Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service For the 2022 calendar year, or tax year beginning 07-01 2022, and ending 06-30 2023 Check if applicable: C Name of organization OPERATION PATRIOTS FOB INC D Employer identification number Address change Doing business as 85-0894599 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 198 OKATIE VILLAGE DR STE 103-335 (315)400-9397 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts Amended return OKATIE, SC 29909 680,283 Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? X No H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions WWW.OPFOB.ORG Website: H(c) Group exemption number X Corporation Association L Year of formation: 2020 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 10 4 10 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** 680,283 529,864 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 680,283 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 730 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 436,500 626,261 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 437,230 626,261 92,634 54,022 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 286,304 167,020 21 Total liabilities (Part X, line 26) . . 36,989 Net assets or fund balances. Subtract line 21 from line 20 167,020 249,315 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 ROY BROWN Sign Signature of officer Date Here ROY BROWN, CHAIRMAN Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check **Paid** Paul Griz 09-26-2023 P01200031 self-employed **Preparer** Firm's name Lighthouse Tax and Consulting LLC Firm's EIN **Use Only** 1533 Fording Isl RD STE 300 Firm's address Phone no. Hilton Head Island SC 29926 843-815-4749

May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
c	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		37
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10		Α
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		Х
12a	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		Λ
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		•
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10		
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2022) OPERATION PATRIOTS FOB INC
Part IV Checklist of Required Schedules (continued) 85-0894599

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		3.5
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			L NI -
4.	Enter the number reported in Poy 2 of Form 1006. Enter 0, if not englished		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c		x
	. openione gaining (gainomig/ miningo to price minioto)		ı	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove	r,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .		4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB.	AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	equired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year? $\dots \dots \dots$		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? $\dots \dots \dots \dots$		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	· ' '	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	t t	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O \dots		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activitie				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

OPERATION PATRIOTS FOB INC Governance, Management, and Disclosure, For each "Yes" response to lines 2 through 7b below, and for a "No"

Covernance, management, and Disclosure Toreach Tes Test	Jonse to lines 2 timough 10 below, and for a TNO
response to line 8a, 8b, or 10b below, describe the circumstances, processes,	or changes in Schedule O. See instructions.

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	
Check if Schedule O contains a response or note to any line in this Part VI	X

Se	ction A. Governing Body and Management		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			Λ
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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 Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		v
13 14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	17		Х
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		x
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed South Carolina	-		
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.			
	☐ Own website ☐ Another's website ☐ 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.			
	ROY BROWN JR. (315)400-9397, 198 OKATIE VILLAGE DR STE 103-335, OKATIE, SC 29909			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII 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 employees."
- 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 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.

				((C)					
(A)	A) (B)			Pos	sition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
realite and title	hours					/trustee)	ı	compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or a	Ins	Officer	Ke	Hig	Fol	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	direc	titu	icer	y em	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee				
	below	uste	trust		ee	hpen				
	dotted line)	Φ	iee			Highest compensated employee				
						۵				
(1) ROB BRIDGERS	5.00									
DIRECTOR		х						0	0	0
(2) EVERETT WATSON	5.00									
DIRECTOR		х						0	0	0
(3) TJ PLUMMER	5.00									
DIRECTOR		х						0	0	0
(4) JOE MCNAMARA	5.00									
DIRECTOR		х						0	0	0
(5) MATT NICHOLS	5.00									
DIRECTOR		х						0	0	0
(6) BRIAN MAGEE	5.00									
DIRECTOR		х						0	0	0
(7) CRAIG OSTERGARD	5.00									
TREASURER				х				0	0	0
(8) ROY BROWN JR.	40.00									
CHAIRMAN				х				0	0	0
(9) STEPHANIE BROWN	30.00									
SECRETARY				х				0	0	0_
(10)JIMMY BANTON	5.00									
VICE CHAIRMAN				х				0	0	0_
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

EEA Form 990 (2022)

	90 (2022) OPERATION PATRIOT									85-089		Page 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp	olo	yee	s, an	nd F	lighest Comp	ensated Emp	oyees	(continued)
	(A) Name and title	(B) Average hours per week	do not check more the box, unless person is officer and a director/t week						(D) Reportable compensation from the	(E) Reportable compensation from related	con	(F) nated amount of other mpensation
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orgai	rom the nization and d organizations
(15)												
<u>(17)</u>												
(18)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal							•				
d	Total (add lines 1b and 1c)						 	•	0	0		0
2	Total number of individuals (including but not limit reportable compensation from the organization	ted to those	listed a	bove	e) w	ho re	eceive	d mo	ore than \$100,000	of		0
												Yes No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i> .						-				3	x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the											
	individual					•					4	x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>			-			_				5	x
Secti	on B. Independent Contractors	o, complete	00/100	iaio (0 101	ouc	προιο	,011				
1	Complete this table for your five highest compensa											
	compensation from the organization. Report comp (A)	bensation for	tne ca	ena	ar ye	ear e	enaing	with	or within the orgai	nization's tax year.	(C)	
	Name and business address	SS							Description of service	es	Compens	ation
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos	se lis	sted a	above)) wh	0			

Statement of Revenue

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		Check if Schedule O contains a resp	onse or n	ote to any line in thi	s Part VIII			
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	. 1a					000.00.000.000
	b	Membership dues						
nts nts	C	Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations						
fts, An	e	Government grants (contributions)						
اَوِّ يَوْ	f	All other contributions, gifts, grants,	. 10					
ons Sir	•	and similar amounts not included abov	e 1f	680,283				
ber juti	_	Noncash contributions included in		080,283				
ξğ	g	lines 1a-1f	. 1g	\$				
a S	h	Total. Add lines 1a-1f			600 202			
	- "	Total. Add lines 1a-11			680,283			
	20			Business Code				
8	2a							
je Š	b							
en e	C	-						
yram Serv Revenue	d							
Program Service Revenue	e	All ather are suggested as in a second						
₫.		All other program service revenue						
		Investment income (including dividends,	interest, a					
	4	Income from investment of tax-exempt b						
	1	Royalties	•	i i				
			Real	(ii) Personal				
	6a	Gross rents 6a	Itoai	(ii) i cisoriai				
		Less: rental expenses 6b						
	1	Rental income or (loss) 6c						
		Not read the series of the set						
		` ′	curities	(ii) Other				
	7a	Gross amount nom	curilles	(ii) Other				
		sales of assets other than inventory 7a						
	h	other than inventory Less: cost or other basis						
-	D							
nue		and sales expenses 7b						
e e	1	Gain or (loss)						
Other Revenue	1	Net gain or (loss)	· · · · ·					
‡	8a	Gross income from fundraising						
0		events (not including \$						
		of contributions reported on line						
	١.	1c). See Part IV, line 18						
		Less: direct expenses						
	1	Net income or (loss) from fundraising ex	vents .					
	9a	Gross income from gaming						
		activities, See Part IV, line 19						
	1	Less: direct expenses						
	С	Net income or (loss) from gaming activity	ties					
	10a	Gross sales of inventory, less						
	_	returns and allowances						
	1	Less: cost of goods sold		-				
	С	Net income or (loss) from sales of inver	ntory					
				Business Code				
SUS.	11a							
anc	b							
cell	С							
Miscellanous Revenue		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			680,283	0	0	0

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

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): 27,794 11,034 16,760 b Legal...... d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 8,071 8,071 13 14 15 16 17 5,726 5,726 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 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.) WARRIOR EXPENSES 480,009 480,009 b WARRIOR RETREATS 96,455 96,455 OTHER COGS 8,206 8,206 С d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 626,261 609,501 16,760 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

85-0894599

OPERATION PATRIOTS FOB INC

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 99,175 110,848 2 2 3 Pledges and grants receivable, net 3 4 4 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 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10a 175,456 10b b Less: accumulated depreciation 10c 67,845 175,456 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 167,020 16 286,304 17 17 13 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, Liabilities 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 23 36,976 24 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 25 Total liabilities. Add lines 17 through 25 _ 26 26 0 36,989 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 167,020 27 249,315 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 167,020 249,315 33 33 286,304 167,020

Form 990 (2022)

Par	rt 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			680,	283			
2	Total expenses (must equal Part IX, column (A), line 25)	2			626,	261			
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			167,	020			
5	5 Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	vices and use of facilities							
7	Investment expenses	7							
8	Prior period adjustments	8			28,	273			
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			249,	315			
Par	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: X Cash								
If the organization changed its method of accounting from a prior year or checked "Other," explain on									
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🗀	2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		🗀	2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of								
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		🗀	2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3а	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?		🗀	3a		х			
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		;	3b					

EEA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

OPE	A.	TIO	N PATRIOTS FOB INC					85-089459				
Par	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.											
The c	rga	aniza	ition is not a private foundation be	ecause it is: (For lin	ies 1 through 12, check o	nly one bo	x.)					
1		_ A d	church, convention of churches,	or association of cl	hurches described in se	ction 170(b)(1)(A)(i)					
2		_ A s	school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	0).)						
3			hospital or a cooperative hospita	-								
4		Ar	medical research organization of	perated in conjunct	ion with a hospital descr	ibed in se	ction 170((b)(1)(A)(iii). Enter the				
	_	_	spital's name, city, and state:									
5	L		organization operated for the be	_	r university owned or ope	erated by a	a governme	ental unit described in				
_	_		ction 170(b)(1)(A)(iv). (Complet	•								
6	L		federal, state, or local governme	-				4 1 12				
7	2		organization that normally receive			overnmen	ial unit or t	rom the general public				
	described in section 170(b)(1)(A)(vi). (Complete Part II.) 8											
8 9	F	_				porated in	conjunctio	n with a land grant call	000			
9	L		agricultural research organization university or a non-land-grant co				-	_	ege			
			iversity:	nege of agriculture	(See Instructions). Linter	ine name,	city, and s	late of the college of				
10	Г	_	organization that normally receive	ves: (1) more than '	33 1/3% of its support fro	om contribu	itions mar	mhershin fees and ares	· c			
	_	rec	ceipts from activities related to its	exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its				
			pport from gross investment inco quired by the organization after .) from businesses				
11	Γ	_	organization organized and ope					1).				
12	Ē	_	organization organized and ope						es of			
	_	on	e or more publicly supported org	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	See section 509(a)(3). Che	ck		
		the	e box on lines 12a through 12d th	at describes the typ	pe of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.				
а			Type I. A supporting organizat	ion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving			
			the supported organization(s) the	he power to regula	rly appoint or elect a maj	ority of the	directors	or trustees of the				
			supporting organization. You r	nust complete Pa	rt IV, Sections A and B							
b			Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g			
			control or management of the s	upporting organiza	tion vested in the same p	ersons tha	at control o	r manage the supporte	d			
		_	organization(s). You must cor	nplete Part IV, Se	ctions A and C.							
С		Ш	Type III functionally integrate		•			•	with,			
			its supported organization(s) (s		-							
d		Ш	Type III non-functionally inte						. ,			
			that is not functionally integrate					ent and an attentivenes	S			
_			requirement (see instructions).	-				I Type II Type III				
е		Ш	Check this box if the organization functionally integrated, or Type					т, туре п, туре п				
f		Ento	r the number of supported organ		integrated supporting of	gariizatioi	l.					
g			ride the following information about		nanization(s)							
			of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
	`		3	()	(described on lines 1-10	listed in you	r governing	support (see	othe	r support (see		
					above (see instructions))	docum	ent?	instructions)	i	nstructions)		
						Yes	No					
/A\												
(A)												
(B)												
(C)												
(D)												
(D)												
(E)												
Total												

85-0894599 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Secti	on A. Public Support			_			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			186,005	529,864	462,957	1,178,826
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			186,005	529,864	462,957	1,178,826
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)						35,993
6	Public support. Subtract line 5 from line 4.						1,142,833
	on B. Total Support			1			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			186,005	529,864	462,957	1,178,826
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						1,178,826
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o	-			-	•	
	organization, check this box and stop he						
	on C. Computation of Public Suppo						
	Public support percentage for 2022 (line 6					14	96.95 %
15	Public support percentage from 2021 Sch					15	94.45 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua	•		•			_
b	33 1/3% support test - 2021. If the organ						
47-	this box and stop here. The organization	•		-			
17a	10%-facts-and-circumstances test - 20	-					
	10% or more, and if the organization mee					-	
	Part VI how the organization meets the fa			•	•		
	organization						
b	10%-facts-and-circumstances test - 20	_					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the			-	=		· · · —
40	organization						
18	Private foundation. If the organization di						
	instructions						<u> </u>

Schedule A (Form 990) 2022 EEA

85-0894599

(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.)

Secti	on A. Public Support		_				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	, ,						
e	organization without charge						
6	Total. Add lines 1 through 5						
<i>r</i> a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		T	T	T		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2022 (line 8	s, column (f), d	livided by line '	13, column (f))		15	%
16	Public support percentage from 2021 Sch	edule A, Part	III, line 15 .	<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2022 (I	ine 10c, colun	nn (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga	nization did no	ot check the bo	x on line 14, a	nd line 15 is m	ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organizati	on did not chec	k a box on line 1	4 or line 19a, an	d line 16 is more	than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, check this bo	x and stop her e	e. The organizati	on qualifies as a	publicly support	ed organization	
20	Private foundation. If the organization die	d not check a	box on line 14,	19a, or 19b, c	heck this box a	ind see instruc	ctions

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

Secti	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	NO
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
′	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
•	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
•	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Hast IW Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide details in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations at all times during the tax year? If "No." describe in Part VI how the supported organizations difficus, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization or supported organization, describe how the power to appoint and/or more undergraded supervised, or controlled the supported organization had more than one supported organization operate for the benefit of any supported organization of If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) if the organization operated or the supported organization of the supported organization of the organization of the supported organization of the supported organization of the organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the organiza	Schedul	e A (Fori	n 990) 2022	OPERATION PATRIOTS FOB INC 85-089459	<u> </u>	F	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either aline or toegheth with persons described on lines 11b and 11b below, the governing body of a supported organization? A 35% controlled entity of a person described on 11a or 11b above? 6 A 35% controlled entity of a person described on 11a or 11b above? 7 A 35% controlled entity of a person described on 11a or 11b above? 8 A 15% controlled entity of a person described on 11a or 11b above? 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 lessa a mojority of the organizations officers, directors, or trustees at all times during the tax year? 1 Did the governing body, members of the governing body, efficers acting in their official capacity, or membership of one or more supported organization have brighted the organization of the organization of the organization of the organization describes to the powers of appoint or elect at lessa a mojority of the organization of the organization and what contribute or any supported organization from the more supported organization of any supported organization from that the supported organization (s) that operated, supportised, or controlled the supporting organization? 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 provided during the provided organization's provided	Part I	IV	Supporting (Organizations (continued)			
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### Section D. All Type III Supporting Organizations Yes No							
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(see instructions).

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	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.					
Secti	Section A - Adjusted Net Income			(B) Current Year (optional)		
1	Net short-term capital gain	1		(6)		
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				
Secti	on 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):					
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Secti	on 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				

EEA Schedule A (Form 990) 2022

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

10	Line o amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

EEA Schedule A (Form 990) 2022 Schedule A (Form 990) 2022 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.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization **Employer identification number** OPERATION PATRIOTS FOB INC 85-0894599 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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 Employer identification number OPERATION PATRIOTS FOB INC 85-0894599

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
1	BRENT AND JILL ANDERSEN 10218 PATRICK HENRY LANE CHARLOTTE NC 28277	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	PALMETTO ELECTRIC COOPERATIVE 4063 GRAYS HIGHWAY RIDGELAND SC 29936	\$18,500	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	TOWN OF RIDGELAND 1 TOWN SQUARE RIDGELAND SC 29936	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	WATTERSON FAMILY FOUNDATION 1227 MAY RIVER RD SUITE 300 BLUFFTON SC 29910	\$12,500	Person X Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	CRAIG AND ANDRA OSTERGARD 73 LEXINGTON LANE BLUFFTON SC 29910	\$7,193	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	COMMUNITY FOUNDATION OF THE LOWCOUN 4 NORTHSIDE DRIVE STE A HILTON HEAD ISLAND SC 29926	\$36,789	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

OPERATION PATRIOTS FOB INC

Employer identification number

85-0894599

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JACK FRENEY 6883 LONE RANCH AVENUE LAS VEGAS NV 89131	\$25,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BMW OF COLUMBIA / HILTON HEAD BMW 250 KILLIAM COMMONS PARKWAY COLUMBIA SC 29203	\$20,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	JASPER COUNTY GOVERNMENT 358 3RD AVENUE STE 106 RIDGELAND SC 29936	_ \$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	MORGAN PETTIT 5500 WHITE BLUFF ROAD SUITE F SAVANNAH GA 31405	\$16,500 	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	WEXFORD FOUNDATION PO BOX 4100 HILTON HEAD ISLAND SC 29938	\$15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	BERKELEY HALL CHARITABLE FOUNDATION 366 GOOD HOPE RD BLUFFTON SC 29910	_ \$12,500 _	Person x Payroll

Name of organization
OPERATION PATRIOTS FOB INC

Employer identification number

85-0894599

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		
13	JEWISH FEDERATION OF METROPOLITAN C 30 SOUTH WELLS STREET CHICAGO IL 60606	\$12,500	Person X Payroll Oncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	JOHN REED 38 MINUTEMAN DRIVE BLUFFTON SC 29910	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	BRANNEN DESIGN AND CONSTRUCTION PO BOX 270578 FORT COLLINS CO 80527	\$10,000	Person x Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16	THE CHURCH MOUSE THRIFT SHOP 78 ARROW ROAD HILTON HEAD ISLAND SC 29928	\$10,000	Person x Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	THE RIEHM FAMILY FOUNDATION 178 HAMPTON LAKE DRIVE BLUFFTON SC 29910	\$10,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	MASTER STEEL LLC 9769 SPEEDWAY BLVD HARDEEVILLE SC 29927	\$10,000	Person X Payroll		

Name of organization Employer identification number

OPERATION PATRIOTS FOB INC 85-0894599

Part I	Contributors (see instructions). Use auplicate copie	es of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ST FRANCIS THRIFT SHOP 45 BEACH CITY ROAD HILTON HEAD ISLAND SC 29926	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	AMVETS POST 70 1831 RIBAUT RD PORT ROYAL SC 29935	\$\$	Person X Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	SUNTORY BEAM - JRM MANAGEMENT SERV PO BOX 777 KENNESAW GA 30156	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	NO BULL MATTRESS & MORE 4380 BLUFFTON PARKWAY BLUFFTON SC 29910	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_23	VICKY DAY 34 FISH DANCER CT BLUFFTON SC 29910	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	BRIAN STERTZER 14 BRAMS POINT RD HILTON HEAD ISLAND SC 29928	\$\$6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I

Name of organization
OPERATION PATRIOTS FOB INC

Employer identification number 85-0894599

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	COURT ATKINS GROUP		Person <u>x</u> Payroll □
	32 BRUIN RD	\$5,500	Noncash
	BLUFFTON SC 29910		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	SOUTHERN LIFESTYLES PROPERTY		Person 🗓
	1253 C MAY RIVE RD	\$5,500	Noncash
	BLUFFTON SC 29910		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	DON THOMPSON		Person 🕱
	111 INVERNESS DRIVE	\$5,192	Payroll
	BLUFFTON SC 29910		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4		Type of contribution
No.	Name, address, and ZIP + 4 DAWNA GRAY	Total contributions	Type of contribution Person 🛣 Payroll
No.	Name, address, and ZIP + 4 DAWNA GRAY 103 STALLINGS ISLAND RD	Total contributions	Person Rayroll Noncash (Complete Part II for
No	Name, address, and ZIP + 4 DAWNA GRAY 103 STALLINGS ISLAND RD BLUFFTON SC 29910 (b)	\$5,000	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
No. 28 (a) No.	Name, address, and ZIP + 4 DAWNA GRAY 103 STALLINGS ISLAND RD BLUFFTON SC 29910 (b) Name, address, and ZIP + 4	\$5,000	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
No. 28 (a) No.	Name, address, and ZIP + 4 DAWNA GRAY 103 STALLINGS ISLAND RD BLUFFTON SC 29910 (b) Name, address, and ZIP + 4 JOHN AND PAULA HARRIS	\$5,000 (c) Total contributions	Type of contribution Person
(a) No.	Name, address, and ZIP + 4 DAWNA GRAY 103 STALLINGS ISLAND RD BLUFFTON SC 29910 (b) Name, address, and ZIP + 4 JOHN AND PAULA HARRIS 3903 N LINDSTROM PLACE TUCSON AZ 85750 (b)	\$ 5,000 (c) Total contributions \$ 5,000	Type of contribution Person
(a) No.	Name, address, and ZIP + 4 DAWNA GRAY 103 STALLINGS ISLAND RD BLUFFTON SC 29910 (b) Name, address, and ZIP + 4 JOHN AND PAULA HARRIS 3903 N LINDSTROM PLACE TUCSON AZ 85750	\$ 5,000 (c) Total contributions	Type of contribution Person
(a) No.	Name, address, and ZIP + 4 DAWNA GRAY 103 STALLINGS ISLAND RD BLUFFTON SC 29910 (b) Name, address, and ZIP + 4 JOHN AND PAULA HARRIS 3903 N LINDSTROM PLACE TUCSON AZ 85750 (b)	\$ 5,000 (c) Total contributions \$ 5,000	Type of contribution Person
(a) No. 29 (a) No.	Name, address, and ZIP + 4 DAWNA GRAY 103 STALLINGS ISLAND RD BLUFFTON SC 29910 (b) Name, address, and ZIP + 4 JOHN AND PAULA HARRIS 3903 N LINDSTROM PLACE TUCSON AZ 85750 (b) Name, address, and ZIP + 4	\$ 5,000 (c) Total contributions \$ 5,000	Type of contribution Person

Name of organization

Employer identification number

OPERATION PATRIOTS FOB INC 85-0894599 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

raiti	Contributors (see instructions). Ose duplicate copies of	rant i ii additional space is n	eeueu.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JOHN OLIVER 18 SCOTTS NECK PLACE SHELDON SC 29941	\$5,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32 (a)	ROGER SCEARCE 499 WASHINGTON BOULEVARD JERSEY CITY NJ 07310 (b)	\$5,000 (c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33	BAVARIAN NORDIC 1005 SLATER RD SUITE 101 DURHAM NC 27703	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	KUZNIK CHARITABLE FOUNDATION PO BOX 13136 CHARLESTON SC 29422	\$5,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35_	LATTITUDE OF HILTON HEAD FOUNDATION 2300 MAITLAND CENTER PKWY STE 101 MAITLAND FL 32751	\$5,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	LOCKHEED MARTIN 477 N LIGHTNING RD SAVANNAH GA 31409	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

OPERATION PATRIOTS FOB INC

85-0894599

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	OPERATION HEAL OUR HEROES 108 WEST 17TH STREET APT 10 NEW YORK NY 10011	\$5,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	PO BOX 23559 SAINT PETERSBURG FL 33742	\$5,000	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	SAVANNAH BLINDS 5500 WHITE BLUFF ROAD SUITE F SAVANNAH GA 31405	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

OPERA	ATION PATRIOTS FOB INC			85-0894599
Pa	rt I Organizations Maintaining Donor Advised Fundament	ds or Other Simi	lar Funds or Accou	nts.
	Complete if the organization answered "Yes" on F	orm 990, Part IV,	line 6.	
		(a) Donor advi	sed funds	(b) Funds and other accounts
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	ng that the assets he	eld in donor advised	
	funds are the organization's property, subject to the organization'	-		
6	Did the organization inform all grantees, donors, and donor advise	•		
•	only for charitable purposes and not for the benefit of the donor o			
	conferring impermissible private benefit?			
Par				
	Complete if the organization answered "Yes" on F	orm 990. Part IV.	line 7.	
1	Purpose(s) of conservation easements held by the organization (
•	Preservation of land for public use (for example, recreation or			prically important land area
	Protection of natural habitat		Preservation of a certi	
	Preservation of open space		j i reservation of a certi	med historic structure
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contrib	ution in the form of a co	nservation
2	easement on the last day of the tax year.	conservation continu	ution in the form of a col	Held at the End of the Tax Year
•	Total number of conservation easements			2a
a				2b
b	Total acreage restricted by conservation easements			20 2c
C	Number of conservation easements on a certified historic structu			20
d	Number of conservation easements included in (c) acquired after			
•	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, releas	sea, extinguisnea, or	terminated by the organ	nization during the
	tax year	ant Callagate d		
4	Number of states where property subject to conservation easem		ing banding of	
5	Does the organization have a written policy regarding the periodic		_	□ vaa □ Na
^	violations, and enforcement of the conservation easements it hold			
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	lling of violations, an	d enforcing conservation	n easements during the year
-	Annual of annual in an aritarian in an ation has discussed	-f.::- -t:	fanain a anna am iatina an	
7	Amount of expenses incurred in monitoring, inspecting, handling	oi violations, and en	forcing conservation ear	sements during the year
		-ti-6 . thin	-tfti 470/b\/4\/	(D)(:)
8	Does each conservation easement reported on line 2(d) above s			
•	and section 170(h)(4)(B)(ii)?			Yes No
9				
	balance sheet, and include, if applicable, the text of the footnote to	o the organizations	iinanciai statements tha	t describes the
Par	organization's accounting for conservation easements. III Organizations Maintaining Collections of A	Art Historical 3	Fragguras or Othe	or Similar Assats
Гаі				ei Silillai Assets.
	Complete if the organization answered "Yes" on F			lance cheet warks
1a	If the organization elected, as permitted under FASB ASC 958, n			
	of art, historical treasures, or other similar assets held for public e			nce of public
	service, provide in Part XIII the text of the footnote to its financial			a alcost conductof
b	If the organization elected, as permitted under FASB ASC 958, to			
	art, historical treasures, or other similar assets held for public exh	nibition, education, or	r research in furtherance	e of public service,
	provide the following amounts relating to these items:			0
	(i) Revenue included on Form 990, Part VIII, line 1			<u> </u>
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasur		-	, provide the
	following amounts required to be reported under FASB ASC 958			
a	Revenue included on Form 990, Part VIII, line 1			· ———
b	Assets included in Form 990, Part X			\$

Par	t III Organizations Maintaining Co	ollections of F	Art, His	storicai i	reasures, c	or Othe	Similar Ass	sets (co	ntini	iea)
3	Using the organization's acquisition, accession,	, and other records	, check	any of the fo	ollowing that ma	ike signific	ant use of its			
	collection items (check all that apply):			_						
а	Public exhibition		d	Loan o	r exchange pro	gram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how the	ey further the	e organization's	exempt p	urpose in Part			
	XIII.									
5	During the year, did the organization solicit or re								_	
	assets to be sold to raise funds rather than to be	<u> </u>	art of the	e organization	on's collection?		<u></u>	Yes	<u>. L</u>	No
Par			_	5					_	
	Complete if the organization an 990, Part X, line 21.	iswered "Yes"	on For	m 990, P	art IV, line 9	, or rep	orted an amo	unt on	Form	1
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for co	ontributions	or other assets	not				
	included on Form 990, Part X?							Yes	; [No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing ta	able:						
							Amo	unt		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form	n 990, Part X, line	21, for e	scrow or cu	stodial account	liability?		Yes	; <u> </u>	No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	kplanatio	n has been	provided on Pa	rt XIII .	<u> </u>			
Par										
	Complete if the organization an	swered "Yes"	on For	m 990, P	art IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two years ba	ack (d)	Three years back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	it year end balance	(line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment%									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess	sion of the organiza	ation that	are held an	nd administered	for the		г		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati							3b		
4	Describe in Part XIII the intended uses of the c	_	wment f	unds.						
Par	t VI Land, Buildings, and Equipm		_	000 -	. N. / !! :					_
	Complete if the organization an									υ.
	Description of property	(a) Cost or othe		1 ' '	r other basis	(c) Accu		(d) Book	value	
		(investmer	nt)	(0	other)	depred	iation			
1a	Land			1						
b	Buildings									
С	Leasehold improvements				15,909				15,9	
d	Equipment			:	159,547			1	.59,5	547
<u>е</u>	Other			(5) ::						
ı otal.	Add lines 1a through 1e. (Column (d) must eau	ıaı ⊢orm 990. Part	X. colui	nn (B). line	10C.J			1	.75.4	1 56

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 :		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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	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 1		er 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	_	
b	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII.) 2d Add lines 2a through 2d	20	
e	Subtract line 2e from line 1	2e	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	4c	
	Add into the cities to the cit	40	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part :	XIII Supplemental Information.		
Part Provide	XIII Supplemental Information. 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; F		
Part Provide	XIII Supplemental Information.		
Part Provide	XIII Supplemental Information. 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; F		
Part Provide	XIII Supplemental Information. 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; F		
Part Provide	XIII Supplemental Information. 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; F		
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Part Provide	XIII Supplemental Information. 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; F		
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Part Provide	XIII Supplemental Information. 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; F		
Part Provide	XIII Supplemental Information. 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; F		
Part Provide	XIII Supplemental Information. 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; F		
Part Provide	XIII Supplemental Information. 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; F		
Part Provide	XIII Supplemental Information. 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; F		

EEA Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Internal Revenue Service Employer identification number Name of the organization OPERATION PATRIOTS FOB INC 85-0894599 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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)) (total number) (event type) (event type) Revenue Gross receipts 1 Less: Contributions 2 3 Gross income (line 1 minus Cash prizes 4 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 9 10 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 7 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

EEA Schedule G (Form 990) 2022

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

OPERATION PATRIOTS FOB INC 85-0894599 01. Form 990 governing body review (Part VI, line 11) GOVERNING BODY REVIEWS THE FORM 990 BEFORE IT IS FILED. 02. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE AVAILABLE TO GENERAL PUBLIC UPON REQUEST.

Form 990 Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2022 Tax ID Number

Name(s) as shown on return

OPERATION PATRIOTS FOB INC

85-0894599

Name	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	(g) Excess contributions (col. (f) minus
							the 2% limitation)
BRENT AND JILL ANDERSEN				5,000	5,000	10,000	
PALMETTO ELECTRIC COOPERATIVE				7,500	18,500	26,000	2,423
TOWN OF RIDGELAND				10,000	10,000	20,000	
WATTERSON FAMILY FOUNDATION				12,500	12,500	25,000	1,423
CRAIG AND ANDRA OSTERGARD				33,896	7,193	41,089	17,512
COMMUNITY FOUNDATION OF THE LOWCOUN					36,789	36,789	13,212
JACK FRENEY					25,000	25,000	1,423
BMW OF COLUMBIA / HILTON HEAD BMW					20,000	20,000	
JASPER COUNTY GOVERNMENT					20,000	20,000	
MORGAN PETTIT					16,500	16,500	
WEXFORD FOUNDATION					15,000	15,000	
BERKELEY HALL CHARITABLE FOUNDATION					12,500	12,500	
JEWISH FEDERATION OF METROPOLITAN C					12,500	12,500	
JOHN REED					10,000	10,000	
BRANNEN DESIGN AND CONSTRUCTION					10,000	10,000	
THE CHURCH MOUSE THRIFT SHOP					10,000	10,000	
THE RIEHM FAMILY FOUNDATION					10,000	10,000	
MASTER STEEL LLC					10,000	10,000	
ST FRANCIS THRIFT SHOP					9,000	9,000	
AMVETS POST 70					8,400	8,400	
SUNTORY BEAM - JRM MANAGEMENT SERV					7,904	7,904	
NO BULL MATTRESS & MORE					6,860	6,860	
VICKY DAY					6,388	6,388	
BRIAN STERTZER					6,000	6,000	
COURT ATKINS GROUP					5,500	5,500	
SOUTHERN LIFESTYLES PROPERTY					5,500	5,500	
DON THOMPSON					5,192	5,192	
DAWNA GRAY					5,000	5,000	
JOHN AND PAULA HARRIS					5,000	5,000	

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors	
	(This page is not filed with the return. It is for your records only.)	2022
Name(s) as shown on return		Tax ID Number
OPERATION PATRIOT	S FOB INC	85-0894599

Name	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
KIM KIYOSAKI					5,000	5,000	
JOHN OLIVER					5,000	5,000	
ROGER SCEARCE 5,000					5,000	5,000	
BAVARIAN NORDIC					5,000	5,000	
KUZNIK CHARITABLE FOUNDATION					5,000	5,000	
LATTITUDE OF HILTON HEAD FOUNDATION				5,000	5,000		
LOCKHEED MARTIN 5,000					5,000		
OPERATION HEAL OUR HEROES 5,000 5,000							
RAYMOND JAMES CHARTIABLE 5,000 5,000							
SAVANNAH BLINDS					5,000	5,000	

TOTAL _____35,993

Tax Exempt Diagnostic Summary Name Employer Identification # 85-0894599

Demographics

Mailing Address: Phone: (315)400-9397

198 OKATIE VILLAGE DR STE 103-335

OKATIE, SC 29909

Resident State: SC

Diagnostics

Preparer: Paul Griz Invoice: Date: 09-26-2023

Return Information

Item on Return	2022	2021 Federal
item on Return	Federal	(If available)
Total Revenue	680,283	529,864
Total Expenses	626,261	437,230
Net Excess (Deficit)	54,022	92,634
Net Assets or Fund		
Balances	249,315	167,020

State/City Information

State/City	<u>Taxable</u>	Total	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	<u>Balance</u>		<u>Tax</u>	(Balance Due)