | s" to line 5a or 5b, did the organization file Form 8886-T?   |                          | 5c        |     |              |
|          |           | the organization have annual gross receipts that are normally greater than \$100,000, and did the                                   |                          |           |     |              |
| Ua       |           | ontributions that were not tax deductible as charitable contributions?  |                          | 6a        |     | x            |
| <b>h</b> |           |   |                          | 0a        |     |              |
| b        |           | s," did the organization include with every solicitation an express statement that such contribution                                | •                        | <b>Ch</b> |     |              |
| _        |           | not tax deductible?   |                          | 6b        |     |              |
| 7        | -         | nizations that may receive deductible contributions under section 170(c).   |                          | _         |     | v            |
| а        |           | e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser                       |                          | 7a        |     | X            |
| b        |           |   |                          | 7b        |     | <u> </u>     |
| С        |           | ne organization sell, exchange, or otherwise dispose of tangible personal property for which it wa                                  |                          |           |     |              |
|          |           | Form 8282?  |                          | 7c        |     | X            |
| d        | lf "Ye    | s," indicate the number of Forms 8282 filed during the year   | 7d                       |           |     |              |
| е        | Did th    | ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co                                 | ontract?                 | 7e        |     |              |
| f        | Did th    | ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra                                | act?                     | 7f        |     |              |
| g        | If the    | organization received a contribution of qualified intellectual property, did the organization file Fo                               | rm 8899 as required?     | 7g        |     |              |
| h        | If the    | organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization                             | tion file a Form 1098-C? | 7h        |     |              |
| 8        | Spon      | soring organizations maintaining donor advised funds. Did a donor advised fund maintained   | by the                   |           |     |              |
|          | spons     | soring organization have excess business holdings at any time during the year?  |                          | 8         |     |              |
| 9        | Spon      | soring organizations maintaining donor advised funds.   |                          |           |     |              |
| а        | Did th    | ne sponsoring organization make any taxable distributions under section 4966?   |                          | 9a        |     |              |
| b        |           |   |                          | 9b        |     |              |
| 10       |           | on 501(c)(7) organizations. Enter:  |                          |           |     |              |
| а        |           | ion fees and capital contributions included on Part VIII, line 12   | 10a                      |           |     |              |
| b        |           | s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b                      |           |     |              |
| 11       |           | on 501(c)(12) organizations. Enter:   |                          |           |     |              |
|          |           | s income from members or shareholders   | 11a                      |           |     |              |
| b        |           | s income from other sources. (Do not net amounts due or paid to other sources against   |                          |           |     |              |
| D.       |           |   | 11b                      |           |     |              |
| 12-      |           | ints due or received from them.)<br>on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form |                          | 12a       |     |              |
|          |           |   | 1041?                    | 120       |     |              |
|          |           | s," enter the amount of tax-exempt interest received or accrued during the year   | 120                      |           |     |              |
| 13       |           | on 501(c)(29) qualified nonprofit health insurance issuers.   |                          | 40-       |     |              |
| а        |           | organization licensed to issue qualified health plans in more than one state?   |                          | 13a       |     |              |
|          |           | See the instructions for additional information the organization must report on Schedule O.   |                          |           |     |              |
| b        |           | the amount of reserves the organization is required to maintain by the states in which the  |                          |           |     |              |
|          |           | ization is licensed to issue qualified health plans   | 13b                      | -         |     |              |
| С        |           | the amount of reserves on hand  | 13c                      |           |     |              |
| 14a      |           |   |                          | 14a       |     | X            |
| b        |           | s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul                                    |                          | 14b       |     |              |
| 15       |           | organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner                                      |                          |           |     | 1            |
|          | exces     | ss parachute payment(s) during the year?  |                          | 15        |     | X            |
|          | lf "Ye    | s," see the instructions and file Form 4720, Schedule N.  |                          |           |     |              |
| 16       | Is the    | organization an educational institution subject to the section 4968 excise tax on net investment                                    | income?                  | 16        |     | X            |
|          | lf "Ye    | s," complete Form 4720, Schedule O.   |                          |           |     |              |
| 17       | Secti     | on 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act                                   | ivities                  |           |     | 1            |
|          | that v    | vould result in the imposition of an excise tax under section 4951, 4952 or 4953?   |                          | 17        |     |              |
|          |           | s," complete Form 6069.   |                          |           |     |              |
| 332005   | i 12-21-2 | 23  |                          | Form      | 990 | (2023)       |

5 2023.05060 OPERATION GRATITUDE, INC. 206695B1

|                                    | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.  |                   |         |         |  |  |  |
|------------------------------------|---|-------------------|---------|---------|--|--|--|
|                                    | Check if Schedule O contains a response or note to any line in this Part VI   |                   |         | X       |  |  |  |
| Sec                                | tion A. Governing Body and Management   |                   |         |         |  |  |  |
|                                    |   |                   | Yes     | No      |  |  |  |
| 1a                                 |   | 8                 |         |         |  |  |  |
|                                    | If there are material differences in voting rights among members of the governing body, or if the governing   |                   |         |         |  |  |  |
|                                    | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.   |                   |         |         |  |  |  |
| -                                  |   | 8                 |         |         |  |  |  |
| 2                                  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |                   |         |         |  |  |  |
| _                                  | officer, director, trustee, or key employee?  | 2                 | Х       |         |  |  |  |
| 3                                  | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |                   |         |         |  |  |  |
|                                    | of officers, directors, trustees, or key employees to a management company or other person?   | 3                 |         | X       |  |  |  |
| 4                                  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |                   |         | X       |  |  |  |
| 5                                  | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5                 |         | X       |  |  |  |
| 6                                  | Did the organization have members or stockholders?  | 6                 |         | X       |  |  |  |
| 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                |         | X       |  |  |  |
| 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                |         | X       |  |  |  |
| 8                                  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |                   |         |         |  |  |  |
| a                                  | The governing body?   | <u>8a</u>         | X       |         |  |  |  |
| b                                  | Each committee with authority to act on behalf of the governing body?   | 8b                | X       |         |  |  |  |
| 9                                  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  |                   |         |         |  |  |  |
| <u> </u>                           | organization's mailing address? If "Yes." provide the names and addresses on Schedule O   | 9                 |         | X       |  |  |  |
| Sec                                | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |                   |         |         |  |  |  |
|                                    |   |                   | Yes     | No<br>X |  |  |  |
|                                    | Did the organization have local chapters, branches, or affiliates?  | 10a               |         | ^       |  |  |  |
| D                                  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,  | 101               |         |         |  |  |  |
|                                    | and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b               | v       |         |  |  |  |
|                                    | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a               | X       |         |  |  |  |
|                                    | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   | 10                | v       |         |  |  |  |
|                                    | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a<br>12b        | X<br>X  |         |  |  |  |
|                                    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   |                   |         |         |  |  |  |
| С                                  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  |                   |         |         |  |  |  |
|                                    | on Schedule O how this was done   | 12c               | X       |         |  |  |  |
| 13                                 | Did the organization have a written whistleblower policy?   | 13                | X       |         |  |  |  |
| 14                                 | Did the organization have a written document retention and destruction policy?  | 14                | X       |         |  |  |  |
| 15                                 | Did the process for determining compensation of the following persons include a review and approval by independent  |                   |         |         |  |  |  |
|                                    | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |                   | v       |         |  |  |  |
|                                    | The organization's CEO, Executive Director, or top management official  | 15a               | X       | v       |  |  |  |
| -                                  | Other officers or key employees of the organization   | 15b               |         | X       |  |  |  |
| b                                  |   |                   |         |         |  |  |  |
|                                    | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |                   |         |         |  |  |  |
|                                    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   | 40                |         | v       |  |  |  |
| 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?   | <u>16a</u>        |         | X       |  |  |  |
| 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?<br>If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   | <u>16a</u>        |         | x       |  |  |  |
| 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?<br>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  |                   |         | X       |  |  |  |
| 16a<br>b                           | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<br>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?   | <u>16a</u><br>16b |         | X       |  |  |  |
| 16a<br>b<br>Sec                    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<br>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?<br><b>tion C. Disclosure</b>  |                   |         | X       |  |  |  |
| 16a<br>b<br>Sec<br>17              | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<br>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?<br><b>tion C. Disclosure</b><br>List the states with which a copy of this Form 990 is required to be filed <u>AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD</u>  | 16b               |         |         |  |  |  |
| 16a<br>b<br>Sec<br>17              | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<br>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?<br><b>tion C. Disclosure</b><br>List the states with which a copy of this Form 990 is required to be filed <u>AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)   | 16b               | availal |         |  |  |  |
| 16a<br>b                           | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<br>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?<br><b>tion C. Disclosure</b><br>List the states with which a copy of this Form 990 is required to be filed <u>AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.   | 16b               | availal |         |  |  |  |
| 16a<br>b<br>Sec<br>17<br>18        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed _AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.         X       Own website _X       Another's website _X       Upon requestOther (explain on Schedule O)  | 16b<br>)s only) : |         |         |  |  |  |
| 16a<br>b<br><u>Sec</u><br>17<br>18 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?         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?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed _AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.         X       Own website X       Another's website X       Upon request Check all that apply.         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and solution.   | 16b<br>)s only) : |         |         |  |  |  |
| 16a<br>b<br><u>Sec</u><br>17<br>18 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<br>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?<br><b>tion C. Disclosure</b><br>List the states with which a copy of this Form 990 is required to be filed <u>AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.<br>X Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i><br>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.  | 16b<br>)s only) : |         |         |  |  |  |
| 16a<br>b<br><u>Sec</u><br>17<br>18 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<br>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?<br><b>tion C. Disclosure</b><br>List the states with which a copy of this Form 990 is required to be filedAK,AL,AR,CA,CO,CT,FL,HI,DC,KY,KS,MD<br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.<br>X Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i><br>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.<br>State the name, address, and telephone number of the person who possesses the organization's books and records | 16b<br>)s only) : |         |         |  |  |  |
| 16a<br>b<br><u>Sec</u><br>17<br>18 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?<br>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?<br><b>tion C. Disclosure</b><br>List the states with which a copy of this Form 990 is required to be filed <u>AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD</u><br>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.<br>X Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i><br>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.  | 16b<br>)s only) : |         |         |  |  |  |

| Form 990 (2023)      | OPERATION GRATITUDE, INC.   | 20-0103575              | Page 7 |
|----------------------|---|-------------------------|--------|
| Part VII Compen      | nsation of Officers, Directors, Trustees, Key Employe   | es, Highest Compensated |        |
| Employe              | ees, and Independent Contractors  |                         |        |
| Check if So          | chedule O contains a response or note to any line in this Part VII  |                         |        |
| Section A. Officers, | Directors, Trustees, Key Employees, and Highest Compensated E   | mployees                |        |
|                      | e for all persons required to be listed. Report compensation for the cal<br>anization's <b>current</b> officers, directors, trustees (whether individuals o | , , ,                   | ,      |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

| (A)                                  | (B)                      |                               |                      | (0          | C)           |                                 |        | (D)                          | (E)             | (F)                         |
|--------------------------------------|--------------------------|-------------------------------|----------------------|-------------|--------------|---------------------------------|--------|------------------------------|-----------------|-----------------------------|
| Name and title                       | Average                  | (do                           |                      | Pos         | ition        | l<br>than d                     | 200    | Reportable                   | Reportable      | Estimated                   |
|                                      | hours per                | box                           | , unle               | ss pei      | rson i       | s both                          | n an   | compensation                 | compensation    | amount of                   |
|                                      | week                     |                               | cer ar<br>I          | nd a d<br>I | irecto       | r/trus<br>I                     | tee)   | from                         | from related    | other                       |
|                                      | (list any                | rector                        |                      |             |              |                                 |        | the                          | organizations   | compensation                |
|                                      | hours for                | or di                         | ee                   |             |              | ated                            |        | organization                 | (W-2/1099-MISC/ | from the                    |
|                                      | related<br>organizations | ustee                         | trust                |             | ee           | bens                            |        | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)       | organization<br>and related |
|                                      | below                    | ual tr                        | tional               |             | yolqr        | t con                           | _      | 1099-1420)                   |                 | organizations               |
|                                      | line)                    | ndividual trustee or director | nstitutional trustee | Officer     | Key employee | Highest compensated<br>employee | Former |                              |                 | organizations               |
| (1) CAROLYN BLASHEK                  | 40.00                    |                               | -                    |             | <u> </u>     |                                 |        |                              |                 |                             |
| INTERIM CEO/ADVISOR                  |                          |                               |                      | х           |              |                                 |        | 215,888.                     | 0.              | 0.                          |
| (2) STEVEN WILLETT                   | 40.00                    |                               |                      |             |              |                                 |        |                              |                 |                             |
| CFO/TREASURER                        |                          |                               |                      | Х           |              |                                 |        | 129,760.                     | 0.              | 0.                          |
| (3) VICKI JOHNSON                    | 40.00                    |                               |                      |             |              |                                 |        |                              |                 |                             |
| SENIOR DIRECTOR, COMMUNITY ENGAGEMEN |                          |                               |                      |             |              | X                               |        | 119,526.                     | 0.              | 474.                        |
| (4) JERRY STETLER                    | 40.00                    |                               |                      |             |              |                                 |        |                              |                 |                             |
| DIRECTOR, INFORMATION TECHNOLOGY     |                          |                               |                      |             |              | x                               |        | 118,128.                     | 0.              | 1,872.                      |
| (5) STACY DANLYAN                    | 40.00                    |                               |                      |             |              |                                 |        |                              |                 |                             |
| SENIOR DIRECTOR, OPERATIONS          |                          |                               |                      |             |              | X                               |        | 108,814.                     | 0.              | 3,288.                      |
| (6) SHARMAN BORNCAMP                 | 5.00                     |                               |                      |             |              |                                 |        |                              |                 |                             |
| SECRETARY                            |                          | Х                             |                      |             |              |                                 |        | 0.                           | 0.              | 0.                          |
| (7) ALAN LEACH                       | 5.00                     |                               |                      |             |              |                                 |        |                              |                 |                             |
| CHAIRMAN                             |                          | Х                             |                      |             |              |                                 |        | 0.                           | 0.              | 0.                          |
| (8) MARTY MARTIN                     | 5.00                     |                               |                      |             |              |                                 |        |                              |                 |                             |
| DIRECTOR                             |                          | Х                             |                      |             |              |                                 |        | 0.                           | 0.              | 0.                          |
| (9) JENNIFER CHO                     | 5.00                     |                               |                      |             |              |                                 |        |                              |                 |                             |
| DIRECTOR                             |                          | Х                             |                      |             |              |                                 |        | 0.                           | 0.              | 0.                          |
| (10) CASSIE CROCKET                  | 5.00                     |                               |                      |             |              |                                 |        |                              |                 |                             |
| DIRECTOR                             |                          | Х                             |                      |             |              |                                 |        | 0.                           | 0.              | 0.                          |
| (11) JOE KRISTOL                     | 5.00                     |                               |                      |             |              |                                 |        |                              |                 |                             |
| DIRECTOR                             |                          | Х                             |                      |             |              |                                 |        | 0.                           | 0.              | 0.                          |
| (12) JORDAN BLASHEK                  | 5.00                     |                               |                      |             |              |                                 |        |                              |                 |                             |
| DIRECTOR                             |                          | Х                             |                      |             |              |                                 |        | 0.                           | 0.              | 0.                          |
| (13) ZACHARY BEECHER                 | 5.00                     |                               |                      |             |              |                                 |        |                              |                 |                             |
| DIRECTOR                             |                          | Х                             |                      |             |              |                                 |        | 0.                           | 0.              | 0.                          |
| (14) MARGARET BARRON                 | 40.00                    |                               |                      |             |              |                                 |        |                              |                 |                             |
| EXECUTIVE DIRECTOR                   |                          |                               |                      | X           |              |                                 |        | 0.                           | 0.              | 0.                          |
|                                      |                          |                               |                      |             |              |                                 |        |                              |                 |                             |
|                                      |                          |                               |                      |             |              |                                 |        |                              |                 |                             |
|                                      |                          | -                             |                      |             |              |                                 |        |                              |                 |                             |
|                                      |                          |                               |                      |             | -            |                                 |        |                              |                 |                             |
|                                      |                          |                               |                      |             |              |                                 |        |                              |                 |                             |
|                                      |                          |                               |                      |             |              |                                 |        |                              |                 | <b>600</b> (2000)           |

332007 12-21-23

Form 990 (2023)

|     | 990 (2023) OPERATION GRA                        | TITUDE, IN       | c.  |                       |              |              |                                 |        |                           | 20-01             | 0357  | 5       | Р        | 'age <b>8</b> |
|-----|---|------------------|---|-----------------------|--------------|--------------|---------------------------------|--------|---------------------------|-------------------|-------|---------|----------|---------------|
| Par | t VII Section A. Officers, Directors, Trust     | tees, Key Emp    | oloy  | ees,                  | and          | d Hig        | ghes                            | st C   | ompensated Employee       | s (continued)     |       |         |          |               |
|     | (A)   | (B)              |   |                       |              | C)           |                                 |        | (D)                       | (E)               |       |         | (F)      |               |
|     | Name and title                                  | Average          |   |                       |              | itior        |                                 |        | Reportable                | Reportable        |       | F       | timat    | ed            |
|     |   | hours per        | (do not check more than one box, unless person is both an |                       |              |              |                                 |        | compensation              | compensation      |       |         | nount    |               |
|     |   | week             |   |                       |              |              | or/trus                         |        | from                      | from related      |       |         | other    |               |
|     |   | (list any        | tor   |                       |              |              |                                 |        | the                       | organizations     |       | com     | pensa    |               |
|     |   | hours for        | direc   |                       |              |              | 5                               |        | organization              | (W-2/1099-MIS     |       |         | om th    |               |
|     |   | related          | Individual trustee or director                            | stee                  |              |              | nsate                           |        | (W-2/1099-MISC/           | 1099-NEC)         |       |         | anizat   |               |
|     |   | organizations    | trust   | Institutional trustee |              | yee          | mpe                             |        | 1099-NEC)                 | ,                 |       |         | d relat  |               |
|     |   | below            | idual   | ution                 | 5            | mplo         | est co                          | er     |                           |                   |       | orga    | anizati  | ions          |
|     |   | line)            | Indiv   | In stit               | Officer      | Key employee | Highest compensated<br>employee | Former |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   | -+    |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
| 16  | Subtatal  |                  |   |                       |              |              |                                 |        | 692,116.                  |                   | 0.    |         | 5        | 634.          |
|     | Subtotal  |                  |   |                       |              |              |                                 |        | 0,                        |                   | 0.    |         | <u> </u> | 0.            |
|     | Total from continuation sheets to Part VII      |                  |   |                       |              |              |                                 |        | 692,116.                  |                   | 0.    | 5,634.  |          |               |
| -   | Total (add lines 1b and 1c)                     |                  |   |                       |              |              |                                 |        | ,                         |                   |       |         | <u> </u> | 054.          |
| 2   | Total number of individuals (including but no   | ot limited to th | ose   | liste                 | d at         | oove         | ) wh                            | o re   | eceived more than \$100,  | 000 of reportable | 1     |         |          | -             |
|     | compensation from the organization              |                  |   |                       |              |              |                                 |        |                           |                   |       |         | V.       | 5             |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   | ſ     |         | Yes      | No            |
| 3   | Did the organization list any former officer,   | director, truste | ee, k   | key e                 | empl         | loye         | e, or                           | hig    | hest compensated empl     | oyee on           |       |         |          |               |
|     | line 1a? If "Yes," complete Schedule J for se   | uch individual   |   |                       |              |              |                                 |        |                           |                   |       | 3       |          | X             |
| 4   | For any individual listed on line 1a, is the su | m of reportabl   | e co  | mpe                   | ensa         | tion         | and                             | oth    | ner compensation from the | ne organization   |       |         |          |               |
|     | and related organizations greater than \$150    | ,000? If "Yes,   | " со  | mple                  | ete S        | Sche         | dule                            | ) J f  | or such individual        |                   |       | 4       | Х        |               |
| 5   | Did any person listed on line 1a receive or a   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     | rendered to the organization? If "Yes." com     |                  |   |                       |              |              |                                 |        |                           |                   |       | 5       |          | X             |
| Sec | tion B. Independent Contractors                 |                  |   |                       | ·            |              |                                 |        |                           |                   |       |         |          |               |
| 1   | Complete this table for your five highest cor   | mpensated ind    | lepe  | nder                  | nt co        | ontra        | acto                            | rs th  | nat received more than \$ | 100.000 of comp   | ensat | ion fro | om       |               |
| -   | the organization. Report compensation for t     | •                | •   |                       |              |              |                                 |        |                           | •                 |       |         |          |               |
|     | (A)   | ino oulondui ye  |   | - Turin               | <u>ig ii</u> |              |                                 |        | (B)                       |                   |       | (0      | 2)       |               |
|     | Name and business                               | address          | NO  | NE                    |              |              |                                 |        | Description of s          | ervices           | С     | ompe    |          | n             |
|     |   |                  |   |                       |              |              |                                 |        | •                         |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 | _      |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 | _      |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 | _      |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
|     |   |                  |   |                       |              |              |                                 |        |                           |                   |       |         |          |               |
| 2   | Total number of independent contractors (ir     | ncluding but no  | ot lin  | nited                 | d to         | thos         | se lis                          | ted    | above) who received mo    | ore than          |       |         |          |               |
|     | \$100,000 of compensation from the organiz      | zation           |   |                       |              | (            | 0                               |        |                           |                   |       |         |          |               |

Form **990** (2023)

332008 12-21-23

|   |        | (2023) OPERATION GRATITUDE   | E, INC.             |                             |                   | 20-010357                                   | 5 Page <b>9</b>  |
|---|--------|--|---------------------|-----------------------------|-------------------|---|--|
| Pa  | rt VI  | III Statement of Revenue   |                     |                             |                   |   |  |
|   |        | Check if Schedule O contains a response  | or note to any line | e in this Part VIII         |                   | (C)   |  |
|   |        |  |                     | <b>(A)</b><br>Total revenue | Related or exempt | <b>(C)</b><br>Unrelated<br>business revenue | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| ς<br>Ω  | 1 :    | a Federated campaigns 1a   |                     |                             |                   |   |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |        | b Membership dues 1b   |                     |                             |                   |   |  |
| ,<br>G<br>Ū   | (      | c Fundraising events 1c  |                     |                             |                   |   |  |
| ar A  | (      | d Related organizations 1d   |                     |                             |                   |   |  |
| s, o  | (      | e Government grants (contributions) 1e   |                     |                             |                   |   |  |
| tion<br>S   | 1      | f All other contributions, gifts, grants, and  |                     |                             |                   |   |  |
| ibui  |        | similar amounts not included above 1f  | 12,323,057.         |                             |                   |   |  |
| ndr<br>d O  |        | g Noncash contributions included in lines 1a-1f  | 6,314,126.          |                             |                   |   |  |
| ы С   | l      | h Total. Add lines 1a-1f   |                     | 12,323,057.                 |                   |   |  |
|   |        |  | Business Code       |                             |                   |   |  |
| Program Service<br>Revenue                                | 2 8    |  |                     |                             |                   |   |  |
| erv<br>ue   |        | b  |                     |                             |                   |   |  |
| am Ser  |        | C  |                     |                             |                   |   |  |
| gra<br>Re   |        | d  |                     |                             |                   |   |  |
| Pro   | 1      | f All other program service revenue  |                     |                             |                   |   |  |
|   |        | g Total. Add lines 2a-2f   |                     |                             |                   |   |  |
|   | 3      | Investment income (including dividends, inter-   |                     |                             |                   |   |  |
|   |        | other similar amounts)   |                     | 280,377.                    |                   |   | 280,377.   |
|   | 4      | Income from investment of tax-exempt bond  |                     |                             |                   |   |  |
|   | 5      | Royalties  |                     |                             |                   |   |  |
|   |        | (i) Real   | (ii) Personal       |                             |                   |   |  |
|   | 6 a    | a Gross rents 6a   |                     |                             |                   |   |  |
|   | ł      | b Less: rental expenses 6b   |                     |                             |                   |   |  |
|   | (      | c Rental income or (loss) 6c   |                     |                             |                   |   |  |
|   |        | d Net rental income or (loss)  |                     |                             |                   |   |  |
|   | 7 a    | a Gross amount from sales of (i) Securities  | (ii) Other          |                             |                   |   |  |
|   |        | assets other than inventory <b>7a</b> 562,543.   | •                   |                             |                   |   |  |
| đ   | 1      | b Less: cost or other basis<br>and sales expenses 7b 505,166.  |                     |                             |                   |   |  |
| evenue  |        | and sales expenses         7b         505,166           c         Gain or (loss)         7c         57,377 |                     |                             |                   |   |  |
| eve   |        | d Net gain or (loss)   |                     | 57,377.                     |                   |   | 57,377.  |
| Other R   |        | a Gross income from fundraising events (not  |                     |                             |                   |   |  |
| Ê   |        | including \$ of  |                     |                             |                   |   |  |
| -   |        | contributions reported on line 1c). See  |                     |                             |                   |   |  |
|   |        | Part IV, line 18   | a                   |                             |                   |   |  |
|   | ł      | b Less: direct expenses 8t   | 0                   |                             |                   |   |  |
|   | (      | c Net income or (loss) from fundraising events   |                     |                             |                   |   |  |
|   | 9 a    | a Gross income from gaming activities. See   |                     |                             |                   |   |  |
|   |        | Part IV, line 19   |                     |                             |                   |   |  |
|   |        | b Less: direct expenses  | -                   |                             |                   |   |  |
|   |        | c Net income or (loss) from gaming activities  |                     |                             |                   |   |  |
|   | 10 a   | a Gross sales of inventory, less returns   |                     |                             |                   |   |  |
|   |        | and allowances 10  |                     |                             |                   |   |  |
|   |        | b Less: cost of goods sold10   | -                   |                             |                   |   |  |
|   | (      | c Net income or (loss) from sales of inventory .   | Business Code       |                             |                   |   |  |
| snu   | 11 a   | a  |                     |                             |                   |   |  |
| neo   |        | a<br>b   |                     |                             |                   |   |  |
| scellaneo<br>Revenue                                      |        | c  |                     |                             |                   |   |  |
| Miscellaneous<br><u>Revenue</u>                           |        | d All other revenue  |                     |                             |                   |   |  |
| Σ   |        | e Total. Add lines 11a-11d   |                     |                             |                   |   |  |
|   | 12     | Total revenue. See instructions  |                     | 12,660,811.                 | 0.                | 0.  | 337,754.   |
| 332009  | 9 12-2 |  |                     |                             |                   |   | Form <b>990</b> (2023  |

## 16140304 144198 206695BT

OPERATION GRATITUDE, INC.

20-0103575 Page 10

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 9,688,213, 9,688,213 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 516,685. 79,881. 329,203 107,601. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,338,202. 1,267,370. 522,933. 547,899. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 79,169 39,446 21,404 18,319. 131,492 62,146 39,148 30,198. 9 Other employee benefits 224,130 105,928. 66,729 51,473. 10 Payroll taxes 11 Fees for services (nonemployees): а Management b Legal 51,801, 51,801, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 35,300 35,300. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 237,574 237,574 column (A), amount, list line 11g expenses on Sch 0.) 14,839 2,968, 2,968 8,903. Advertising and promotion 12 12,696. 40,626 57,783 4,461. 13 Office expenses \_\_\_\_\_ 184,259 87,084, 54,859 42,316. 14 Information technology 15 Royalties 595,624 565,843. 29,781 16 Occupancy 65,520, 65,520 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 50,439 47,917, 2,522 22 Depreciation, depletion, and amortization ..... 40,793 86,312. 25,697 19,822. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PACKAGING & SHIPPING 1,084,586. 1,084,586. а 41,743 EQUIPMENT 39,656. 2,087 b PENALTIES 17,294. 17,294. С 15,170 7,169. 4,516 3,485. PRINTING d 4,916, 4,916 All other expenses е 15,521,051 13,197,216 1,489,358 834,477. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

10

332010 12-21-23

Check here

Form 990 (2023)

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

2023.05060 OPERATION GRATITUDE, INC. 206695B1

OPERATION GRATITUDE, INC.

|   |   | Check if Schedule O contains a response or no       | ote to an  | v line in this Part X                   |                                 |     | <b>_</b>                  |
|---|---|---|------------|---|---------------------------------|-----|---------------------------|
|   |   |   |            |   | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
| 1   | 1 | Cash - non-interest-bearing                         |            |   | 4,111,980.                      | 1   | 4,206,919                 |
| 2   | 2 | Savings and temporary cash investments              |            |   | 32,951.                         | 2   | 32,956                    |
| 3   |   | Pledges and grants receivable, net                  |            |   | 452,110.                        | 3   | 92,278                    |
| 4   |   | Accounts receivable, net                            |            |   |                                 | 4   |                           |
| 5   |   | Loans and other receivables from any current        |            |   |                                 |     |                           |
|   |   | trustee, key employee, creator or founder, sub      | stantial c | ontributor, or 35%                      |                                 |     |                           |
|   |   | controlled entity or family member of any of the    |            |   |                                 | 5   |                           |
| 6   |   | Loans and other receivables from other disgua       |            |   |                                 |     |                           |
|   |   | under section 4958(f)(1)), and persons describe     | •          |   |                                 | 6   |                           |
| ø 7   |   | Notes and loans receivable, net                     |            |   |                                 | 7   |                           |
| Assets  |   | Inventories for sale or use                         |            |   | 6,822,201.                      | 8   | 4,107,894                 |
| Ϋ́Α   |   | <b>_</b>  |            |   | 225,145.                        | 9   | 206,249                   |
|   |   | Land, buildings, and equipment: cost or other       |            |   |                                 |     |                           |
|   |   | basis. Complete Part VI of Schedule D               | 10a        | 734,043.                                |                                 |     |                           |
|   |   | Less: accumulated depreciation                      |            | 629,034.                                | 79,632.                         | 10c | 105,009                   |
| 11  |   | Investments - publicly traded securities            |            | , ,                                     | 3,235,038.                      | 11  | 3,573,949                 |
| 12  |   | Investments - other securities. See Part IV, line   |            |   | , , , .                         | 12  | , ,                       |
| 13  |   | Investments - program-related. See Part IV, line    |            |   | 13                              |     |                           |
| 14  |   | Intangible assets                                   |            |   |                                 | 14  |                           |
| 15  |   | Other assets. See Part IV, line 11                  |            |   | 108,219.                        | 15  | 1,131,079                 |
| 16  |   | Total assets. Add lines 1 through 15 (must eq       |            |   | 15,067,276.                     | 16  | 13,456,333                |
| 17  |   | Accounts payable and accrued expenses               |            |   | 390,008.                        | 17  | 380,914                   |
| 18  |   |   |            | 18                                      |                                 |     |                           |
| 19  |   | Grants payable                                      |            |   |                                 | 19  |                           |
| 20  |   | Deferred revenue                                    |            |   |                                 | 20  |                           |
| 20  |   | Tax-exempt bond liabilities                         |            |   |                                 | 20  |                           |
| 00  |   | Escrow or custodial account liability. Complete     |            |   |                                 | 21  |                           |
| <u>e</u> 22   |   | Loans and other payables to any current or for      |            |   |                                 |     |                           |
|   |   | trustee, key employee, creator or founder, sub      |            |   |                                 |     |                           |
| Liabilities   |   | controlled entity or family member of any of the    |            | 22                                      |                                 |     |                           |
| 23  |   | Secured mortgages and notes payable to unre         |            |   |                                 | 23  |                           |
| 24  |   | Unsecured notes and loans payable to unrelate       |            |   |                                 | 24  |                           |
| 25  |   | Other liabilities (including federal income tax, p  |            |   |                                 |     |                           |
|   |   | parties, and other liabilities not included on line | 117,546.   |   | 1,145,156                       |     |                           |
|   |   | of Schedule D                                       |            |   | 1                               |     |                           |
| 26  |   | <u>v</u>  |            | v                                       | 507,554.                        | 26  | 1,526,070                 |
| s   |   | Organizations that follow FASB ASC 958, ch          | eck her    | e X                                     |                                 |     |                           |
| Net Assets or Fund Balances<br>87 2 0 65 87 88<br>87 88<br>87 90<br>87 90<br>80 90<br>80<br>80<br>80<br>80<br>80<br>80<br>80<br>80<br>80<br>80<br>80<br>80<br>80 |   | and complete lines 27, 28, 32, and 33.              |            |   | 12 102 570                      |     | 10 745 467                |
| <u>la</u> 27  |   |   |            |   | 13,102,570.                     | 27  | 10,745,463                |
| m≝ 28   |   | Net assets with donor restrictions                  |            |   | 1,457,152.                      | 28  | 1,184,800                 |
| ŭ   |   | Organizations that do not follow FASB ASC           |            |   |                                 |     |                           |
| -<br>-  |   | and complete lines 29 through 33.                   |            |   |                                 |     |                           |
| ຍ   29  |   | Capital stock or trust principal, or current fund   |            |   |                                 | 29  |                           |
| l<br>8<br>8<br>30   |   | Paid-in or capital surplus, or land, building, or e |            | Г                                       |                                 | 30  |                           |
| ¥   31  |   | Retained earnings, endowment, accumulated i         |            | E C C C C C C C C C C C C C C C C C C C |                                 | 31  |                           |
| ē   32  | 2 | Total net assets or fund balances                   |            | L                                       | 14,559,722.                     | 32  | 11,930,263                |
| 33  | 3 | Total liabilities and net assets/fund balances      | <u></u>    |   | 15,067,276.                     | 33  | 13,456,333                |

Form 990 (2023)

332011 12-21-23

| Form | 990 (2023) OPERATION GRATITUDE, INC.  | 20-010357 | 5     | Pa   | <sub>ge</sub> 12 |
|------|---|-----------|-------|------|------------------|
|      | rt XI Reconciliation of Net Assets  |           |       |      | 4                |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |           |       |      |                  |
|      |   |           |       |      |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 12,   | 660, | 811.             |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 15,   | 521, | 051.             |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | -2,   | 860, | 240.             |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4         | 14,   | 559, | 722.             |
| 5    | Net unrealized gains (losses) on investments  | 5         |       | 230, | 782.             |
| 6    | Donated services and use of facilities  | 6         |       |      |                  |
| 7    | Investment expenses   | 7         |       |      |                  |
| 8    | Prior period adjustments  | 8         |       |      | -1.              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9         |       |      | ٥.               |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |           |       |      |                  |
|      | column (B))   | 10        | 11 ,  | 930, | 263.             |
| Pa   | rt XII Financial Statements and Reporting   |           |       |      |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |           | ····· |      |                  |
|      |   |           |       | Yes  | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           |       |      |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | 0.        |       |      |                  |
| 2a   |   |           | 2a    |      | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a      |       |      |                  |
|      | separate basis, consolidated basis, or both:  |           |       |      |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |       |      |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |           | 2b    | Х    |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,    |       |      |                  |
|      | consolidated basis, or both:  |           |       |      |                  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |           |       |      |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    |           |       |      |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |           | 2c    | X    |                  |
| -    | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | dule O.   |       |      |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |           |       |      | v                |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |           | 3a    |      | X                |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |           |       |      | 1                |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |           | 3b    | 000  | Ĺ                |

Form **990** (2023)

332012 12-21-23

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|-------------------|
| 2023              |
| Open to Public    |

| Inspection |
|------------|
|            |

### Name of the organization

| Nam   | Name of the organization Employer |  |                          |   |                                     |                  | identification number                   |               |                            |
|-------|-----------------------------------|--|--------------------------|---|-------------------------------------|------------------|---|---------------|----------------------------|
|       |                                   |  | ION GRATITUDE,           |   |                                     |                  |   |               | 20-0103575                 |
| Pa    | rt I                              | Reason for Public (  | Charity Status.          | (All organizations must c                             | omplete th                          | nis part.) S     | ee instruction                          | S.            |                            |
| The o | organ                             | ization is not a private found                             | ation because it is: (F  | For lines 1 through 12, c                             | heck only (                         | one box.)        |   |               |                            |
| 1     |                                   | A church, convention of chu                                | urches, or associatio    | n of churches described                               | in <b>sectio</b>                    | n 170(b)(1       | )(A)(i).                                |               |                            |
| 2     |                                   | A school described in section                              | ion 170(b)(1)(A)(ii). (/ | Attach Schedule E (Forn                               | ו 990).)                            |                  |   |               |                            |
| 3     |                                   | A hospital or a cooperative                                | hospital service orga    | anization described in se                             | ection 170                          | (b)(1)(A)(ii     | i).                                     |               |                            |
| 4     |                                   | A medical research organization                            | ation operated in cor    | njunction with a hospital                             | described                           | in sectio        | n 170(b)(1)(A                           | )(iii). Enter | the hospital's name,       |
|       |                                   | city, and state:   |                          |   |                                     |                  |   |               |                            |
| 5     |                                   | An organization operated for                               | or the benefit of a col  | lege or university owned                              | l or operat                         | ed by a go       | vernmental u                            | nit describe  | ed in                      |
|       |                                   | section 170(b)(1)(A)(iv). (C                               | Complete Part II.)       |   |                                     |                  |   |               |                            |
| 6     |                                   | A federal, state, or local gov                             | vernment or governm      | nental unit described in                              | section 17                          | ′0(b)(1)(A)      | (v).                                    |               |                            |
| 7     | X                                 | An organization that norma                                 | lly receives a substar   | ntial part of its support fr                          | om a gove                           | ernmental        | unit or from th                         | ne general p  | oublic described in        |
|       |                                   | section 170(b)(1)(A)(vi). (C                               | omplete Part II.)        |   |                                     |                  |   |               |                            |
| 8     |                                   | A community trust describe                                 | ed in section 170(b)(    | (1)(A)(vi). (Complete Par                             | t II.)                              |                  |   |               |                            |
| 9     |                                   | An agricultural research org                               |                          |   |                                     | -                |   | -             | -                          |
|       |                                   | or university or a non-land-g                              | grant college of agricu  | ulture (see instructions).                            | Enter the I                         | name, city       | , and state of                          | the college   | or                         |
|       |                                   | university:  |                          |   |                                     |                  |   |               |                            |
| 10    |                                   | An organization that norma                                 |                          |   |                                     |                  | -                                       | •             | •                          |
|       |                                   | activities related to its exem                             |                          | •   | . ,                                 |                  |   |               | •                          |
|       |                                   | income and unrelated busir                                 |                          | (less section 511 tax) fro                            | m busines                           | ses acqui        | red by the org                          | anization a   | fter June 30, 1975.        |
|       |                                   | See section 509(a)(2). (Cor                                |                          |   |                                     |                  |   |               |                            |
| 11    |                                   | An organization organized a                                | •                        | , .   | •                                   |                  |   |               |                            |
| 12    |                                   | An organization organized a                                | •                        | •   | •                                   |                  | -                                       | •             |                            |
|       |                                   | more publicly supported or                                 | -                        |   |                                     |                  |   |               | neck the box on            |
| -     |                                   | lines 12a through 12d that                                 |                          |   |                                     |                  |   | -             |                            |
| а     |                                   | <b>Type I.</b> A supporting orga                           |                          | -   | •                                   | -                |   |               |                            |
|       |                                   | the supported organization                                 |                          |   | majority o                          | it the aired     | tors or trustee                         | es of the su  | ipporting                  |
| Ь     |                                   | organization. You must o                                   | -                        |   | ion with it                         | oupporte         | d organizatio                           | n(a) by bay   | ina                        |
| b     |                                   | <b>Type II.</b> A supporting org                           |                          |   |                                     |                  | -                                       |               | -                          |
|       |                                   | control or management o<br>organization(s). <b>You mus</b> |                          |   | arrie persoi                        | is that co       | III OF THATIA                           | ye me supp    | Joned                      |
| с     |                                   | Type III functionally inte                                 | -                        |   | in connect                          | ion with         | and functional                          | ly integrate  | d with                     |
| C     |                                   | its supported organization                                 |                          |   |                                     |                  |   | ly integrate  | a with,                    |
| d     |                                   | <b>Type III non-functionally</b>                           | .,.,,                    | •   |                                     |                  | -                                       | ted organiz   | ration(s)                  |
| u     |                                   | that is not functionally int                               |                          |   |                                     |                  |   | -             |                            |
|       |                                   | requirement (see instructi                                 | •                        | <b>e</b> ,  |                                     |                  | -                                       | anatona       |                            |
| е     |                                   | Check this box if the orga                                 | -                        | -   |                                     |                  |   | II. Type III  |                            |
| •     | L                                 | functionally integrated, or                                |                          |   |                                     |                  | , | n, 1990 m     |                            |
| f     | Ente                              | er the number of supported of                              |                          |   | ig organiz                          |                  |   |               |                            |
| g     |                                   | vide the following information                             | •                        |   |                                     |                  |   |               |                            |
|       |                                   | i) Name of supported                                       | (ii) EIN                 | (iii) Type of organization                            | (iv) Is the orga<br>in your governi | inization listed | (v) Amount of                           | monetary      | (vi) Amount of other       |
|       |                                   | organization   |                          | (described on lines 1-10<br>above (see instructions)) | Yes                                 | No               | support (see ir                         | structions)   | support (see instructions) |
|       |                                   |  |                          |   |                                     |                  |   |               |                            |
|       |                                   |  |                          |   |                                     |                  |   |               |                            |
|       |                                   |  |                          |   |                                     |                  |   |               |                            |
|       |                                   |  |                          |   |                                     |                  |   |               |                            |
|       |                                   |  |                          |   |                                     |                  |   |               |                            |
|       |                                   |  |                          |   |                                     |                  |   |               |                            |
|       |                                   |  |                          |   |                                     |                  |   |               |                            |
|       |                                   |  |                          |   |                                     |                  |   |               |                            |
|       |                                   |  |                          |   |                                     |                  |   |               |                            |
|       |                                   |  |                          |   |                                     |                  |   |               |                            |
| Tota  | 1                                 |  |                          |   |                                     |                  |   |               |                            |

20-0103575 Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| See  | ction A. Public Support  |             |                 |                    |            |                    |                  |  |  |
|------|--|-------------|-----------------|--------------------|------------|--------------------|------------------|--|--|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019    | <b>(b)</b> 2020 | (c) 2021           | (d) 2022   | (e) 2023           | <b>(f)</b> Total |  |  |
| 1    | Gifts, grants, contributions, and  |             |                 |                    |            |                    |                  |  |  |
|      | membership fees received. (Do not  |             |                 |                    |            |                    |                  |  |  |
|      | include any "unusual grants.")   | 21,530,321. | 19,618,848.     | 21,701,489.        | 6,224,145. | 12,323,057.        | 81,397,860.      |  |  |
| 2    | Tax revenues levied for the organ-   |             |                 |                    |            |                    |                  |  |  |
|      | ization's benefit and either paid to   |             |                 |                    |            |                    |                  |  |  |
|      | or expended on its behalf  |             |                 |                    |            |                    |                  |  |  |
| 3    | The value of services or facilities  |             |                 |                    |            |                    |                  |  |  |
|      | furnished by a governmental unit to  |             |                 |                    |            |                    |                  |  |  |
|      | the organization without charge  |             |                 |                    |            |                    |                  |  |  |
| 4    | Total. Add lines 1 through 3   | 21,530,321. | 19,618,848.     | 21,701,489.        | 6,224,145. | 12,323,057.        | 81,397,860.      |  |  |
| 5    | The portion of total contributions   |             |                 |                    |            |                    |                  |  |  |
|      | by each person (other than a   |             |                 |                    |            |                    |                  |  |  |
|      | governmental unit or publicly  |             |                 |                    |            |                    |                  |  |  |
|      | supported organization) included   |             |                 |                    |            |                    |                  |  |  |
|      | on line 1 that exceeds 2% of the   |             |                 |                    |            |                    |                  |  |  |
|      | amount shown on line 11,   |             |                 |                    |            |                    |                  |  |  |
|      | column (f)   |             |                 |                    |            |                    | 15,113,414.      |  |  |
| 6    | Public support. Subtract line 5 from line 4.   |             |                 |                    |            |                    | 66,284,446.      |  |  |
|      | ction B. Total Support   |             |                 |                    |            |                    | , , .            |  |  |
|      | ndar year (or fiscal year beginning in)  | (a) 2019    | <b>(b)</b> 2020 | (c) 2021           | (d) 2022   | (e) 2023           | (f) Total        |  |  |
|      | Amounts from line 4  | 21,530,321. | 19,618,848.     | 21,701,489.        | 6,224,145. | 12,323,057.        | 81,397,860.      |  |  |
|      | Gross income from interest,  |             |                 |                    |            |                    |                  |  |  |
| •    | dividends, payments received on  |             |                 |                    |            |                    |                  |  |  |
|      | securities loans, rents, royalties,  |             |                 |                    |            |                    |                  |  |  |
|      | and income from similar sources  | 96,523.     | 137,874.        | 135,246.           | 127,453.   | 280,377.           | 777,473.         |  |  |
| ٩    | Net income from unrelated business   |             |                 | ,                  |            |                    | ,                |  |  |
| 3    | activities, whether or not the   |             |                 |                    |            |                    |                  |  |  |
|      |  |             |                 |                    |            |                    |                  |  |  |
| 10   | business is regularly carried on   |             |                 |                    |            |                    |                  |  |  |
| 10   | Other income. Do not include gain  |             |                 |                    |            |                    |                  |  |  |
|      | or loss from the sale of capital   |             |                 |                    |            |                    |                  |  |  |
|      | assets (Explain in Part VI.)   |             |                 |                    |            |                    | 82,175,333.      |  |  |
|      | <b>Total support.</b> Add lines 7 through 10   |             |                 |                    |            | 10                 | 02,175,555.      |  |  |
| 12   | ,  | •           | ,               |                    |            |                    |                  |  |  |
| 13   | First 5 years. If the Form 990 is for th   | U U         |                 |                    |            |                    |                  |  |  |
| 500  | organization, check this box and stor<br>ction C. Computation of Publi   |             |                 |                    |            |                    |                  |  |  |
|      | Public support percentage for 2023 (I  |             | -               | olump (f))         |            | 14                 | 80.66 %          |  |  |
|      |  |             |                 |                    |            | 15                 | 80.66 %          |  |  |
|      | Public support percentage from 2022<br>33 1/3% support test - 2023. If the o   |             |                 | line 12 and line 1 |            |                    | - 70             |  |  |
| 102  |  |             |                 |                    |            |                    | v                |  |  |
|      | stop here. The organization qualifies  |             | -               |                    |            | ar mara abaali thi | ·····            |  |  |
|      | 33 1/3% support test - 2022. If the c  |             |                 |                    |            |                    |                  |  |  |
| 47-  | and <b>stop here.</b> The organization qual  |             |                 |                    |            |                    |                  |  |  |
| 1/8  | 10% -facts-and-circumstances test  |             |                 |                    |            |                    |                  |  |  |
|      | and if the organization meets the fact   |             |                 | -                  | -          | vi now the organiz |                  |  |  |
| -    | meets the facts-and-circumstances te   | -           | -               |                    |            |                    |                  |  |  |
| b    | 10% -facts-and-circumstances test  | -           |                 |                    |            |                    | U% or            |  |  |
|      | more, and if the organization meets th   |             |                 |                    |            |                    |                  |  |  |
|      | organization meets the facts-and-circu   |             | •               |                    |            |                    |                  |  |  |
| 18   | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |             |                 |                    |            |                    |                  |  |  |

Schedule A (Form 990) 2023

332022 12-21-23

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support  |                    |                    |                    |                     |          |                        |
|--|--------------------|--------------------|--------------------|---------------------|----------|------------------------|
| Calendar year (or fiscal year beginning in)  | (a) 2019           | (b) 2020           | (c) 2021           | (d) 2022            | (e) 2023 | 3 (f) Total            |
| <b>1</b> Gifts, grants, contributions, and   |                    |                    |                    |                     |          |                        |
| membership fees received. (Do not  |                    |                    |                    |                     |          |                        |
| include any "unusual grants.")   |                    |                    |                    |                     |          |                        |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                    |                    |                    |                     |          |                        |
| <b>3</b> Gross receipts from activities that   |                    |                    |                    |                     |          |                        |
| are not an unrelated trade or bus-<br>iness under section 513  |                    |                    |                    |                     |          |                        |
| 4 Tax revenues levied for the organ  |                    |                    |                    |                     |          |                        |
| ization's benefit and either paid to or expended on its behalf   |                    |                    |                    |                     |          |                        |
| 5 The value of services or facilities  |                    |                    |                    |                     |          |                        |
| furnished by a governmental unit to  |                    |                    |                    |                     |          |                        |
| the organization without charge $\dots$  |                    |                    |                    |                     |          |                        |
| 6 Total. Add lines 1 through 5   |                    |                    |                    |                     |          |                        |
| 7a Amounts included on lines 1, 2, and   |                    |                    |                    |                     |          |                        |
| 3 received from disqualified persons   |                    |                    |                    |                     |          |                        |
| <b>b</b> Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year         |                    |                    |                    |                     |          |                        |
| <b>c</b> Add lines 7a and 7b   |                    |                    |                    |                     |          |                        |
| 8 Public support. (Subtract line 7c from line 6.)  |                    |                    |                    |                     |          |                        |
| Section B. Total Support   |                    | 1                  |                    | -                   |          |                        |
| Calendar year (or fiscal year beginning in)  | (a) 2019           | (b) 2020           | (c) 2021           | (d) 2022            | (e) 2023 | 3 (f) Total            |
| 9 Amounts from line 6  |                    |                    |                    |                     |          |                        |
| <b>10a</b> Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                      |                    |                    |                    |                     |          |                        |
| <b>b</b> Unrelated business taxable income   |                    |                    |                    |                     |          |                        |
| (less section 511 taxes) from businesses   |                    |                    |                    |                     |          |                        |
| acquired after June 30, 1975   |                    |                    |                    |                     |          |                        |
| <b>c</b> Add lines 10a and 10b   |                    |                    |                    |                     |          |                        |
| 11 Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on  |                    |                    |                    |                     |          |                        |
| 12 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                    |                    |                    |                     |          |                        |
| <b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)   |                    |                    |                    |                     |          |                        |
| <b>14</b> First 5 years. If the Form 990 is for t  | 0                  |                    | ,                  | ,                   | 0,0,0    | í –                    |
| check this box and stop here   |                    |                    |                    |                     |          |                        |
| Section C. Computation of Publ   | ic Support Per     | rcentage           |                    |                     |          |                        |
| <b>15</b> Public support percentage for 2023   |                    |                    | column (f))        |                     | 15       | %                      |
| 16 Public support percentage from 202  |                    |                    |                    |                     | 16       | %                      |
| Section D. Computation of Inve   |                    | •                  |                    |                     |          |                        |
| 17 Investment income percentage for 2  |                    |                    |                    |                     | 17       | %                      |
| <b>18</b> Investment income percentage from  |                    |                    |                    |                     | 18       | %                      |
| 19a 33 1/3% support tests - 2023. If the   |                    |                    |                    |                     |          | ine 17 is not          |
| more than 33 1/3%, check this box a  |                    |                    |                    |                     |          |                        |
| b 33 1/3% support tests - 2022. If the   |                    |                    |                    |                     |          |                        |
| line 18 is not more than 33 1/3%, ch   |                    |                    |                    |                     |          |                        |
| 20 Private foundation. If the organizati   | on did not check a | box on line 14, 19 | a, or 19b, check t | inis box and see in |          |                        |
| 332023 12-21-23  |                    | 15                 |                    |                     | Sched    | lule A (Form 990) 2023 |
|  |                    |                    | ,                  |                     |          |                        |

2023.05060 OPERATION GRATITUDE, INC. 206695B1

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

16

332024 12-21-23

| 10b | | Schedule A (Form 990) 2023

| Schedule A |        |          |                  | GRATITUDE |
|------------|--------|----------|------------------|-----------|
| Part IV    | Suppor | ting Org | ganizations (con | tinued)   |

Yes

Yes No

1

2

No

|     | Yes | No         |
|-----|-----|------------|
|     |     |            |
|     |     |            |
| 11a |     |            |
| 11b |     |            |
|     |     |            |
| 11c |     |            |
|     | 11b | 11a<br>11b |

INC.

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or<br>more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,<br>directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i><br>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported<br>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the<br>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |  |
|---|---|--|
| 2 | Did the organization operate for the benefit of any supported organization other than the supported   |  |

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

| 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 experience)  | 1 4 |

| 110 30    | pponted orga | 112011011131.         |               |
|-----------|--------------|-----------------------|---------------|
| Section D | D. All Type  | <b>III Supporting</b> | Organizations |

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |   |     |    |
|   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |   |     |    |
|   | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |     |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?       | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported       |   |     |    |
|   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how     |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2 |     |    |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a        |   |     |    |
|   | significant voice in the organization's investment policies and in directing the use of the organization's             |   |     |    |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           |   |     |    |
|   | supported organizations played in this regard.   | 3 |     |    |

## 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 instructi | 1 | 1 | 1 | Check the box next to the metho | od that the organization use | d to satisfy the Integral Par | t Test during the year | r (see instructior |
|--|---|---|---|---------------------------------|------------------------------|-------------------------------|------------------------|--------------------|
|--|---|---|---|---------------------------------|------------------------------|-------------------------------|------------------------|--------------------|

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| <b>c</b> [ |  | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instruc | tion <u>s).</u> |
|------------|--|---|--|-----------------|
|------------|--|---|--|-----------------|

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

332025 12-21-23

2023.05060 OPERATION GRATITUDE, INC. 206695B1

| Schedule A (Form 990) 2023 OPERATION GRATITUDE, INC. 20-0103575 Page 6  |  |            |                              |                         |      |
|---|--|------------|------------------------------|-------------------------|------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  |  |            |                              |                         |      |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. |  |            |                              |                         |      |
|   | All other Type III non-functionally integrated supporting organizations must   | complete   | e Sections A through E.      | -                       |      |
| Sect  | ion A - Adjusted Net Income  |            | (A) Prior Year               | (B) Current<br>(optiona |      |
| 1   | Net short-term capital gain  | 1          |                              |                         |      |
| 2   | Recoveries of prior-year distributions   | 2          |                              |                         |      |
| 3   | Other gross income (see instructions)  | 3          |                              |                         |      |
| 4   | Add lines 1 through 3.   | 4          |                              |                         |      |
| 5   | Depreciation and depletion   | 5          |                              |                         |      |
| 6   | Portion of operating expenses paid or incurred for production or               |            |                              |                         |      |
|   | collection of gross income or for management, conservation, or                 |            |                              |                         |      |
|   | maintenance of property held for production of income (see instructions)       | 6          |                              |                         |      |
| 7   | Other expenses (see instructions)  | 7          |                              |                         |      |
| 8   | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                   | 8          |                              |                         |      |
| Sect  | ion B - Minimum Asset Amount   |            | (A) Prior Year               | (B) Current<br>(optiona |      |
| 1   | Aggregate fair market value of all non-exempt-use assets (see                  |            |                              |                         |      |
|   | instructions for short tax year or assets held for part of year):              |            |                              |                         |      |
| а   | Average monthly value of securities  | 1a         |                              |                         |      |
| b   | Average monthly cash balances  | 1b         |                              |                         |      |
| с   | Fair market value of other non-exempt-use assets                               | 1c         |                              |                         |      |
| d   | Total (add lines 1a, 1b, and 1c)   | 1d         |                              |                         |      |
| е   | Discount claimed for blockage or other factors                                 |            |                              |                         |      |
|   | (explain in detail in Part VI):  |            |                              |                         |      |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets                   | 2          |                              |                         |      |
| 3   | Subtract line 2 from line 1d.  | 3          |                              |                         |      |
| 4   | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,    |            |                              |                         |      |
|   | see instructions).   | 4          |                              |                         |      |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5          |                              |                         |      |
| 6   | Multiply line 5 by 0.035.  | 6          |                              |                         |      |
| 7   | Recoveries of prior-year distributions   | 7          |                              |                         |      |
| 8   | Minimum Asset Amount (add line 7 to line 6)                                    | 8          |                              |                         |      |
| Sect  | ion C - Distributable Amount   |            |                              | Current Y               | 'ear |
| 1   | Adjusted net income for prior year (from Section A, line 8, column A)          | 1          |                              |                         |      |
| 2   | Enter 0.85 of line 1.  | 2          |                              |                         |      |
| 3   | Minimum asset amount for prior year (from Section B, line 8, column A)         | 3          |                              |                         |      |
| 4   | Enter greater of line 2 or line 3.   | 4          |                              |                         |      |
| 5   | Income tax imposed in prior year   | 5          |                              |                         |      |
| 6   | Distributable Amount. Subtract line 5 from line 4, unless subject to           |            |                              |                         |      |
|   | emergency temporary reduction (see instructions).                              | 6          |                              |                         |      |
| 7   | Check here if the current year is the organization's first as a non-functional | y integrat | ted Type III supporting orga | anization (see          |      |

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

b Excess from 2020

d Excess from 2022 e Excess from 2023

h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2023 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6.

Schedule A (Form 990) 2023

332027 12-21-23

16140304 144198 206695BT

1

2

3

4

5

6

7

8 9 **Current Year** 

(iii)

Distributable

Amount for 2023

OPERATION GRATITUDE, INC.

Schedule A (Form 990) 2023

8

9

1

| Schedule A     | (Form 990) 2023  | OPERATION GRATITUDE, IN  | c.   | 20-0103575  | Page <b>8</b> |
|----------------|--|--|--|---|---------------|
| Part VI        | Supplemental Infor<br>Part IV, Section A, lines 1<br>line 1; Part IV, Section D, | l, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9<br>lines 2 and 3; Part IV, Section E, I | ns required by Part II, line 10; Part II, line 17a<br>lc, 11a, 11b, and 11c; Part IV, Section B, line<br>ines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa<br>5, and 6. Also complete this part for any addi | s 1 and 2; Part IV, Section<br>rt V, Section B, line 1e; Pa | C.            |
|                | · · · · · · · · · · · · · · · · · · ·  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
|                |  |  |  |   |               |
| 332028 12-21-2 | 23   |  | 20   | Schedule A (Form 9  | 90) 2023      |

16140304 144198 206695BT

### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

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

# 2023

Employer identification number

20-0103575

| OPERATION | GRATITUDE. | INC |
|-----------|------------|-----|
|           |            |     |

Schedule B

Department of the Treasury

Organization type (check one):

Internal Revenue Service Name of the organization

(Form 990)

| Filers of:         | Section:   |  |  |
|--------------------|--|--|--|
| Form 990 or 990-EZ | X 501(c)( <sup>3</sup> ) (enter number) organization                             |  |  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |  |
|                    | 527 political organization   |  |  |
| Form 990-PF        | 501(c)(3) exempt private foundation  |  |  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |  |
|                    | 501(c)(3) taxable private foundation   |  |  |

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

### **General Rule**

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

### **Special Rules**

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

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

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

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

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

|            | B (Form 990) (2023)   |                          | 1            | Page 2   |
|------------|---|--------------------------|--------------|--|
| Name of or | rganization   |                          | Emplo        | over identification number   |
| OPERATIO   | N GRATITUDE, INC.   |                          | 2            | 0-0103575  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.      |              |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns           | (d)<br>Type of contribution  |
| 1          |   | \$878                    | <u>,807.</u> | PersonXPayrollImage: Complete Part II for<br>noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns           | (d)<br>Type of contribution  |
| 2          |   | \$812                    | <u>,599.</u> | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns           | (d)<br>Type of contribution  |
| 3          |   | \$811                    | <u>,100.</u> | Person     X       Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns           | (d)<br>Type of contribution  |
| 4          |   | \$597                    | <u>,598.</u> | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns           | (d)<br>Type of contribution  |
| 5          |   | \$508                    | ,284.        | Person Payroll Noncash X<br>(Complete Part II for<br>noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ns           | (d)<br>Type of contribution  |
| 6          |   | \$389                    | ,068.        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990) (2023)

16140304 144198 206695BT

| -            | B (Form 990) (2023)  | I                           | Page <b>2</b>  |
|--------------|--|-----------------------------|--|
| Name of o    | rganization  | Em                          | ployer identification number   |
| OPERATIO     | N GRATITUDE, INC.  |                             | 20-0103575   |
| Part I       | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions  | (d)<br>Type of contribution  |
| 7            |  | \$381,529                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions  | (d)<br>Type of contribution  |
| 8            |  | \$370,475                   | Person X<br>Payroll Noncash X<br>(Complete Part II for<br>noncash contributions.)  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions  | (d)<br>Type of contribution  |
|              |  | \$                          | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions  | (d)<br>Type of contribution  |
|              |  | \$                          | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions  | (d)<br>Type of contribution  |
|              |  | \$                          | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions  | (d)<br>Type of contribution  |
| 323452 12-26 |  | \$                          | Person Payroll Noncash (Complete Part II for noncash contributions.)               |

23

2023.05060 OPERATION GRATITUDE, INC. 206695B1

| Name of c                    | organization  | Employ                                       | yer identification number |                      |
|------------------------------|---|--|---------------------------|----------------------|
| OPERATIO                     | DN GRATITUDE, INC.  |  | 20                        | 0-0103575            |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed                    | d.                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |                           | (d)<br>Date received |
| 1                            | MTG STARTER KITS AND CARD GAMES   | \$853,                                       | ,127.                     | 06/30/24             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |                           | (d)<br>Date received |
| 2                            | SKIN CARE AND COSMETIC ITEMS  | \$812,                                       | ,599 <b>.</b>             | 06/30/24             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |                           | (d)<br>Date received |
| 4                            | COSMETIC ITEMS  | \$597,                                       | .598.                     | 06/30/24             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |                           | (d)<br>Date received |
| 5                            | ENERGY DRINKS   | \$508,                                       | 284.                      | 06/30/24             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |                           | (d)<br>Date received |
| 8                            | COFFEE AND COFFEE TUMBLERS  | \$155,                                       | ,947.                     | 06/30/24             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                              | (c)<br>FMV (or estimate<br>(See instructions |                           | (d)<br>Date received |
|                              |   | \$   |                           |                      |

24

Schedule B (Form 990) (2023)

Page 3

## 16140304 144198 206695BT

Schedule B (Form 990) (2023)

2023.05060 OPERATION GRATITUDE, INC. 206695B1

| Schedule E                | 3 (Form 990) (2023)           |   | Page <b>4</b>  |  |  |
|---------------------------|-------------------------------|---|--|--|--|
| Name of or                | rganization                   |   | Employer identification number   |  |  |
| OPERATIO                  | N GRATITUDE, INC.             |   | 20-0103575   |  |  |
|                           |                               | ) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year<br>/. For organizations |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of gift   | (d) Description of how gift is held  |  |  |
|                           |                               |   |  |  |  |
| -                         |                               | (e) Transfer of gift  |  |  |  |
| -                         | Transferee's name, address, a | Ind ZIP + 4   | Relationship of transferor to transferee   |  |  |
| (a) No.<br>from           | (b) Purpose of gift           | (c) Use of gift   | (d) Description of how gift is held  |  |  |
| Part I                    |                               |   |  |  |  |
| -                         | (e) Transfer of gift          |   |  |  |  |
|                           | Transferee's name, address, a | nd ZIP + 4  | Relationship of transferor to transferee   |  |  |
|                           |                               |   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of gift   | (d) Description of how gift is held  |  |  |
|                           |                               |   |  |  |  |
|                           | Transferee's name, address, a | (e) Transfer of gift  | Relationship of transferor to transferee   |  |  |
|                           |                               |   |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift           | (c) Use of gift   | (d) Description of how gift is held  |  |  |
| Part I                    |                               |   |  |  |  |
| -                         |                               | (e) Transfer of gift  |  |  |  |
| -                         | Transferee's name, address, a | nd ZIP + 4  | Relationship of transferor to transferee   |  |  |
|                           |                               |   |  |  |  |

Schedule B (Form 990) (2023)

## 16140304 144198 206695BT

25 2023.05060 OPERATION GRATITUDE, INC. 206695B1

|        |  | 0   |   | 0  |                | OMB No. 1545-0047                          |
|--------|--|---|---|--|----------------|--|
|        | HEDULE D                                 | Supplementa   |   |  |                |  |
| (Forr  | n 990)                                   | Complete if the orga<br>Part IV, line 6, 7, 8, 9, 10                                      | nization answered<br>. 11a. 11b. 11c. 11c | "Yes" on Form 990,<br>. 11e. 11f. 12a. or 12b. |                | ZUZJ                                       |
|        | ment of the Treasury                     | A   |   |  | Open to Public |  |
|        | I Revenue Service<br>e of the organizati | Go to www.irs.gov/Form99  | U for instructions a                      | nd the latest information.                     | Fm             | Inspection<br>ployer identification number |
|        | -  | OPERATION GRATITUDE, INC.   |   |  |                | 20-0103575                                 |
| Pa     |  | ations Maintaining Donor Advise   |   | er Similar Funds or A                          | ccour          | nts. Complete if the                       |
|        | organizatio                              | on answered "Yes" on Form 990, Part IV, lin   |   |  | (1-) [         |  |
|        |  |   | (a) Donor ad                              | lvised funds                                   | (b) Fur        | nds and other accounts                     |
| 1      |  | nd of year  |   |  |                |  |
| 2      |  | of contributions to (during year)   |   |  |                |  |
| 3<br>4 |  | of grants from (during year)  |   |  |                |  |
| 5      |  | It end of year<br>on inform all donors and donor advisors in v                            | L   | s held in donor advised fur                    | nds            |  |
| Ŭ      | -  | on's property, subject to the organization's  | -   |  |                | Yes No                                     |
| 6      |  | on inform all grantees, donors, and donor a   |   |  |                |  |
|        | for charitable purp                      | poses and not for the benefit of the donor o  | r donor advisor, or f                     | or any other purpose confer                    | ring           |  |
|        | impermissible priv                       |   |   |  |                | Yes No                                     |
| Pa     | tll Conserv                              | vation Easements. Complete if the org   | ganization answered                       | "Yes" on Form 990, Part IV                     | /, line 7      |  |
| 1      |  | servation easements held by the organization  |   | <u>,</u>                                       |                |  |
|        |  | n of land for public use (for example, recrea   | tion or education)                        | Preservation of a hist                         | ,              |  |
|        |  | of natural habitat  |   | Preservation of a cer                          | tified hi      | storic structure                           |
| 2      |  | n of open space<br>1 through 2d if the organization held a qualif                         | ind conconvotion on                       | tribution in the form of a a                   | nnon           | tion accoment on the last                  |
| 2      | day of the tax yea                       |   |   |  |                | Held at the End of the Tax Year            |
| а      |  | onservation easements   |   |  | 2a             |  |
| b      |  |   |   |  | 2b             |  |
| с      | •  | vation easements on a certified historic stru   |   |  | 2c             |  |
| d      | Number of conser                         | vation easements included on line 2c acqu   | ired after July 25, 20                    |  |                |  |
|        | on a historic struc                      | ture listed in the National Register  |   |  | 2d             |  |
| 3      | Number of conser                         | vation easements modified, transferred, rel   | eased, extinguished                       | or terminated by the organ                     | nization       | during the tax                             |
|        | year                                     |   |   |  |                |  |
| 4      |  | where property subject to conservation eas  |   |  |                |  |
| 5      | 0  | ation have a written policy regarding the per   |   |  |                |  |
| 6      | ,  | forcement of the conservation easements it<br>er hours devoted to monitoring, inspecting, |   | s and enforcing conservati                     |                |  |
| 0      |  | in nours devoted to monitoring, inspecting,   | nandling of violation                     | s, and enforcing conservati                    | onease         | ements during the year                     |
| 7      | Amount of expense                        | <br>ses incurred in monitoring, inspecting, hand  | lling of violations, an                   | d enforcing conservation ea                    | asemen         | ts during the year                         |
|        |  |   | -   | -  |                |  |
| 8      | Does each conser                         | vation easement reported on line 2d above   | satisfy the requirem                      | ents of section 170(h)(4)(B)                   | (i)            |  |
|        | and section 170(h                        |   |   |  |                | Yes No                                     |
| 9      |  | be how the organization reports conservation  |   |  |                |  |
|        |  | d include, if applicable, the text of the footn   | ote to the organizat                      | on's financial statements th                   | nat deso       | cribes the                                 |
| Pa     |  | counting for conservation easements.<br>ations Maintaining Collections of                 | Art Historical                            | Treasures or Other 9                           | Simila         | r Assets                                   |
|        |  | f the organization answered "Yes" on Form   | -   |  |                |  |
| 1a     |  | elected, as permitted under FASB ASC 95   |   | revenue statement and ba                       | lance s        | heet works                                 |
|        | •  | easures, or other similar assets held for pub   | · •                                       |  |                |  |
|        |  | Part XIII the text of the footnote to its finar   |   |  |                |  |
| b      | If the organization                      | elected, as permitted under FASB ASC 95   | 8, to report in its rev                   | enue statement and balanc                      | e sheet        | t works of                                 |
|        | art, historical treas                    | sures, or other similar assets held for public  | exhibition, education                     | n, or research in furtheranc                   | e of pu        | blic service,                              |
|        | •  | ing amounts relating to these items.  |   |  |                |  |
|        | (i) Revenue inclu                        | ided on Form 990, Part VIII, line 1   |   |  |                | \$   |
|        | .,                                       |   |   |  |                | \$   |
| 2      |  | received or held works of art, historical trea  |   |  | provide        | e  |
| _      | -  | unts required to be reported under FASB A   | -   |  |                | ¢  |
| a<br>b |  | on Form 990, Part VIII, line 1  |   |  |                | \$   |

| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. |  |
|--|--|
| 332051 09-28-23  |  |

26 2023.05060 OPERATION GRATITUDE, INC. 206695B1

Schedule D (Form 990) 2023

| Sche |  | RATITUDE, INC.         |                      |                  |            |            | 20 - 010        |                 | P       | <sub>age</sub> 2 |
|------|--|------------------------|----------------------|------------------|------------|------------|-----------------|-----------------|---------|------------------|
| Par  | t III Organizations Maintaining Co   | ollections of Art      | , Historical T       | reasures, o      | r Othe     | r Simi     | lar Assets      | s (conti        | nued)   |                  |
| 3    | Using the organization's acquisition, accession  | n, and other records   | , check any of th    | e following tha  | t make s   | significar | nt use of its   |                 |         |                  |
|      | collection items (check all that apply).   |                        |                      |                  |            |            |                 |                 |         |                  |
| а    | Public exhibition  | d                      | Loan or e            | xchange progr    | am         |            |                 |                 |         |                  |
| b    | Scholarly research   | е                      |                      |                  |            |            |                 |                 |         |                  |
| с    | Preservation for future generations  |                        |                      |                  |            |            |                 |                 |         |                  |
| 4    | Provide a description of the organization's co   | llections and explain  | how they furthe      | the organization | on's exe   | mpt pur    | pose in Part    | XIII.           |         |                  |
| 5    | During the year, did the organization solicit or   | receive donations o    | f art, historical tr | easures, or othe | er simila  | r assets   |                 |                 |         |                  |
|      | to be sold to raise funds rather than to be ma   | intained as part of th | e organization's     | collection?      |            |            |                 | Yes             |         | No               |
| Par  | t IV Escrow and Custodial Arrang<br>reported an amount on Form 990, Parl   |                        | e if the organizat   | ion answered "   | Yes" on    | Form 9     | 90, Part IV, li | ne 9, or        |         |                  |
| 1a   | Is the organization an agent, trustee, custodia  |                        | iary for contribut   | ions or other as | sets not   | include    | h               |                 |         |                  |
| 14   | on Form 990, Part X?   |                        |                      |                  |            |            |                 | Yes             |         | No               |
| b    | If "Yes," explain the arrangement in Part XIII a   |                        |                      |                  |            |            |                 |                 | L       | ] 110            |
| ~    |  |                        | owing table.         |                  |            |            |                 | Amour           | ıt      |                  |
| с    | Beginning balance  |                        |                      |                  |            | 10         |                 |                 |         |                  |
| d    | Additions during the year  |                        |                      |                  |            |            |                 |                 |         |                  |
| e    | Distributions during the year  |                        |                      |                  |            |            |                 |                 |         |                  |
| f    | Ending balance   |                        |                      |                  |            | · •        |                 |                 |         |                  |
| 2a   | Did the organization include an amount on Fo   |                        |                      |                  |            | ··         |                 | Yes             |         | No               |
|      | If "Yes," explain the arrangement in Part XIII.  |                        |                      |                  |            |            |                 |                 |         | Ī                |
| Par  |  |                        |                      |                  |            | 0.         |                 |                 |         |                  |
|      |  | (a) Current year       | (b) Prior year       | (c) Two yea      | irs back   | (d) Thre   | ee years back   | (e) Fou         | r years | back             |
| 1a   | Beginning of year balance  | 12,577.                | 12,57                | 7. 1             | 2,577.     |            |                 |                 |         |                  |
| b    | Contributions  |                        |                      |                  |            |            |                 |                 |         |                  |
| с    | Net investment earnings, gains, and losses   |                        |                      |                  |            |            |                 |                 |         |                  |
| d    | Grants or scholarships   |                        |                      |                  |            |            |                 |                 |         |                  |
| е    | Other expenditures for facilities  |                        |                      |                  |            |            |                 |                 |         |                  |
|      | and programs   |                        |                      |                  |            |            |                 |                 |         |                  |
| f    | Administrative expenses  |                        |                      |                  |            |            |                 |                 |         |                  |
| g    | End of year balance  | 12,577.                | 12,57                | 7. 1             | 2,577.     |            |                 |                 |         |                  |
| 2    | Provide the estimated percentage of the curre  | ent vear end balance   | (line 1a. column     | (a)) held as:    |            |            |                 | •               |         |                  |
| а    | Board designated or quasi-endowment  | 100                    | %                    |                  |            |            |                 |                 |         |                  |
| b    | Permanent endowment .0000  | %                      | <b>—</b> .           |                  |            |            |                 |                 |         |                  |
| с    | Term endowment .0000 g   |                        |                      |                  |            |            |                 |                 |         |                  |
|      | The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should | ld equal 100%.         |                      |                  |            |            |                 |                 |         |                  |
| 3a   | Are there endowment funds not in the posses  |                        | tion that are held   | and administe    | red for th | пе         |                 |                 |         |                  |
|      | organization by:   | 5                      |                      |                  |            |            |                 |                 | Yes     | No               |
|      | (i) Unrelated organizations?   |                        |                      |                  |            |            |                 | 3a(i)           |         | X                |
|      |  |                        |                      |                  |            |            |                 | 3a(ii)          |         | х                |
| b    | If "Yes" on line 3a(ii), are the related organizat   |                        |                      |                  |            |            |                 |                 |         |                  |
| 4    | Describe in Part XIII the intended uses of the   |                        |                      |                  |            |            |                 |                 |         |                  |
| Par  | t VI Land, Buildings, and Equipme  |                        |                      |                  |            |            |                 |                 |         |                  |
|      | Complete if the organization answered  | "Yes" on Form 990      | , Part IV, line 11a  | . See Form 990   | ), Part X, | line 10    |                 |                 |         |                  |
|      | Description of property  | (a) Cost or of         | . ,                  | ost or other     | 1          | Accumul    |                 | ( <b>d)</b> Boo | k valu  | е                |
|      |  | basis (investm         | ient) bas            | is (other)       | de         | epreciati  | on              |                 |         |                  |
| 1a   | Land   |                        |                      |                  |            |            |                 |                 |         |                  |
| b    | Buildings  |                        |                      |                  |            |            |                 |                 |         |                  |
| С    | Leasehold improvements   |                        |                      | 24,527.          |            |            | 4,049.          |                 | ,       | 478.             |
| d    | Equipment  |                        |                      | 709,516.         |            | 62         | 4,985.          |                 | 84,     | 531.             |
|      | Other  |                        |                      |                  |            |            |                 |                 |         |                  |
| Tota | . Add lines 1a through 1e. (Column (d) must ed   | ual Form 990, Part )   | K. line 10c. colur   | nn (B))          |            |            |                 |                 | ,       | 009.             |
|      |  |                        |                      |                  |            |            | Schedule        | D (Forr         | n 990)  | 2023             |

332052 09-28-23

Part VII Investments - Other Securities

### Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value RIGHT OF USE ASSET - OPERATING LEASE 1,131,079. (1) (2) (3) (4) (5) (6) (7) (8) (9) 1,131,079. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 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 RIGHT OF USE LIABILITY OPERATING LEASE 1,145,156. (2)(3) (4) (5) (6) (7)(8) (9) 1,145,156. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

332053 09-28-23

| Sche  | dule D (Form 990) 2023 OPERATION GRATITUDE, INC.   |               |                | 20-010357         | 5 Page <b>4</b> |
|-------|--|---------------|----------------|-------------------|-----------------|
| Par   | t XI Reconciliation of Revenue per Audited Financial Statemen  | its With R    | evenue per Re  | turn              |                 |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |               |                | <u>г г</u>        |                 |
| 1     | Total revenue, gains, and other support per audited financial statements   |               |                | 1                 | 12,943,311.     |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  | 1 1           |                |                   |                 |
| а     | Net unrealized gains (losses) on investments   |               | 230,782.       |                   |                 |
| b     | Donated services and use of facilities   | 2b            | 87,018.        |                   |                 |
| С     | Recoveries of prior year grants  |               | 25.200         |                   |                 |
| d     | Other (Describe in Part XIII.)   | 2d            | -35,300.       |                   |                 |
| е     | Add lines 2a through 2d  |               |                | 2e                | 282,500.        |
| 3     | Subtract line 2e from line 1   |               |                | 3                 | 12,660,811.     |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   | 1 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                | 0.              |
| 5     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |               |                |                   | 12,660,811.     |
| Pa    | t XII Reconciliation of Expenses per Audited Financial Stateme   |               | Expenses per F | Return            |                 |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |               |                |                   | 15 572 760      |
| 1     | Total expenses and losses per audited financial statements   |               |                | 1                 | 15,572,769.     |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |               | 07 010         |                   |                 |
| a     | Donated services and use of facilities   | 2a            | 87,018.        |                   |                 |
| b     | Prior year adjustments   | 2b            |                |                   |                 |
| С     | Other losses   | 2c            |                |                   |                 |
| d     | Other (Describe in Part XIII.)   |               |                |                   | 07 010          |
| -     | Add lines 2a through 2d  |               |                | 2e                | 87,018.         |
| 3     | Subtract line 2e from line 1   |               |                | 3                 | 15,485,751.     |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1 1           |                |                   |                 |
|       | Investment expenses not included on Form 990, Part VIII, line 7b   |               | 25.200         |                   |                 |
|       | Other (Describe in Part XIII.)   | 4b            | 35,300.        |                   | 25 222          |
| С     | Add lines 4a and 4b  |               |                | 4c                | 35,300.         |
| 5     | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)<br><b>* XIII</b> Supplemental Information |               |                | 5                 | 15,521,051.     |
|       |  |               |                |                   |                 |
|       | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV                             |               |                | ; Part X, line 2; | Part XI,        |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit                                     | ional informa | ition.         |                   |                 |
|       |  |               |                |                   |                 |
| הסגם  | Y ITNE 2.  |               |                |                   |                 |
|       | X, LINE 2:   |               |                |                   |                 |
| тне   | ORGANIZATION IS EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CO   | DE            |                |                   |                 |
|       |  |               |                |                   |                 |
| ("IF  | C") SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE   | SECTION       |                |                   |                 |
|       |  |               |                |                   |                 |
| 2370  | 1D. IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ("   | FASB")        |                |                   |                 |
| ACCO  | UNTING STANDARDS CODIFICATION ("ASC") TOPIC NO. 740, "INCOME TA  | AXES,"        |                |                   |                 |
| THE   | ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINA  | ANCIAL        |                |                   |                 |
| STAT  | EMENTS IF THOSE POSTIONS WILL MORE LIKELY THAN NOT BE SUSTAINE   | D ON          |                |                   |                 |
|       | T, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE ORGANIZA   |               |                |                   |                 |

29

EXEMPT FROM INCOME TAXES BUT IS SUBJECT TO UNRELATED BUSINESS INCOME TAX

FOR INCOME FROM OPERATION ACTIVITIES NOT RELATED TO THEIR EXEMPT PURPOSE.

UNRELATED BUSINESS INCOME IS TAXED BASED ON THE APPLICABLE STATUTORY

FEDERAL AND STATE INCOME TAX RATES FOR FOR-PROFIT ORGNAIZATIONS. THE

332054 09-28-23

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 OPERATION GRATITUDE, INC.                    |                  | Page 5    |
|---|------------------|-----------|
| Part XIII Supplemental Information (continued)                          |                  |           |
| ORGANIZATION HAS NO UNRELATED BUSINESS INCOME, AND HAS NO RECOGNIZED OR |                  |           |
| DERECOGNIZED TAX BENEFITS, TAX PENALTIES OR RELATED INTEREST.           |                  |           |
|   |                  |           |
|   |                  |           |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:                                   |                  |           |
| INVESTMENT FEES -35,300.  |                  |           |
| · · · · ·   |                  |           |
|   |                  |           |
| PART XII, LINE 4B - OTHER ADJUSTMENTS:                                  |                  |           |
| INVESTMENT FEES 35,300.   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   |                  |           |
|   | Schedule D (Form | 990) 2023 |

332055 09-28-23

| SCHEDULE I   |  | G       | arants and Oth                           | er Assistan              | ce to Organ                                   | izations,   |                                       | OMB No. 1545-0047                     |  |  |
|--|--|---------|--|--------------------------|---|---|---------------------------------------|---------------------------------------|--|--|
| (Form 990)   |  | Go      | vernments, an<br>ete if the organization | d Individua              | ls in the Ŭni                                 | ted States  |                                       | 2023                                  |  |  |
| Department of the Treasury   |  | Comp    |  | Attach to Forn           |   |   |                                       | Open to Public                        |  |  |
| Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. |  |         |  |                          |   |   |                                       |                                       |  |  |
| Name of the organization Employer ide  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  | OPERATION GRAY                                       | ,       |  |                          |   |   |                                       | 20-0103575                            |  |  |
| Part I General Information on Grants and Assistance                            |  |         |  |                          |   |   |                                       |                                       |  |  |
| •  | zation maintain records t                            |         | •  |                          | • • • •                                       | <b>v</b>  |                                       |                                       |  |  |
|  | award the grants or assis                            |         |  |                          |   |   |                                       | X Yes No                              |  |  |
|  | IV the organization's pro<br>d Other Assistance to I |         |  |                          |   | anization answord "V  | os" on Form 000 Part                  | IV lips 21 for any                    |  |  |
|  | hat received more than \$                            | -       |  |                          |   | anization answered T  | es on Form 990, Fan                   |                                       |  |  |
|  | ddress of organization<br>vernment                   | (b) EIN | (c) IRC section<br>(if applicable)       | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |
|  |  |         |  |                          |   |   |                                       |                                       |  |  |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                   | (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
|   |                          |                                 |                                       |  | CARE PACKAGES ARE FILLED WITH         |
|   |                          |                                 |                                       |  | FOOD, HYGIENE PRODUCTS,               |
| CARE PACKAGES TO U.S. SERVICEMEN, THEIR FAMILIES, |                          |                                 |                                       |  | ENTERTAINMENT AND HANDMADE            |
| FIRST RESPONDERS, VETERANS & WOUNDED HEROES       | 178000                   | 0.                              | 9,688,213.                            | WHOLESALE VALUE  | ITEMS,                                |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CARE PACKAGES ARE SENT TO INDIVIDUALLY NAMED U.S. SERVICE MEMBERS DEPLOYED

OVERSEAS, TO THEIR FAMILIES AT HOME, AND TO THE RECRUIT GRADS, VETERANS,

FIRST RESPONDERS, WOUNDED HEROS AND THEIR CAREGIVERS.

| SCHEDULE J |   | Compensation Information   | 1            | OMB No. 1                                  | 1545-004 | 47   |  |
|------------|---|--|--------------|--|----------|------|--|
| (Form 990) |   | For certain Officers, Directors, Trustees, Key Employees, and Highest  |              | 2023                                       |          |      |  |
|            |   | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.                              |              | 2020                                       |          |      |  |
|            | tment of the Treasury                       | Attach to Form 990.  |              | Open to                                    |          | ic   |  |
| -          | al Revenue Service<br>e of the organization | Go to www.irs.gov/Form990 for instructions and the latest information.   | Employer ide | Inspection<br>Employer identification numb |          |      |  |
| Ham        | o or the organization                       | OPERATION GRATITUDE, INC.  | 20-010       |  |          |      |  |
| Pa         | rt I Question                               | s Regarding Compensation   | <u> </u>     |  |          |      |  |
|            |   |  |              |  | Yes      | No   |  |
| 1a         | Check the appropri                          | ate box(es) if the organization provided any of the following to or for a person listed on Form                                  | 990,         |  |          |      |  |
|            | Part VII, Section A,                        | line 1a. Complete Part III to provide any relevant information regarding these items.  |              |  |          |      |  |
|            | First-class or c                            | harter travel Housing allowance or residence for perso   | onal use     |  |          |      |  |
|            | Travel for com                              | panions Payments for business use of personal re   | sidence      |  |          |      |  |
|            | Tax indemnific                              | ation and gross-up payments Health or social club dues or initiation fee   | :S           |  |          |      |  |
|            | Discretionary :                             | spending account Personal services (such as maid, chauffe  | ur, chef)    |  |          |      |  |
|            |   |  |              |  |          |      |  |
|            | •   | on line 1a are checked, did the organization follow a written policy regarding payment or  |              |  |          |      |  |
|            |   | provision of all of the expenses described above? If "No," complete Part III to explain  |              | . 1b                                       |          |      |  |
|            | -   | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                    |              |  |          |      |  |
|            | trustees, and office                        | rs, including the CEO/Executive Director, regarding the items checked on line 1a?  |              | . 2  |          |      |  |
| •          |   |  |              |  |          |      |  |
|            |   | ny, of the following the organization used to establish the compensation of the organization's                                   |              |  |          |      |  |
|            |   | ector. Check all that apply. Do not check any boxes for methods used by a related organizati                                     | on to        |  |          |      |  |
|            | ·   | ation of the CEO/Executive Director, but explain in Part III.  |              |  |          |      |  |
|            | Compensation                                |  |              |  |          |      |  |
|            |   | compensation consultant Compensation survey or study   | o mmitto o   |  |          |      |  |
|            |   | ther organizations<br>X Approval by the board or compensation of   | committee    |  |          |      |  |
| 4          | During the year did                         | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |              |  |          |      |  |
| •          | organization or a re                        |  |              |  |          |      |  |
| а          | •   | e payment or change-of-control payment?  |              | 4a   |          | x    |  |
|            |   | eive payment from a supplemental nonqualified retirement plan?   |              |  |          | X    |  |
|            | -   | eive payment from an equity-based compensation arrangement?  |              |  |          | X    |  |
|            | •   | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |              |  |          |      |  |
|            |   |  |              |  |          |      |  |
|            | Only section 501(c                          | )(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |              |  |          |      |  |
| 5          | For persons listed of                       | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation                                   | วท           |  |          |      |  |
|            | contingent on the r                         | evenues of:  |              |  |          |      |  |
|            | The organization?                           |  |              | 5a   |          | X    |  |
| b          | Any related organiz                         | ation?   |              | 5b   |          | X    |  |
|            | If "Yes" on line 5a o                       | or 5b, describe in Part III.   |              |  |          |      |  |
|            |   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation                                   | n            |  |          |      |  |
|            | contingent on the r                         | -  |              |  |          |      |  |
| a          | The organization?                           |  |              | <u>6a</u>                                  |          | X    |  |
|            |   | ation?   |              | 6b   |          | X    |  |
|            |   | or 6b, describe in Part III.   | _            |  |          |      |  |
|            |   | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments                                    |              | _  |          | v    |  |
|            |   | nes 5 and 6? If "Yes," describe in Part III  |              | 7  |          | X    |  |
|            |   | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the strength of the part in Part III. |              |  |          | x    |  |
|            |   |  |              | . 8  |          | ^    |  |
| 9          |   | id the organization also follow the rebuttable presumption procedure described in  |              | 0  |          |      |  |
| Eer !      | Regulations section                         |  |              | 9  |          | 2000 |  |
| FOR        | -aperwork Reduct                            | ion Act Notice, see the Instructions for Form 990.   | Schedul      | e J (Forn                                  | 11 990)  | 2023 |  |

LHA 332111 11-06-23

20-0103575

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                     |      | ( <b>B)</b> Breakdown of W | /-2 and/or 1099-MIS<br>compensation       | C and/or 1099-NEC                         |              | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|---------------------|------|----------------------------|---|---|--------------|-------------------------|------------------------------------|---|
| (A) Name and Title  |      | (i) Base<br>compensation   | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) CAROLYN BLASHEK | (i)  | 215,888.                   | 0.  | 0.  | ٥.           | 0.                      | 215,888.                           | 0.  |
| INTERIM CEO/ADVISOR | (ii) | 0.                         | 0.  | 0.  | 0.           | 0.                      | 0.                                 | 0.  |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |
|                     | (i)  |                            |   |   |              |                         |                                    |   |
|                     | (ii) |                            |   |   |              |                         |                                    |   |

Schedule J (Form 990) 2023

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

3

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

Department of the Treasury Internal Revenue Service

|        | Inspection            |
|--------|-----------------------|
| ployer | identification number |

Name of the organization

OPERATION GRATITUDE, INC.

| Employer | identification | num |
|----------|----------------|-----|
|          | 20-0103575     |     |

ſ

| (a)     (b)     (c)     (c)     (c)     (c)     Method of determining noncash contribution and mounts       1     Art - Works of at     (c)     (c)     Method of determining noncash contribution and mounts       2     Art - Historical transures     (c)     (c)     Method of determining noncash contribution and mounts       3     Art - Fractional Interests     (c)     (c)     (c)     (c)       3     Art - Fractional Interests     (c)     (c)     (c)       6     Cors and other vehicles     (c)     (c)     (c)       7     Boats and planes     (c)     (c)     (c)       8     Intellectual property     (c)     (c)     (c)       9     Securities - Other vehicles     (c)     (c)     (c)       10     Securities - Other vehicles     (c)     (c)     (c)       11     Securities - Other vehicles     (c)     (c)     (c)       12     Securities - Other vehicles     (c)     (c)     (c)       13     Securities - Other vehicles     (c)     (c)     (c)       14     Securities - Other vehicles     (c)     (c)     (c)       15     Real estate - Other     (c)     (c)     (c)     (c)       16     Colatibus   | Par   | rt I Types of Property                           |               |                      |                             |                   |              |        |  |
|--|-------|--|---------------|----------------------|-----------------------------|-------------------|--------------|--------|--|
| applicable       contribution of amounts reported on terms 980, Part VIII, Ine 1g       noncash contribution amounts         2 Art - Historical treasures  |       |  |               |                      |                             |                   |              |        |  |
| Art. Works of at       Increases       Increases       Increases         2       Art. Historical treasures       Increases       Increases       Increases         3       Art. Fractional interests       Increases       Increases       Increases         4       Books and publications       X       3,821,016       MW         5       Cothing and household goods       X       3,821,016       MW         6       Cars and dubre vehicles       Increases       Increases       Increases       Increases         8       Intellectual property       Increases       Increases       Increases       Increases         9       Securites - Dublicly traded       Increases       Increases       Increases       Increases         10       Securites - Closely held stock       Increases       Increases       Increases       Increases         11       Securites - Compercial       Increases       Increases       Increases       Increases         12       Securites - Residential       Increases       Increases       Increases       Increases         13       Coalified Conservation contribution       Increases       Increases       Increases       Increases         14       Coalified Conservation Contribution   |       |  |               |                      |                             |                   |              | to     |  |
| 2       Art - Historical treasures   |       |  | applicable    |                      |                             |                   | Jution amoun | 115    |  |
| 2       Art - Historical treasures   | 1     | Art - Works of art                               |               |                      |                             |                   |              |        |  |
| 3       At - Fractional interests  | 2     |  |               |                      |                             |                   |              |        |  |
| 4       Books and publications       x       3,821,016. FW         5       Clothing and household goods       x       3,821,016. FW         6       Cars and other vehicles  | 3     |  |               |                      |                             |                   |              |        |  |
| 5       Clothing and household goods       X       3, 821, 016. PMV         6       Cars and other vehicles  | 4     |  |               |                      |                             |                   |              |        |  |
| 6       Cars and other vehicles  | 5     |  | Х             |                      | 3,821,0                     | 16.FMV            |              |        |  |
| 7       Boats and planes   | 6     |  |               |                      |                             |                   |              |        |  |
| 8       Intellectual property  | 7     |  |               |                      |                             |                   |              |        |  |
| 9       Securities - Publicly traded   | 8     |  |               |                      |                             |                   |              |        |  |
| 10     Securities - Closely held stock   | 9     |  |               |                      |                             |                   |              |        |  |
| 11       Securities - Partnership, LLC, or<br>trust interests  |       |  |               |                      |                             |                   |              |        |  |
| trust interests  |       |  |               |                      |                             |                   |              |        |  |
| 12       Securities - Miscellaneous  |       |  |               |                      |                             |                   |              |        |  |
| 13       Qualified conservation contribution -<br>Historic structures  | 12    |  |               |                      |                             |                   |              |        |  |
| Historic structures  |       |  |               |                      |                             |                   |              |        |  |
| 14 Qualified conservation contribution - Other   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other   26 Other   27 Other   28 Cher   29 Vulter      20 During the year, did the organization receive by contribution and which isn't required to be used for exempt purposes for the entire holding period?   28 Der e organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 X   32a X   31 X   32a X   31 X   32a X   |       | Historic structures                              |               |                      |                             |                   |              |        |  |
| 15       Real estate - Residential   | 14    | ·····  |               |                      |                             |                   |              |        |  |
| 16       Real estate - Commercial  |       |  |               |                      |                             |                   |              |        |  |
| 17       Real estate · Other       Image: Collectibles       Image: Collectibles         18       Collectibles       X       33       1,608,238. FMV         20       Drugs and medical supplies       Image: Collectibles       Image: Collectibles       Image: Collectibles         20       Drugs and medical supplies       Image: Collectibles       Image: Collectibles       Image: Collectibles         21       Taxidermy       Image: Collectibles       Image: Collectibles       Image: Collectibles         22       Historical artifacts       Image: Collectibles       Image: Collectibles       Image: Collectibles         23       Scientific specimens       Image: Collectibles       Image: Collectibles       Image: Collectibles         24       Archeological artifacts       Image: Collectibles       Image: Collectibles       Image: Collectibles         24       Archeological artifacts       Image: Collectibles       Image: Collectibles       Image: Collectibles         25       Other       (Image: Collectibles       Image: Collectibles       Image: Collectibles       Image: Collectibles         26       Other       (Image: Collectibles       Image:   |       |  |               |                      |                             |                   |              |        |  |
| 18       Collectibles       X       33       1,608,238. FMV         19       Food inventory       X       33       1,608,238. FMV         20       Drugs and medical supplies       Image: State of the state of |       |  |               |                      |                             |                   |              |        |  |
| 19       Food inventory       X       33       1,608,238. FMV         20       Drugs and medical supplies  |       |  |               |                      |                             |                   |              |        |  |
| 20       Drugs and medical supplies  |       |  | Х             | 33                   | 1,608,2                     | 38.FMV            |              |        |  |
| 21       Taxidermy   |       |  |               |                      |                             |                   |              |        |  |
| 22       Historical artifacts  |       |  |               |                      |                             |                   |              |        |  |
| 23       Scientific specimens  |       |  |               |                      |                             |                   |              |        |  |
| 24       Archeological artifacts       x       4       868,087. FMV         25       Other       (       EISURE/GAMES       )       X       2       16,785. FMV         26       Other       (       FIRST AID ITEMS       )       X       2       16,785. FMV         27       Other       (      )   |       |  |               |                      |                             |                   |              |        |  |
| 25       Other       (LEISURE/GAMES)       X       4       868,087. FMV         26       Other       (FIRST AID ITEMS)       X       2       16,785. FMV         27       Other       ()       X       2       16,785. FMV         28       Other       ()       X       2       16,785. FMV         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       Yes       No         b       If "Yes," describe the arrangement in Part II.       30a       X         32       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       acceptation didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       acceptation didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       acceptation didn't report an  |       |  |               |                      |                             |                   |              |        |  |
| 26       Other       (FIRST AID ITEMS)       X       2       16,785. FMV         27       Other  |       |  | X             | 4                    | 868,0                       | 87.FMV            |              |        |  |
| 27       Other       Other       )   |       | · · · · · · · · · · · · · · · · · · ·            | X             | 2                    | ,                           |                   |              |        |  |
| 28       Other       (       )   |       | · /  |               |                      | ,                           |                   |              |        |  |
| <ul> <li>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement</li> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>31 X</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>  |       | · /  |               |                      |                             |                   |              |        |  |
| for which the organization completed Form 8283, Part V, Donee Acknowledgement  |       |  | ation during  | the tax vear for co  | ontributions                |                   |              |        |  |
| <ul> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>30a I X</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>  |       | , ,  | -             |                      |                             |                   |              |        |  |
| <ul> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>30a I X</li> <li>30a I X</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>32a I f "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>  |       |  | _,,_          | y                    |                             | I                 | Yes          | No     |  |
| must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       X         b       If "Yes," describe in Part II.       32a       X  | 30a   | During the year, did the organization receive by | contributio   | n anv property rep   | orted in Part I. lines 1 th | rough 28. that it |              |        |  |
| exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       1       1         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Column (a) is checked, describe in Part II.  |       |  |               | • • • • •            |                             | -                 |              |        |  |
| b       If "Yes," describe the arrangement in Part II.         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Column C  |       | ,  |               |                      | ·                           |                   | 30a          | x      |  |
| 31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Column | b     |  |               |                      |                             |                   |              |        |  |
| 32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       If "Yes," describe in Part II.   |       | <b>.</b>   | olicv that re | quires the review of | of any nonstandard cont     | ributions?        | 31 X         |        |  |
| contributions?       32a       X         b       If "Yes," describe in Part II.       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |       |  |               |                      |                             |                   |              | +      |  |
| <ul> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>  | 010   |  |               | 5                    | , , ,                       |                   | 32a          | x      |  |
| 33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  | h     |  |               |                      |                             |                   |              |        |  |
| describe in Part II.   |       |  | olumn (c) fo  | a type of property   | for which column (a) is a   | checked           |              |        |  |
|  |       |  |               |                      |                             |                   |              |        |  |
|  | For F |  | uctions for   | Form 990.            |                             | Schedule          | M (Form 990  | ) 2023 |  |

LHA 332141 09-11-23

| Schedule M (Form 990) 2023 | OPERATION | GRATITUDE, | INC. |
|----------------------------|-----------|------------|------|
|----------------------------|-----------|------------|------|

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING IN PART 1 COLUMN (B) THE NUMBER OF

CONTRIBUTIONS.

Schedule M (Form 990) 2023

332142 09-11-23

| SCHEDULE   | 0 |
|------------|---|
| (Form 990) |   |

Department of the Treasury

Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 20-0103575

OPERATION GRATITUDE, INC.

FORM 990, PART VI, SECTION A, LINE 2:

CAROLYN BLASHEK SERVED AS INTERIM CEO THROUGH JANUARY 16,2024; SHE SERVED

AS ADVISOR FOR THE REMAINDER OF THE YEAR. MS. BLASHEK HAS A FAMILY

RELATIONSHIP WITH JORDAN BLASHEK, HER SON, WHO IS AN ACTIVE DIRECTOR.

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

A DRAFT OF THE FORM 990 IS REVIEWED BY VARIOUS MEMBERS OF THE BOARD OF

DIRECTORS. ANY QUESTIONS OR PROPOSED REVISIONS/ADDITIONS ARE COMMUNICATED

BY THE REVIEWERS TO THE OUTSIDE CPA PREPARER OF THE FORM 990. A COPY OF THE

FINAL FORM 990 IS FORWARDED TO ALL MEMBERS OF THE ORGANIZATION'S BOARD OF

DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

PERIODIC REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

FOR THE EXECUTIVE DIRECTOR, AN EXTENSIVE SEARCH/RECRUITMENT WAS CONDUCTED

BY THE COMPENSATION COMMITTEE OF THE BOARD, IN CONJUNCTION WITH THE FULL

BOARD. THROUGH THE USE OF SALARY SURVEYS AND AN INDEPENDENT CONSULTING

FIRM, SEVERAL CANDIDATES WERE IDENTIFIED AND INTERVIEWED WITH THE FULL

BOARD AND SR. MANAGEMENT, AND THE EXECUTIVE DIRECTOR WAS SELECTED FROM THAT

GROUP AND COMPENSATION WAS DETERMINED BY THE COMMITTEE TAKING INTO

CONSIDERATION THE EXPERIENCE, NON-PROFIT INDUSTRY NORMS, AND OTHER

COMPARABLE POSITION COMPENSATION. THE SELECTED CANDIDATE WERE NOMINATED BY

THE COMPENSATION COMMITTEE AND THEN APPROVED BY THE FULL BOARD. THESE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA332211 11-14-23

38

| Schedule O ( | Form 990 | ) 2023 |
|--------------|----------|--------|
|--------------|----------|--------|

OPERATION GRATITUDE, INC.

Employer identification number 20-0103575

ACTIONS WOULD HAVE BEEN RECORDED BY THE BOARD SECRETARY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD, MA, ME, MI, MS, MN, NC, ND, NJ, NH, NV, NM, NY, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE OR UPON WRITTEN REQUEST.

PART XII, LINE 2C:

THE AUDIT COMMITTEE'S REVIEW PROCESS HAD NOT CHANGED FROM PRIOR YEAR.

Schedule O (Form 990) 2023

332212 11-14-23

16140304 144198 206695BT