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 Inte	oartment o rnal Reve	f the Treasury nue Service	Do not enter social security numbers on this form as it Go to www.irs.gov/Form990 for instructions and the	-	•	Open to Public 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 applicabl		forganization		D Employer identificat	ion number					
	Addre	e OPERAT	CION GRATITUDE, INC.								
	Name chang	e Doing b	usiness as		20-0103575						
	Initial return Final return	POST O	and street (or P.O. box if mail is not delivered to street address) Ro FFICE BOX 260257	oom/suite	E Telephone number 818-960-7878						
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,165,977.					
	Amen return	ded ENCINO	0, CA 91426		H(a) Is this a group retu	return					
	Applic tion	^{a-} F 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: 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 99	0 (2023)			

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

Form 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: 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? 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 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 \$)
) Form 990 (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			
			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 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> . 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	-		<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	– "		<u> </u>
10		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	x
20a 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**

^{2023.05060} OPERATION GRATITUDE, INC. 206695B1

	990 (2	2023) OPERATION GRATITUDE, INC.	20-010357	5	Р	age 5
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	2a 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
h				0a		
b		s," did the organization include with every solicitation an express statement that such contribution	•	Ch		
_		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.) 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 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 12b	X 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? 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? 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 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? 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> 16b		X			
16a b 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? 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			X			
16a b Sec 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? 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 <u>AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD</u>	16b					
16a b Sec 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? 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 <u>AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD</u> 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 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? 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 <u>AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD</u> 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 b Sec 17 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)s only) :					
16a b <u>Sec</u> 17 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)s only) :					
16a b <u>Sec</u> 17 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 <u>AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD</u> 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 Other <i>(explain on Schedule O)</i> 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)s only) :					
16a b <u>Sec</u> 17 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 filedAK,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 Other <i>(explain on Schedule O)</i> 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. State the name, address, and telephone number of the person who possesses the organization's books and records	16b)s only) :					
16a b <u>Sec</u> 17 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 <u>AK, AL, AR, CA, CO, CT, FL, HI, DC, KY, KS, MD</u> 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 Other <i>(explain on Schedule O)</i> 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)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 anization's current 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 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 I	nd a d I	irecto	r/trus 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 organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con	_	1099-1420)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated 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.
		-								
					-					
										600 (2000)

332007 12-21-23

Form 990 (2023)

	990 (2023) OPERATION GRA	TITUDE, IN	c.							20-01	0357	5	Р	'age 8
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 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 9
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)	
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς Ω	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
, G Ū	(c Fundraising events 1c					
ar A	(d Related organizations 1d					
s, o	(e Government grants (contributions) 1e					
tion S	1	f All other contributions, gifts, grants, and					
ibui		similar amounts not included above 1f	12,323,057.				
ndr 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 Revenue	2 8						
erv ue		b					
am Ser		C					
gra 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 7a 562,543.	•				
đ	1	b Less: cost or other basis 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 b					
scellaneo Revenue		c					
Miscellaneous <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 990 (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			_
					(A) Beginning of year		(B) 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		_			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 87 2 0 65 87 88 87 88 87 90 87 90 80 90 80 80 80 80 80 80 80 80 80 80 80 80 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					
- -		and complete lines 29 through 33.					
ຍ 29		Capital stock or trust principal, or current fund				29	
l 8 8 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	_{ge} 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 sectio	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		Type I. 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		Type II. A supporting org					-		-
		control or management o organization(s). You mus			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		Type III non-functionally	.,.,,	•			-	ted organiz	ration(s)
u		that is not functionally int						-	
		requirement (see instructi	•	e ,			-	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 in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 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) 2020	(c) 2021	(d) 2022	(e) 2023	(f) 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) 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.		
	Total support. 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 ction C. Computation of Publi								
	Public support percentage for 2023 (I		-	olump (f))		14	80.66 %		
						15	80.66 %		
	Public support percentage from 2022 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 stop here. 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
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c 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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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				
15 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	%
18 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 11b

INC.

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

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

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

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	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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.*

c [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 (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 (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 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	l, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 lines 2 and 3; Part IV, Section E, I	ns required by Part II, line 10; Part II, line 17a lc, 11a, 11b, and 11c; Part IV, Section B, line ines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa 5, and 6. Also complete this part for any addi	s 1 and 2; Part IV, Section 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)(³) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$878	<u>,807.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$812	<u>,599.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		\$811	<u>,100.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		\$597	<u>,598.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5		\$508	,284.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
6		\$389	,068.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

16140304 144198 206695BT

-	B (Form 990) (2023)	I	Page 2
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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$381,529	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$370,475	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	MTG STARTER KITS AND CARD GAMES	\$853,	,127.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
2	SKIN CARE AND COSMETIC ITEMS	\$812,	,599 .	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
4	COSMETIC ITEMS	\$597,	.598.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
5	ENERGY DRINKS	\$508,	284.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
8	COFFEE AND COFFEE TUMBLERS	\$155,	,947.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) 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 4		
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 /. For organizations		
(a) No. from 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. 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. from 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. 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 Part IV, line 6, 7, 8, 9, 10	nization answered . 11a. 11b. 11c. 11c	"Yes" on Form 990, . 11e. 11f. 12a. or 12b.		ZUZJ
	ment of the Treasury	A			Open to Public	
	I Revenue Service e of the organizati	Go to www.irs.gov/Form99	U for instructions a	nd the latest information.	Fm	Inspection 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 4		of grants from (during year)				
5		It end of year 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 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 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	 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. 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 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	_{age} 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 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	%	— .							
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		(d) 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 4
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.) * XIII 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 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		•		• • • •	v				
	award the grants or assis							X Yes No		
	IV the organization's pro 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 vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant 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	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (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 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 e of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide	Inspection 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 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) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(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 trust interests									
trust interests									
12 Securities - Miscellaneous									
13 Qualified conservation contribution - 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 ()		· /			,				
 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 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? 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? 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. 		· /							
for which the organization completed Form 8283, Part V, Donee Acknowledgement			ation during	the tax vear for co	ontributions				
 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? 30a I X 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 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 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. 		, ,	-						
 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? 30a I X 30a I X 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a I f "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. 			_,,_	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.		.	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.								+	
 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. 	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