

Oldham County Fiscal Court Grant Application Guidelines

Oldham County Fiscal Court accepts grant applications from non-profit, tax-exempt organizations which meet these criteria:

- Have a significant presence in Oldham County;
- Serve a public purpose in concert with the goals and activities of OCFC;
- Have the capacity to be accountable for use of donated funds;
- Show support from the majority of their clients/beneficiaries.

Funding categories

Arts and Humanities - activities which meet any or all of the following qualifications:

- Contribute to tourism in Oldham County;
- Conduct activity (e.g., record keeping) on behalf of Fiscal Court;
- Support community-wide celebrations;
- Encourage arts activity on the part of Oldham Countians;
- Play an educational role for Oldham Countians, particularly students.

Social Services - agencies which meet any or all of the following qualifications:

- Provide a needed service to disadvantaged Oldham Countians;
- Provide an emergency social service to Oldham Countians;
- Provide a social service not otherwise available to Oldham Countians.

Recreation - activities which meet any or all of the following qualifications:

- Serve Oldham County residents in facilities within the County;
- Activities are largely financially supported by the participants

Timing and Process

In order to process grant applications in a timely and efficient manner, OCFC has established the following schedule:

- Accept grant applications postmarked up to December 30 or the last work day of each year.
- In January, Committee members accept for review the compiled applications.
- In March, the Committee will convene to discuss their individual ratings.
- The Committee will make recommendations to the Fiscal Court for grant awards no later than the first Fiscal Court meeting in June.

Accountability

Any agency or organization requesting funds will be held to a high standard for reporting its current financial situation and its specific intention for use of requested funds. Moreover, any agency or organization requesting funds, and which has previously received a grant from OCFC, will be asked to report in detail on the use to which those funds were put.

Updated October 2025

**Oldham County Fiscal Court
Grant Application**

Date of Application: December 22, 2025

Official Name of Organization: Operation Parent Inc.

Address: 209 S 1st Avenue, LaGrange KY 40031

EIN: 20-3857612

Date and Place of Incorporation: December 2005 in Kentucky

Name, Complete Address, Email and Phone Number of Contact Person:

Tara Oliver

Director of Fund Development

P.O. Box 127, Buckner KY 40010-0127

tara@operationparent.org

(502) 265-9045

Purpose of Organization or Mission Statement and Services Rendered:

Mission: Empowering parents and caregivers to have casual, courageous conversations with their children.

Operation Parent exists to prevent teen addiction, suicide, violence, and more by providing parents of children ages K-12 with exceptional prevention education, early and often. Operation Parent recognizes that parents are desperate for resources to address the tough day-to-day issues they face. Parents want resources that are easy to access, up-to-date, visually appealing, and provide practical tips and advice. Our parent handbooks address 25 of today's toughest parenting challenges, including anxiety, bullying, social media, vaping, marijuana, and more.

They are designed to bridge the gap between the world parents grew up in and the world their kids are growing up in today. The visually appealing content helps parents "keep up" so they can "speak up" and have meaningful conversations with their children. Our free monthly webinars are designed to allow parents to dig deeper on a particular issue and connect with a community of parents for support. Parents are the primary influence in their children's lives, and Operation Parent provides the tools and resources they need at each stage of child development.

Amount Requested: \$4,000

Proposal for funding. On a separate page, please provide the following:

Statement of need for project

Proposed use of funds to remediate the need

Project budget

Updated October 2025

Attachments:

List of Officers and Directors – Name, Office, Address, Business Affiliation, Compensation from Organization.

- Copy of 501c(3) tax-exempt status letter from IRS;
- Documentation for most recent form 990;
- Documentation for most recent filing with KY Secretary of State;
- Most recent Organization/Agency budget **summary**, or balance sheet, or income/expense statement (Please, no complete budgets!);
- If a recipient of funds for the prior year, a statement of the use of those funds;
- Photographs, videos, letters of support.

Submission Guidelines:

Email complete applications to: Caroline Schoenig CSchoenig@oldhamcountyky.gov no later than 12/30/2025.

Operation Parent

Statement of Need for the Project

Middle school is a critical window for prevention, as students are increasingly exposed to substances while still relying heavily on parental guidance and trusted adults. In Kentucky, youth substance use remains a serious concern, with early initiation linked to higher risk of long-term misuse and related mental health challenges. Evidence-based information from national sources such as the National Institute on Drug Abuse (NIDA) and the Centers for Disease Control and Prevention (CDC) consistently shows that experimentation with alcohol, vaping, and other substances often begins in early adolescence. At the same time, parents report feeling unprepared to address these issues in an informed, age-appropriate, and effective way. Oldham County families are not immune to these trends, and schools are seeking practical, engaging prevention strategies that support both students and caregivers without adding burden to instructional time. Operation Parents' TNT Events addresses this gap by providing students with evidence-based facts and refusal skills while equipping parents with clear talking tips that extend prevention beyond the school building and into the home. As an organization headquartered in Oldham County, Operation Parent is uniquely positioned to respond to this local need while leveraging national experience and standards that are Public School Safe.

Proposed Use of Funds to Remediate the Need

The requested \$4,000 from the Oldham County Fiscal Court will be used to implement a Trends N' Training event in Oldham County middle schools. Funds will support the delivery of one (1) TNT Toolkit, which provides schools with step-by-step guidance, large-format posters featuring evidence-based facts, refusal-skills activities, and branded materials that create an engaging, positive-prevention event for students in grades six through eight. During each event, students actively learn and practice substance refusal skills in a format that reinforces retention and confidence. Parents and caregivers receive take-home resources that mirror the student content and include conversation starters, helping families continue casual, courageous conversations at home. This approach strengthens the connection between school-based prevention and family engagement, reinforcing consistent messaging across environments. By investing in TNT, Oldham County is supporting a prevention strategy that builds knowledge, encourages healthy decision-making, and empowers parents as the number one influence in their children's lives.

Project Budget

The total project cost for TNT implementation in Oldham County middle schools is \$4,000. Grant funds will be allocated toward production and preparation of one (1) TNT Toolkit,

including evidence-based facts posters and refusal skills resources, supplies needed to host interactive TNT events within schools, and parent take-home resources that extend learning beyond the event. This budget also supports staff time for coordination with school partners to ensure each event runs smoothly and any questions can be addressed to make the event a true success. Operation Parent will leverage existing organizational capacity, relationships with local schools, and in-kind support to maximize the impact of the Fiscal Court's investment. Through this targeted use of funds, Oldham County will help create a sustainable prevention experience that reaches students directly while equipping families with tools they can continue to use long after the event concludes.

Special note: Operation Parent hosted a community-wide version of this TNT event in September of 2024, thanks to Oldham County Fiscal Court and LaGrange City Council Opioid dollars. The event was a success with over 450 attendees. This event demonstrated the need for these services in the community. This event was launched in part to showcase how an event can be implemented on a smaller scale for schools, communities, etc. It is our hope that the funding for one toolkit, coupled with the in-kind donations, Operation Parent staff time, and school partnerships, will enable all middle schools to combine their resources to implement one (1) small or large-scale TNT event for the Oldham County middle-school community.

Board of Directors 2025

Name *	Compensation	Board Position	Business Affiliates	Year Appointed
Darrel Bramer	Yes	Executive Director of Operation Parent	Operation Parent staff member	2024
Glenn White *	None	Board Chairman	CEO of Promise Packaging, LLC	2017
Denise Jerome*	None	Vice- Chairman	President/Founder Michaelis Events	2018
Annette Peters*	None	Secretary	Commercial realty office manager	2023
Stephen Van Zant *	None	At-Large	Attorney	2020
Jean Schumm *	None	At-Large	Retired President and CEO of Operation Parent, Inc.	2024
Steve Gibson*	None	At-Large	VP Operations at KI-Lumber Company	2025
Dr. Kyle Stewart*	None	At-Large	Pediatrician at Direct Pediatrics	2025

*100 % of Board of Directors contributing annually

ATLANTA GA 39901-0001

In reply refer to: 0752858409
Apr. 05, 2022 LTR 4168C 0
20-3857612 000000 00

00023978
BODC: TE

OPERATION PARENT INC
PO BOX 127
BUCKNER KY 40010

019808

Employer ID number: 20-3857612
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated Mar. 25, 2022, about your tax-exempt status.

We issued you a determination letter in OCTOBER 2006, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

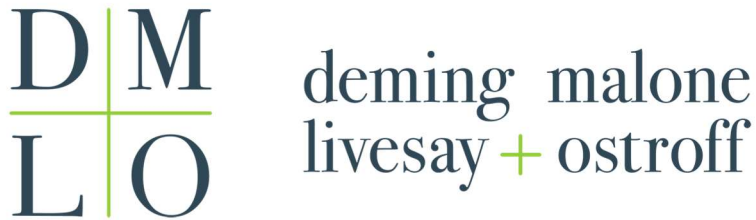
In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,



May 15, 2025

Operation Parent
209 South First Street
LaGrange, KY 40031

Re: Public Disclosure of Exempt Organization Income Tax Return(s)

The attached copy of your organization's Exempt Organization Income Tax Return(s) is to be used as your Public Disclosure Copy. As you may be aware, the income tax law now requires tax exempt organizations to provide and/or make available copies of their income tax returns for the most recent three years to any person requesting them. In addition, the organization must provide and/or make available a copy of its Application for Recognition of Tax Exempt Status (Form 1023) if the organization had a copy in its files in July 1987 or later.

All information in the Exempt Organization Income Tax Return(s) and Form 1023 must be provided, except donors' names may be masked on Schedule B, if applicable.

We have prepared the attached "Public Disclosure" copy of the Exempt Organization Income Tax Return(s) for your organization to use in making copies when requested, and we recommend that you assign someone on your staff to establish a procedure for addressing requests for copies. The IRS may impose significant penalties when organizations do not provide copies of their Exempt Organization Income Tax Return(s) and Form 1023.

Should you have questions regarding the public disclosure requirements, please feel free to call us.

Yours very truly,

Enclosures

301 E. Elm Street
New Albany, Indiana 47150
T: 812.945.5236
F: 812.949.4095

9300 Shelbyville Road
Suite 1100
Louisville, Kentucky 40222
T: 502.426.9660
F: 502.425.0883

131 E. Chestnut Street
Corydon, Indiana 47112
T: 812.738.3516
F: 812.738.3519

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OPERATION PARENT		D Employer identification number 20-3857612
	Doing business as		E Telephone number 5022659045
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	209 SOUTH FIRST STREET		G Gross receipts \$ 1,412,705.
	City or town, state or province, country, and ZIP or foreign postal code LAGRANGE, KY 40031		
F Name and address of principal officer: DARRELL BRAMER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.OPERATIONPARENT.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
L Year of formation: 2005		M State of legal domicile: KY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LOVE AND SUPPORT PARENTS BY PROVIDING REAL WORLD INFORMATION, CONNECTION, AND HOPE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	40
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	281,630.	320,933.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,287.	1,648.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	589,943.	823,469.
		877,860.	1,146,050.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	429,704.	534,627.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	130,416.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	269,777.	349,465.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	699,481.	884,092.	
19 Revenue less expenses. Subtract line 18 from line 12	178,379.	261,958.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	864,594.	967,763.
	22 Net assets or fund balances. Subtract line 21 from line 20	216,916.	58,127.
	647,678.	909,636.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	DARRELL BRAMER, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MELINDA L. HECK	MELINDA L. HECK			P01392306
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	DEMING MALONE LIVESAY & OSTROFF PSC	61-1064249		(502) 426-9660	
	Firm's address 9300 SHELBYVILLE ROAD SUITE 1100 LOUISVILLE, KY 40222-5187				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OPERATION PARENT'S MISSION IS TO LOVE AND SUPPORT PARENTS BY PROVIDING REAL WORLD INFORMATION, CONNECTION AND HOPE. WE ADDRESS TOUGH ISSUES INCLUDING TECHNOLOGY, ALCOHOL AND DRUGS, MENTAL HEALTH, DATING AND RELATIONSHIPS AND HIGH RISK BEHAVIORS. OUR RESOURCES INCLUDE OUR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 533,624. including grants of \$) (Revenue \$ 827,722.) HANDBOOKS :

SINCE 2005, WE HAVE DELIVERED OVER 200,000 HANDBOOKS TO PARENTS, SCHOOL DISTRICTS, LOCAL GOVERNMENTS. CHURCHES, DRUG-FREE COALITIONS, AND OTHER ORGANIZATIONS. THESE CUSTOMERS WERE LOCATED IN 37 STATES.

4b (Code:) (Expenses \$ 986. including grants of \$) (Revenue \$) OPERATION PARENT DEVELOPS FREE MONTHLY WEBINARS AND VIDEOS FOR THE PURPOSE OF PROVIDING INFORMATION TO PARENTS, GUARDIANS, DRUG-FREE COALITIONS AND OTHER ORGANIZATIONS. FEES INCURRED ON BEHALF OF THE DEVELOPMENT OF THIS CONTENT INCLUDE, BUT ARE NOT LIMITED TO: PROFESSIONAL GRAPHIC DESIGN FEES, PROFESSIONAL WEBSITE DESIGN FEES, AND WEB-HOSTING FEES.

DURING 2024, OPERATION PARENT PRODUCED 10 WEBINARS WHICH RECEIVED 11,799 REGISTRANTS AND 4,531 LIVE ATTENDEES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 534,610.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No status. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response 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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 502-265-9045
209 SOUTH FIRST STREET, LAGRANGE, KY 40031

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARRELL BRAMER EXECUTIVE DIRECTOR	40.00			X			82,244.	0.	0.	
(2) JEAN SCHUMM BOARD MEMBER	1.00	X					0.	0.	0.	
(3) GWENEVER JOSEY BOARD MEMBER	1.00	X					0.	0.	0.	
(4) ANNETTE PETERS SECRETARY	1.00	X		X			0.	0.	0.	
(5) DARIN BENNETT TREASURER	1.00	X		X			0.	0.	0.	
(6) DENISE JEROME VICE-CHAIRMAN	1.00	X		X			0.	0.	0.	
(7) STEPHEN VAN ZANT BOARD MEMBER	1.00	X					0.	0.	0.	
(8) STEPHEN JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(9) GLENN WHITE CHAIRMAN	1.00	X		X			0.	0.	0.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	50,702.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	127,011.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	143,220.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,244.			
	h	Total. Add lines 1a-1f		320,933.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,648.		1,648.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 50,702. of contributions reported on line 1c). See Part IV, line 18		11,802.				
		8a					
b	Less: direct expenses	8b	16,055.				
c	Net income or (loss) from fundraising events		-4,253.		-4,253.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		1,078,322.				
		10a					
		10a					
b	Less: cost of goods sold	10b	250,600.				
c	Net income or (loss) from sales of inventory		827,722.	827,722.			
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		1,146,050.	827,722.	0.	-2,605.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,244.	57,570.	12,337.	12,337.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	411,727.	288,584.	61,384.	61,759.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	40,656.	28,460.	6,098.	6,098.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	23,773.	203.	23,570.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	40,275.	7,275.	3,000.	30,000.
12 Advertising and promotion	19,106.	19,073.		33.
13 Office expenses	37,608.	23,987.	12,165.	1,456.
14 Information technology	60,317.	12,424.	42,346.	5,547.
15 Royalties				
16 Occupancy	16,166.	600.	15,566.	
17 Travel	17,734.	16,425.	1,306.	3.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	9,346.	9,307.	39.	
20 Interest	8,463.		8,463.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,997.	19,997.	2,500.	2,500.
23 Insurance	7,180.		7,180.	
24 Other expenses. Itemize expenses not covered 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 O.)				
a COMMUNITY OUTREACH	38,118.	38,118.		
b CONTENT DESIGN AND PROD	11,562.	8,812.		2,750.
c STAFF APPRECIATION	11,422.	111.	11,224.	87.
d WEBINAR ROOM	10,533.	860.	3,066.	6,607.
e All other expenses	12,865.	2,804.	8,822.	1,239.
25 Total functional expenses. Add lines 1 through 24e	884,092.	534,610.	219,066.	130,416.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	300,420.	1	228,802.
	2 Savings and temporary cash investments		2	200,994.
	3 Pledges and grants receivable, net	12,390.	3	43,831.
	4 Accounts receivable, net	38,091.	4	10,163.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	68,358.	8	63,635.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 457,595.		
	b Less: accumulated depreciation	10b 50,532.	427,635.	10c 407,063.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	17,700.	14	13,275.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	864,594.	16	967,763.	
Liabilities	17 Accounts payable and accrued expenses	51,782.	17	58,127.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	165,134.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	216,916.	26	58,127.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	615,288.	27	841,999.
	28 Net assets with donor restrictions	32,390.	28	67,637.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	647,678.	32	909,636.
	33 Total liabilities and net assets/fund balances	864,594.	33	967,763.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,146,050.
2	Total expenses (must equal Part IX, column (A), line 25)	2	884,092.
3	Revenue less expenses. Subtract line 2 from line 1	3	261,958.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	647,678.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	909,636.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

Form 990 (2024)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	135,965.	145,759.	280,440.	281,630.	320,933.	1164727.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	302,566.	359,141.	583,815.	820,558.	1078322.	3144402.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	438,531.	504,900.	864,255.	1102188.	1399255.	4309129.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	30,000.	19,902.	95,920.	3,888.	51,496.	201,206.
c Add lines 7a and 7b	30,000.	19,902.	95,920.	3,888.	51,496.	201,206.
8 Public support. (Subtract line 7c from line 6.)						4107923.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	438,531.	504,900.	864,255.	1102188.	1399255.	4309129.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20.	16.	205.	6,287.	1,648.	8,176.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	20.	16.	205.	6,287.	1,648.	8,176.
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.)				2,739.		2,739.
13 Total support. (Add lines 9, 10c, 11, and 12.)	438,551.	504,916.	864,460.	1111214.	1400903.	4320044.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	95.09 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	94.85 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	.19 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	.21 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

OPERATION PARENT

20-3857612

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 \$ _____

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).

Name of organization OPERATION PARENT	Employer identification number 20-3857612
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>43,181.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>9,972.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OPERATION PARENT	Employer identification number 20-3857612
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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	<hr/> <hr/> <hr/>	\$ <u>7,770.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OPERATION PARENT	Employer identification number 20-3857612
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization OPERATION PARENT	Employer identification number 20-3857612
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and 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
(e) Transfer of gift			
Transferee's name, address, and 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
(e) Transfer of gift			
Transferee's name, address, and 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization OPERATION PARENT Employer identification number 20-3857612

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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 other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		433,758.	29,928.	403,830.
c Leasehold improvements				
d Equipment				
e Other		23,837.	20,604.	3,233.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				407,063.

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

OPERATION: PARENT, INC. IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT CORPORATION DESCRIBED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION FILES AN INFORMATIONAL TAX RETURN IN THE U.S. FEDERAL JURISDICTION. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO UNRELATED BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THAT THE ORGANIZATION HAS UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023.

AS OF DECEMBER 31, 2024 AND 2023, THE ORGANIZATION DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF SCRAMBLE (event type)	TRIVIA NIGHT (event type)	1 (total number)		
Revenue	1	Gross receipts	35,268.	16,322.	10,914.	62,504.
	2	Less: Contributions	28,878.	10,910.	10,914.	50,702.
	3	Gross income (line 1 minus line 2)	6,390.	5,412.		11,802.
Direct Expenses	4	Cash prizes	2,224.			2,224.
	5	Noncash prizes	1,365.	171.		1,536.
	6	Rent/facility costs	4,460.	800.		5,260.
	7	Food and beverages	2,822.	1,728.		4,550.
	8	Entertainment				
	9	Other direct expenses	1,476.	1,009.		2,485.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				16,055.
11	Net income summary. Subtract line 10 from line 3, column (d)				-4,253.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

OPERATION PARENT

Employer identification number

20-3857612

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARENT HANDBOOKS, WEBSITE, WEBINARS, VIDEOS AND SOCIAL MEDIA COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WAS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO
FILING.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FORM 1023 ARE MADE AVAILABLE UPON REQUEST. THE FORM
990 IS POSTED ON THE ORGANIZATION WEBSITE.

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 326609

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

OPERATION: PARENT, INC.

OPERATION: PARENT, INC. is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is December 27, 2005 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of January, 2025, in the 233rd year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
326609/0628378

Operation Parent, Inc.

Profit and Loss

January 1 - December 11, 2025

	TOTAL
Income	
Donations	
Church / Civic	100.00
Corporate Donations	1,442.61
Individual Donations	28,127.42
Total Donations	29,670.03
Fundraisers	
Give for Good	9,358.41
Misc Fundraisers	1,039.10
Trivia Night	20,263.48
Total Fundraisers	30,660.99
Grants	
Corporate Grants	53,132.09
Foundation Grants	75,700.00
Government Grants	73,911.12
Total Grants	202,743.21
Product Sales	
Digital Products	24,554.13
Printed Handbooks	1,007,451.53
TNT	122,465.00
Total Product Sales	1,154,470.66
Total Income	\$1,417,544.89
Cost of Goods Sold	
Costs of Handbooks - Printed	179,829.51
Total Cost of Goods Sold	\$179,829.51
GROSS PROFIT	\$1,237,715.38
Expenses	
Building Maintenance	3,271.00
Business Meals	215.19
Cell Phone Reimbursement	2,785.17
Computer Software & Support	55,792.07
Donations/Gifts	650.25
Donor Cultivation	299.74
Insurance - D&O	502.00
Insurance - Property/Liability	4,106.90
Insurance - Workers Comp	1,201.99
Major Event/Project Fees	
Trivia Night Fees	3,975.82
Webinar Room Project-Kosair	7,283.12
Total Major Event/Project Fees	11,258.94

	TOTAL
Marketing	
Conferences/Conventions	38,306.29
General Marketing	4,670.13
Print Collateral	4,472.54
Social Media	1,875.74
Total Marketing	49,324.70
Membership/dues/subscriptions	4,043.05
Merchant Fees	
Bank & Credit Card Fees	2,716.96
Misc Merchant Fees	963.38
PayPal Fees	591.81
Shopify Fees	12,997.37
Total Merchant Fees	17,269.52
Mileage Reimbursement	935.90
Office Supplies	7,805.04
Payroll	491,960.46
Employee Benefits	10,440.88
Payroll Taxes	8,522.19
Retirement Program - Simple IRA	11,203.88
Total Payroll	522,127.41
Payroll Taxes	29,361.27
Postage (samples/mailings)	6,318.10
Professional Development	673.85
Professional Services	
Accounting fees	19,338.75
Grant Writing	44,000.00
Graphic Design	34,500.00
Management Consulting	31,850.00
Product Development & Revisions	217.90
Website Hosting & Maintenance	31,600.00
Total Professional Services	161,506.65
Property Maintenance	986.00
Property Tax	4,227.92
Rent or Lease of Buildings	900.00
Sales Tax Expense (Indiv sales)	446.37
Shipping Product Fees	46,433.23
Staff Appreciation	4,202.17
Store & Pull Fees	5,249.00
TNT Toolkits	27,607.94
Travel/Hotel	32,148.07
Utilities	
Electric & Gas	2,882.29
Garbage	214.83
Office Phone/Internet	2,499.70
Water	465.76
Total Utilities	6,062.58

	TOTAL
Webinar Production	1,108.06
Total Expenses	\$1,008,820.08
NET OPERATING INCOME	\$228,895.30
Other Income	
ERC Funding	32,086.09
Interest Earned	11,211.72
Other Income	135.81
Total Other Income	\$43,433.62
Other Expenses	
Ask My Accountant	7,642.72
Total Other Expenses	\$7,642.72
NET OTHER INCOME	\$35,790.90
NET INCOME	\$264,686.20



Date	Funder Name	Amount	Purpose	Opioid Funds
10/8/2025	Oldham County Fiscal Court	\$88,277.11	Handbooks for every school household in Oldham County Public Schools	Yes
5/2/2024	Oldham County Fiscal Court	\$20,000.00	Trends and Training (TNT) Event for Oldham Community	Yes
10/4/2023	Oldham County Fiscal Court	\$5,375.00	21st century prevention for OC schools	No
6/21/2022	Oldham County Fiscal Court	\$5,000.00	21st century prevention for OC schools	No
5/16/2019	Oldham County Fiscal Court	\$2,500.00	21st century prevention for OC schools	No
5/30/2018	Oldham County Fiscal Court	\$5,000.00	21st century prevention for OC schools	No
		\$126,152.11		

OPERATION PARENT

Operation Parent is a nationwide nonprofit

equipping parents and caregivers with practical, prevention-focused tools to navigate the challenges kids face today, including: **social media, gaming, vaping, alcohol, THC, opioids, anxiety, bullying, and more.**

Our mission is simple:

to empower parents and caregivers to have **casual, courageous conversations** with their kids. We believe these everyday talks are one of the most powerful forms of prevention.

We partner with:

schools, coalitions, and youth-serving organizations across the country to make our resources accessible, consistent, and family-centered.



SCAN HERE
to learn more

@operationparent



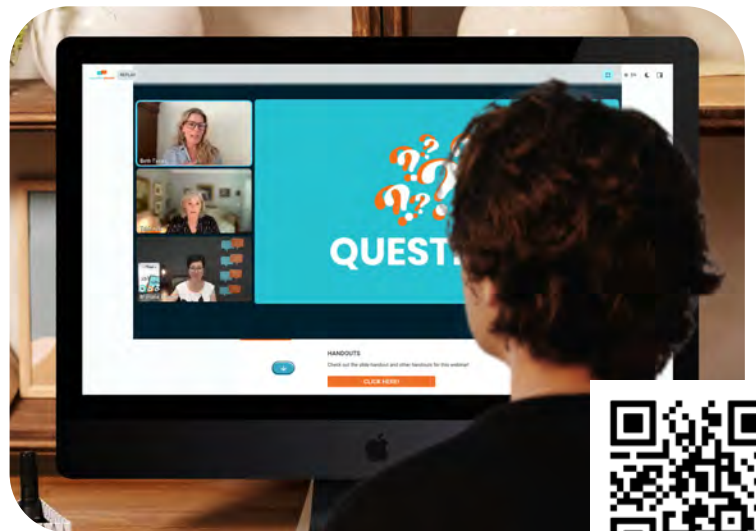


Parent Handbook

- Practical, prevention-focused guide for parents and caregivers
- Covers key topics like technology, mental health, and substance use with statistics, red flags, trends, and conversation starters
- Cited evidence-based information
- Available in **English and Spanish**

Free Monthly Webinars

- Learn from trusted experts (therapists, pediatricians, researchers, DEA agents and more)
- Great for caregivers, educators, and prevention professionals
- Access our growing library of webinars
- Live Q&A with each expert
- Includes **live Spanish captions and next-day audio translation**



TNT: Trends 'n' Training Toolkit

- Ready-to-use drug prevention event toolkit for communities
- Includes high impact promotion materials, drug fact posters with refusal skills, and parent take-home sheet
- Ideal for schools, coalitions, and parent events

Contact Aly Albright:
502.310.6353
aly@operationparent.org



DIRECTOR OF PUBLIC HEALTH
MATT RHODES, MPH, REHS

MEDICAL DIRECTOR
GREG ROBSON, MD

March 13, 2025

To Whom it may concern,

As the Director of the Oldham County Health Department (OCHD), I remain acutely aware of the impact the opioid crisis, and behavioral health challenges poses to families and individuals in our county and across the state. According to the Kentucky Injury Prevention Research Center (KIPRC), there has been a local increase in the number of fatal opioid-related overdoses between 2021(13 deaths) and 2023 (17 deaths). This is consistent with the increase we are realizing as a department with individuals requesting Narcan and reaching out for additional support and resources for substance abuse treatment and intervention. Other data collection instruments continue to identify increasing mental health indicators of stress, anxiety, and depression. Addressing these crises requires cross-sector collaboration and far-reaching partnerships. To this end, OCHD is pleased to submit this letter of support for Operation Parent's application for funding.

The partnership between the OCHD and Operation Parent began in 2014, when the Coalition for a Healthy Oldham County (HOC - a community coalition sponsored by OCHD) received a Drug Free Communities Support Program Grant. Even though the grant has concluded, Operation Parent was, and continues to be, an essential community collaborator on the coalition. The coalition has been able to purchase and distribute over 2000 handbooks to schools, libraries, and families since 2014 and has been able to send Operation Parent staff members to the Community Anti-Drug Coalitions of America (CADCA) conference twice during the grant. In addition to the handbooks, the coalition has been able to promote Operation Parent's webinars throughout the community.

As stated, Operation Parent continues to be an active member of the Coalition for a Healthy Oldham County, and has provided valuable information, services, and support as we work to reduce substance abuse and improve mental health in our community. OCHD fully supports their efforts to provide ongoing prevention information in new and targeted ways and we look forward to supporting their efforts through continued commitment to promote their handbooks and webinars through our social media, meetings and events, and networking with local, state, and national partners. Additionally, we extend support for Operation Parent in the pursuit of grants, and other funding opportunities to help further their mission to empower parents (and caregivers) to fully engage in ongoing conversations with their K-12 children about technology, substance use, and mental health issues for purposes of prevention.

Sincerely,

Matt Rhodes, REHS, MPH

WWW.OLDHAMCOUNTYHEALTHDEPARTMENT.ORG

1786 COMMERCE PARKWAY LAGRANGE, KENTUCKY 40031 PHONE: 502.222.3516 FAX: 502.222.0816



OPERATION
UNITE

Unlawful Narcotics Investigations,
Treatment and Education, Inc.
350 CAP Drive
London, KY 40744

Telephone 606 330-1400
Fax 606 877-1018
Email contact@OperationUNITE.org
www.OperationUNITE.org

February 18, 2025

Darrell Bramer
Executive Director
Operation Parent
P.O. Box 127
Buckner, KY 10010-0127

Dear Mr. Bramer:

On behalf of Operation UNITE, I write to acknowledge our organization's on-going support and partnership with Operation Parent and its mission "to love and support parents by providing real-world information, connection, and hope." We believe prevention – especially when started at an early age and reinforced throughout life – is essential to reducing substance misuse and, ultimately, preventing overdose deaths.

Operation UNITE has, and continues, to work collaboratively with Operation Parent to bring drug prevention education to families, communities, and schools within our service region. Together, we are collaborating with the U.S. Drug Enforcement Administration to bring its annual tri-state Family Summit to our region to explore the extent of current drug threats, discuss actionable steps moving forward, and supporting family and friends who have suffered a loss from fentanyl poisoning or drug overdose.

Created in 2003, Operation UNITE is a collaborative model striving to prevent misuse of drugs and facilitate recovery through strategic partnerships, leadership, education, treatment, and law enforcement. Operation UNITE also operates the KY HELP Statewide Call Center, which provides resources for Kentuckians seeking assistance for a substance use disorder.

Utilizing a network of volunteer stakeholders through grassroots community coalitions in each of the 43 counties we serve, Operation UNITE is able to address substance use issues at the local level. In addition, we have created a dedicated "Educate. Empower. Prevent." team that provides age-appropriate, substance use prevention education for students in grades K-12 – not only within our service region, but throughout the Commonwealth. Complementing these efforts are our UNITE Service Corps (AmeriCorps) program (providing math tutoring and the "Too Good For Drugs" curriculum at 53 elementary schools) and our 159 school-based UNITE Clubs (engaging more than 10,600 students during the 2024-25 school term).

Our staff, community volunteers, and school personnel access the Operation Parent free webinars, distribute the Operation Parent Handbooks, and promote the TNT (Trends 'n' Training) program. These resources have truly made a positive impact on parents by raising their awareness and educating them on tough issues about drugs and substance misuse. It is another opportunity to change the culture and help ensure that no parent will ever feel alone or lack the resources they need.

Sincerely,

Thomas E. Vicini
President & CEO