Form	9-TE		fo	file Signature A or a Tax Exempt	t Entity		F	OMB No. 1545-0047
		For calendar ye		, 20		, 20		2022
Department of Internal Reven				ot send to the IRS. Keep fo irs.gov/Form8879TE for th				2022
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Name and til	tle of officer or pe	rson subject to	tax DAVID	DREW		1.50	020	1000
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Part I			Return Infor					and and a second second
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	rm 1120-POL c	and a court of a court of	b Total	ax (Form 1120-POL, line 22)				b
	rm 990-PF chee		b Tax ba	ised on investment income	(Form 990-PF, Part	V, line 5)	. 4	b
	m 8868 check		b Balan	ce due (Form 8868, line 3c)			. 5	ib
	m 990-T check		b Total	ax (Form 990-T, Part III, line	4)		6	b
	m 4720 check		b Total i	ax (Form 4720, Part III, line 1	1)		7	b
	rm 5227 check			f assets at end of tax year				b
	m 5330 check m 8038-CP ch			e (Form 5330, Part II, line 19				b
Part II	Declarati	ion and Sid	D Amou	nt of credit payment reques	Sted (Form 8038-CP	Part III, line 22)	1	Ob
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Form **990**

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.



Department of t		Form990 for instructions and				Open to Public Inspection
	2022 calendar year, or tax year beginning		d ending			moposition
B Check if applicable:	C Name of organization			D Employer ide	ntificatio	on number
Address	OPERATION FINALLY HOME	6				
Name	Doing business as			20-896	4096	
Initial	Number and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telephone nur		
Final return/	1659 STATE HIGHWAY 46		115	(830)		5702
termin- ated	City or town, state or province, country, and	I ZIP or foreign postal code		G Gross receipts S		9,910,103.
Amendeo	NEW DRAUNFELD, TA /01		A	H(a) Is this a grou	p return	
Applica- tion pending	F Name and address of principal officer: DAL SAME AS C ABOVE	VIEL WALLRATH		for subordin H(b) Are all subordina		Yes X No
I Tax-exen	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)) or 527			See instructions
J Website	the second se	ME.ORG		H(c) Group exem		
		ssociation Dther	L Year (of formation: 200	5 M Stat	te of legal domicile: TX
	Summary					
0 1 B	riefly describe the organization's mission or mos					
Manc and	ODIFICATIONS TO AMERICA'	the second s				AND
the state of the s	heck this box if the organization disco	ontinued its operations or dispo	sed of more	than 25% of its net	assets.	
3 N	umber of voting members of the governing body	(Part VI, line 1a)	*********		3	12
8 4 N	umber of independent voting members of the go	verning body (Part VI, line 1b)			4	9
S 5 To	tal number of individuals employed in calendar	year 2022 (Part V, line 2a)			5	
tivit 6 To	otal number of volunteers (estimate if necessary)				6	250
V AIG	otal unrelated business revenue from Part VIII, co	000 T. Det Lies 11	•••••••		7a	0.
	et unrelated business taxable income from Form	990-1, Part I, line 11		Prior Year	7b	0 . Current Year
8 0	ontributions and grants (Part VIII, line 1h)		-	8,184,79	5	9,731,055.
enu o Pi				and the set of the set	0.	9,751,055.
	vestment income (Part VIII, column (A), lines 3, 4	and 7d)		280	the second s	-11,765.
11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8d	and /u/		134,28		89,564.
	otal revenue - add lines 8 through 11 (must equa			8,319,35		9,808,854.
	rants and similar amounts paid (Part IX, column			3,303,620	the second s	6,206,770.
	enefits paid to or for members (Part IX, column (the second se	0.1	0,100,170.
45 0.	laries other compensation employee hopofits /	Part IV column (A) lines 5 10)		884,46		926,956.
15 Sa 16a Pi b To	rofessional fundraising fees (Part IX, column (A), otal fundraising expenses (Part IX, column (D), lin	line 11e)		1,995,953		1,795,525.
b To	tal fundraising expenses (Part IX, column (D), lin	e 25) 1,918,3	52.			
i 17 O	ther expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		1,020,14	7.	1,372,289.
18 To	tal expenses. Add lines 13-17 (must equal Part I	X, column (A). line 25)		7,204,180		10,301,540.
	evenue less expenses. Subtract line 18 from line	12		1,115,178	3.	-492,686.
S OI			Beg	inning of Current Ye		End of Year
20.22	tal assets (Part X, line 16)			6,610,545		6,586,831.
E 21 To	otal liabilities (Part X, line 26)			1,128,529		1,693,112.
Z 22 Ne	et assets or fund balances. Subtract line 21 from Signature Block	line 20		5,482,010	0.	4,893,719.
	s of perjury, I declare that I have examined this return				f my know	ledge and belief, it is
true, correct, a	and complete. Declaration of preparer (other than offic	er) is based on all information of w	nich preparer i	as any knowledge.		
Ciam S	ignature of officer	>		Date 03	3/20	122
orgin	AVID DREW, INTERIM EXECU			Date D	5/20	125
1010	ype or print name and title	TIVE DIRECTOR				
		Bronororia gionatura	1D	ate Check		PTIN
	rint/Type preparer's name OSEPH A. HERNANDEZ	Preparer's signature JOSEPH A. HERNAI		3/20/23 self-a		00950841
_	irm's name ADKF, P.C.	POWERT TI TITUTU		Firm's EIN		606559
	rm's address 9601 MCALLISTER F	REEWAY, SUITE 80	00	FINISEIN	1 = 4	
	SAN ANTONIO, TX 7			Phone no.	(210)	829-1300
May the IBS	discuss this return with the preparer shown abo			Li. none no.		X Yes No
020003 30 30 0	HA For Paperwork Beduction Act Notic		0.00			Eorm 990 /2022

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) OPERATION FINALLY HOME	20-8964096	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission:		
	OPERATION FINALLY HOME'S MISSION IS TO PROVIDE HOMES AND		
	MODIFICATIONS TO AMERICA'S MILITARY HEROES, FIRST RESPON		R
	FAMILIES WHO HAVE SACRIFICED SO MUCH IN SERVICES TO COUN		
	COMMUNITY. WE BRING TOGETHER CORPORATE SPONSORS, BUILDER	ASSOCIATIONS	5,
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses § 6,822,643. including grants of § 5,162,963.) (Reven)
	TO PROVIDE HOMES TO AMERICA'S MILITARY HEROES, FIRST RES		
	THEIR FAMILIES WHO HAVE SACRIFICED SO MUCH IN SERVICE TO		
	COMMUNITY. 18 HOMES WERE BUILT IN 2022 FOR WOUNDED VETER	RANS.	
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code:) (Expenses \$)
	HEROES, FIRST RESPONDERS AND THEIR FAMILIES WHO HAVE SAC		СН
	IN SERVICE TO COUNTRY AND COMMUNITY. 18 HOMES WERE REMO		
	IN 2022 FOR WOUNDED VETERANS.		
4c	(Code:) (Expenses \$168,279. including grants of \$166,970.) (Reven)
	TO PROVIDE TRANSITIONAL HOMES TO AMERICA'S MILITARY HERO		
	RESPONDERS AND THEIR FAMILIES WHO HAVE SACRIFICED SO MUC		TO
		IN 2022 FOR	
	WOUNDED VETERANS.		
4d	Other program services (Describe on Schedule O.)		
ти	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 7,871,254.		
		Form 9 9	90 (2022)
232002	2 12-13-22 2		. ,

2022.03010 OPERATION FINALLY HOME 4408.AU1

Form	990	(2022)

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u>-</u> -
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	12-13-22	Form	990	(2022)

3

Form **990** (2022)

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			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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a		X
		200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
00	"Yes," complete Schedule L, Part IV	200	Х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Δ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	0		x
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X X
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		X X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u>x</u>
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		<u> </u>
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		<u>x</u>
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		<u> </u>
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	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 55			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
	Δ			

2022.03010 OPERATION FINALLY HOME 4408.AU1

Form	990 (2022) OPERATION FINALLY HOME		20-8964	096	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		Х
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 A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	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 contribut					
	were not tax deductible?		-	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		Х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			- 10		
Ŭ	to file Form 8282?	40109		7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		1	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization inerview of the organization of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization inerview of the organization of cars, boats, airplanes, or other vehicles, did the organization inerview of the organization of cars, boats, airplanes, or other vehicles, did the organization inerview of the organization of the organizati			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			- 11		
0		•		8		
9	Sponsoring organization have excess business nothings at any time during the year?			0		
				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:			55		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110				
D.	amounts due or received from them.)	11b				
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	(120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			150		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U		13b	1			
•	organization is licensed to issue qualified health plans	13c				
	Enter the amount of reserves on hand		•	140		х
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule to the section (1960 to a payment(s) of more than \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		х
	excess parachute payment(s) during the year?			15		11
16	If "Yes," see the instructions and file Form 4720, Schedule N.	tince	mo?	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	L INCOI	ne?	16		Λ
47	If "Yes," complete Form 4720, Schedule O.	 .				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
00000	If "Yes," complete Form 6069.			Form	990	(2022)
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	5					

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Form	990	(2022)
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20-8964096 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

X

Sec	tion A. Governing Body and Management					
			12		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		و			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	_	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				Х	
~	officer, director, trustee, or key employee?			2	Δ	
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person?					х
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filod?	3		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
5 6				6		X
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					
1a	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			10		
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
a	The governing body?	-	-	8a	х	
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 rea					
•	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		vonuo	0000.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	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	y befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "	′es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	$\ensuremath{persons}$, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	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 arranger	nent w	ith a			77
_	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		'S			
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE					
17			T (a a ation 501 (a) (0)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	10 990	-1 (section 501(c)(3)s	s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Own request Other (explain	n on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, and	l finano	cial	
	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 boo ASHLEIGH CHESSER - (806) 441-5712	oks and	l records			
	1659 STATE HIGHWAY 46 WEST, 115, NEW BRAUNFELS, TX	78	132			
232006	12-13-22			Form	990	(2022)
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2022.03010 OPERATION FINALLY HOME 4408.AU1

Form 990	(2022)
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Part VII	Co	mpensation of Officers,	Directors, Tru	stees, Ke	ey Employees,	Highest Con	npensated
	Em	ployees, and Independe	ent Contractors	s			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	n an	n compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) RUSSELL CARROLL EXECUTIVE DIRECTOR	40.00			x				168,527.	0.	3,527.
(2) DAVID DREW	40.00									
SENIOR VP OF OPERATIONS						x		122,602.	0.	1,448.
(3) CHARLES ARNOLD	5.00									
SECRETARY		х						0.	0.	0.
(4) TONI COLLETT	5.00									
BOARD MEMBER		Х						0.	0.	0.
(5) TERRY COLLINS	10.00									
TREASURER		Х						0.	0.	0.
(6) GARY HENLEY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) LANA HENLEY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) GEN. JERRY ICENHOWER	5.00									
VICE CHAIRMAN		Х						0.	0.	0.
(9) KEN SMITH	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) AARON WALLRATH	5.00									
CO-CHAIRMAN		Х						0.	0.	0.
(11) DANIEL D WALLRATH	40.00									
CO-CHAIRMAN / FOUNDER		Х		X				0.	0.	0.
(12) CAROL WALLRATH	5.00									•
BOARD MEMBER		Х						0.	0.	0.
(13) GEN. WILLIE WILLIAMS	5.00							_	<u>^</u>	<u>^</u>
BOARD MEMBER	F 00	Х						0.	0.	0.
(14) MIKE BUCCHI	5.00								0	•
BOARD MEMBER		X						0.	0.	0.
		-				$\left \right $				
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232007 12-13-22

Form 990 (2022)

Form 990 (2022) OPERATION									20-89	964(96	Page 8
Part VII Section A. Officers, Directors, Trust		oloye	es,			ghes	t C		· /	—		
(A) Name and title	(B) Average hours per week	(do not check more than one				than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	I	fro orga and	ensation om the nization related nizations
										\square		
										-		
										-+		
								201 120			4 ,975.	
1b Subtotal c Total from continuation sheets to Part VII								291,129.		0.		
d Total (add lines 1b and 1c)								291,129.		0.	4	,975.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	1		2
										r		Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su				•	-		Ŭ	• • •			3	x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from th	ne organization		4	X
5 Did any person listed on line 1a receive or a	ccrue compen	satio	, on fr	om a	any	unre	late	ed organization or indivic	lual for services			
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	<u>ich p</u>	berse	on .				I	5	X
1 Complete this table for your five highest cor	-									ensat	ion fror	n
the organization. Report compensation for t (A)		ear e	nain	ig wi		or wit		(B)			(C)	
Name and business HSP DIRECT, 20130 LAKEVIE		R I	PL	AZZ	A,			Description of s	ervices		ompen	
SUITE 300, ASHBURN, VA 20 HOOAH MUSIC	147						-	ADVERTISING CONCERT			,795	,525.
PO BOX 340020, NASHVILLE, TN 37203 ENTERTAINMENT COURTESY CUSTOM HOMES								254	,902.			
1006 S CAGE BLVD, SUITE 5, PHARR, TX 78577 CONSTRUCTION							199	,472.				
OAK CREEK HOMES 920 SSE LOOP 323, TYLER, TX 75702 CONSTRUCTION 196,208							,208.					
PULTE HOMES, 1718 DRY CRE SAN ANTONIO, TX 78259	PULTE HOMES, 1718 DRY CREEK, SUITE 120, SAN ANTONIO, TX 78259 CONSTRUCTION 145,896.											
 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 												

232008 12-13-22

Form 990 (2022)

		n 990				INALLY HOME	2		20-8964	096 Page 9
One of the second process of the second proceses of the second process of the second process of t	Pa	rt V	111	Statement of Rev	venue					
Total revenue Pedetad of exempt Incidence of e				Check if Schedule O c	ontains a respon	se or note to any line		(5)	(0)	
and Second Sec								Related or exempt	Unrelated	Revenue excluded from tax under
Both Mentership dues Index in the second state of genutations is the second state of genutation is th		4			4.					sections 512 - 514
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Business Code Business Code a	ភ្លូទ័									
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Builties Code Builties Code 2 a	ja ja					445,273,				
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Builties Builties Code 2 a	her					9,285,782.				
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99 0 State C 0 c 0 c <t< td=""><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td></t<>						1				
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2022.03010 OPERATION FINALLY HOME 4408.AU1

OPERATION FINALLY HOME Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,206,770.	6,206,770.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	168,527.	84,263.	67,411.	16,853.
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	693,762.	629,086.	58,012.	6,664.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	64,667.	53,497.	9,406.	1,764.
11	Fees for services (nonemployees):				
	Management				
b					
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17	1,795,525.			1,795,525.
f	Investment management fees	5,815.		5,815.	1,155,525.
g	Other. (If line 11g amount exceeds 10% of line 25,	570151		570150	
9	column (A), amount, list line 11g expenses on Sch 0.)	157,082.	101,668.	40,051.	15,363.
12	Advertising and promotion	438,226.	209,986.	163,929.	64,311.
13	Office expenses	29,763.	15,952.	11,236.	<u>15,363.</u> 64,311. 2,575.
14	Information technology				
15	Royalties				
16	Occupancy	22,441.	17,797.	3,612.	<u> </u>
17	Travel	173,994.	78,409.	89,367.	6,218.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	C 0.0.0		C 08C	
20	Interest	6,976.		6,976.	
21	Payments to affiliates	33,845.	29,246.	3,992.	607.
22	Depreciation, depletion, and amortization	13,340.	1,268.	12,072.	007.
23 24	Insurance Other expenses. Itemize expenses not covered	13,340.	1,200.	12,072.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CONTRIBUTIONS	369,541.	369,541.		
b	DUES AND AND SUBSCRIPTI	49,184.	32,556.	15,142.	1,486.
С	AUTOMOBILE EXPENSE	30,279.	17,445.	11,836.	998.
d	BANK FEES	20,337.	14,157.	1,858.	4,322.
	All other expenses	21,466.	9,613.	11,219.	634.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	10,301,540.	7,871,254.	511,934.	1,918,352.
26	Joint costs . Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

232010 12-13-22

11310320 758098 4408.AUDIT

2022.03010 OPERATION FINALLY HOME

Form 990 (2022)

11310320 758098 4408.AUDIT

OPERATION FINALLY HOME Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
		· ·			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			543,296.	1	327,415.
	2	Savings and temporary cash investments			825,620.	2	214,571.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			30,830.	4	180,044.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	271,744.			
	b	Less: accumulated depreciation	10b	168,960.	100,019.	10c	102,784.
	11	Investments - publicly traded securities			4,156,131.	11	4,403,039.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		954,649.	15	1,358,978.	
	16	Total assets. Add lines 1 through 15 (must equa			6,610,545.	16	6,586,831.
	17	Accounts payable and accrued expenses			115,039.	17	223,925.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er offic	er, director,			
liti		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties	60,641.	23	110,209.
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	,	· ·			1 250 070
		of Schedule D		····· -	952,849.		1,358,978.
	26	Total liabilities. Add lines 17 through 25	· · ·		1,128,529.	26	1,693,112.
Ś		Organizations that follow FASB ASC 958, che	ck here	e X			
nce	07	and complete lines 27, 28, 32, and 33.			5,482,016.	07	4,893,719.
alaı	27			····· -	5,402,010.	27	4,095,719.
ЧB	28	Net assets with donor restrictions				28	
'n		Organizations that do not follow FASB ASC 99	58, cne				
ъ Ш		and complete lines 29 through 33.				00	
ets	29 20	Capital stock or trust principal, or current funds				29 20	
SS	30 31	Paid-in or capital surplus, or land, building, or eq				30 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated inc			5,482,016.	31 32	4,893,719.
Ž	33	Total net assets or fund balances			6,610,545.	32 33	6,586,831.
	33	Total habilities and het assets/fullu balarices			0,010,010,010	33	Eorm 990 (2022)

Form 990 (2022)

Form 990 (2022)

Form	1990 (2022) OPERATION FINALLY HOME	20-	-8964096	Pag	_{ge} 12
Pa	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	9,808		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,301		
3	Revenue less expenses. Subtract line 2 from line 1	3	-492	2,68	86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,482	2 , 0:	16.
5	Net unrealized gains (losses) on investments	5	-95	5,6	<u>11.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,893	3 , 7:	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				_
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Name of	ne of the organization Employer identification number								
Devit		ATION FINAL						0-8964096	
Part I	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The organ	nization is not a private found			•	-				
1	A church, convention of ch				n 170(b)(1	I)(A)(i).			
2	A school described in sect								
3	A hospital or a cooperative								
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
	city, and state:								
5 📖	An organization operated for		llege or university owned	l or operate	ed by a go	overnmental u	hit describe	ed in	
-	section 170(b)(1)(A)(iv). (C								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
7 🔼			ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	oublic described in	
•	section 170(b)(1)(A)(vi). (C								
	A community trust describe								
9 📖	An agricultural research org	-			-		-	-	
	or university or a non-land-g	grant college of agric	ulture (see instructions).		lame, city	, and state of	the college		
10	university: An organization that norma	Ily receives (1) more	than 33 1/3% of its supr	ort from o	ontribution	ns membersh	in fees and	d aross receipts from	
	activities related to its exem								
	income and unrelated busir		-					-	
	See section 509(a)(2). (Con				000 00401				
11	An organization organized a		velv to test for public sa	fetv. See	section 50)9(a)(4).			
12	An organization organized a						rrv out the	purposes of one or	
	more publicly supported or	-	•	-			•		
	lines 12a through 12d that	-							
a	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting	
	organization. You must o	complete Part IV, Se	ections A and B.						
b	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	ving	
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manao	ge the supp	ported	
	organization(s). You mus	t complete Part IV,	Sections A and C.						
c	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,	
_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
d	Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)	
	that is not functionally int	с с	e ,	•		•	an attentiv	/eness	
_	requirement (see instructi	,	•						
e	Check this box if the orga					Type I, Type	II, Type III		
	functionally integrated, or		nally integrated supporting	ng organiz	ation.				
	er the number of supported o	•							
	vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
	organization	.,	(described on lines 1-10	in your governi Yes	ng document?	support (see ir	2	support (see instructions)	
			above (see instructions))						
Total									

Part II

OPERATION FINALLY HOME

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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.")	5223682.	6102999.	7520758.	8209794.	9731055.	36788288.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	5000600	6100000	8500850	00000004	0001055	
	Total. Add lines 1 through 3	5223682.	6102999.	7520758.	8209794.	9731055.	36788288.
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)						26700000
	Public support. Subtract line 5 from line 4.						36788288.
		(-) 0010	(1-) 0010	(-) 0000	(1) 0001	(-) 0000	(f) Tabal
	ndar year (or fiscal year beginning in)	(a) 2018 5223682.	(b)2019 6102999.	(c) 2020 7520758.	(d) 2021 8209794.	(e) 2022	(f) Total 36788288.
	Amounts from line 4	JZZJ00Z.	0102999.	1520150.	0209794.	9751055.	50700200.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		ED 240	20,619.	12,080.	22 101	152 206
-	and income from similar sources	44,755.	52,348.	20,019.	12,000.	23,494.	153,296.
9	Net income from unrelated business						
	activities, whether or not the	200 452	21 260	24 604	44 407	26 240	415 144
	business is regularly carried on	288,453.	21,260.	34,694.	44,497.	26,240.	415,144.
10	Other income. Do not include gain						
	or loss from the sale of capital	100 505	217 111	226 190	122 102	77 165	752 052
	assets (Explain in Part VI.)	109,505.	217,411.	220,109.	122,403.	11,405.	753,053. 38109781.
	Total support. Add lines 7 through 10		````			10	50109/01.
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th			-			
Sec	organization, check this box and stor ction C. Computation of Publi						·····
	•		-	olumn (f))		14	96.53 %
	Public support percentage for 2022 (I Public support percentage from 2021		•			15	95.73 %
	33 1/3% support test - 2022. If the c						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the d		•				
N	and stop here. The organization qual	-		4°			
1 7a	10% -facts-and-circumstances test		•••		13 16a or 16b a		
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	vine organiz	
h	10% -facts-and-circumstances test	-		• • • •	-		
~	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						s
	<u> </u>		,				(Form 990) 2022

232022 12-09-22

Schedule A	(Form	990) 202
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
Ŀ	3 received from disqualified persons						
D	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				_	-	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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.)			1			
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,
_		0		-			·
Sec	tion C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s t	op here. The orga	anization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
23202	3 12-09-22		1 6	:		Schee	dule A (Form 990) 2022

^{2022.03010} OPERATION FINALLY HOME 440

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

232024 12-09-22

10a 10a 10b 10b Schedule A (Form 990) 2022

		anizations (continued)
Schedule A	(Form 990) 2022	OPERATION

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised or controlled the supporting organization.

		ie supporting organization	
Section C. 1	Type II Suppor	rting Organizations	

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

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	l to satisfy the	e Integral Part Test d	uring the year	see instructions).
-					

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

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a gov	vernmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	---------------------	-------------------	-----------------------------

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

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

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

Yes No
Yes No
Yes
No

Schedule A (Form 990) 2022

232025 12-09-22

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17 2022.03010 OPERATION FINALLY HOME

Schedule A	(Form 990) 202
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Schedule A (Form 990) 2022 OPERATION FINALLY HOME Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See Instructio
All other Type III non-functionally integrated supporting organizations mus	st complete :	Sections A through E.	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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e Excess from 2022

	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	5	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - provide deta		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organiz	zation is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions) Exces	(i) ss Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able 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.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

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

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

Schedule A (Form 990) 2022

Section D - Distributions

2

20-8964096 Page 7

1

Current Year

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2018 AMOUNT: \$	109,505.
2019 AMOUNT: \$	217,411.
2020 AMOUNT: \$	226,189.
2021 AMOUNT: \$	122,483.
2022 AMOUNT: \$	77,465.

		Supplement	L Eineneiel	Statamanta		OMB No. 1545-0047	
	HEDULE D n 990)	Supplementa Complete if the orga				2022	
		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d,			Open to Public	
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions an	d the latest information.		Inspection	
Nam	e of the organizati	on OPERATION FINALLY I	10MF		Emplo	yer identification number 20-8964096	
Par	t I Organiza	ations Maintaining Donor Advise		r Similar Funds or Ac	counts		
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor adv	vised funds	b) Funds	and other accounts	
1	Total number at er	nd of year					
2	Aggregate value o	f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	· · · · · · · · · · · · · · · · · · ·						
5	-	on inform all donors and donor advisors in v	-				
•		on's property, subject to the organization's				Ves No	
6	•	on inform all grantees, donors, and donor a poses and not for the benefit of the donor o	•	•	•		
	impermissible priv		,	, , ,	0	Yes No	
Par		ation Easements. Complete if the org					
1		servation easements held by the organization					
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a histo	orically im	portant land area	
	Protection o	f natural habitat		Preservation of a certi	fied histo	ric structure	
	Preservation	n of open space					
2		through 2d if the organization held a qualif	ied conservation con	tribution in the form of a co			
	day of the tax year					eld at the End of the Tax Year	
a		onservation easements			2a		
b	-				2b		
		vation easements on a certified historic stru vation easements included in (c) acquired a			2c		
u			•		2d		
3		vation easements modified, transferred, rel			· · · · ·	ring the tax	
	year		, 3	, 3		5	
4	Number of states	where property subject to conservation eas	ement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, insp	ection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?			Yes No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations	, and enforcing conservatio	n easeme	ents during the year	
_		<u> </u>					
7	Amount of expens	ses incurred in monitoring, inspecting, hand	ling of violations, and	l enforcing conservation eas	sements	during the year	
8		 vation easement reported on line 2(d) abov	a satisfy the requirem	pents of section $170(h)(1)(R)$	(i)		
U)(4)(B)(ii)?			.,	Yes No	
9		be how the organization reports conservation					
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organizatio	on's financial statements that	at describ	es the	
	organization's acc	ounting for conservation easements.					
Par		ations Maintaining Collections of		reasures, or Other S	imilar <i>I</i>	Assets.	
		f the organization answered "Yes" on Form					
1 a		elected, as permitted under FASB ASC 95					
		easures, or other similar assets held for pub			ice of pul	DIIC	
h	· •	Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95			sheet w	orks of	
U	-	sures, or other similar assets held for public					
		ing amounts relating to these items:	changed of the second of the s	.,			
	-	ded on Form 990, Part VIII, line 1			\$		
		ed in Form 990, Part X					
2		received or held works of art, historical treat					
	the following amou	unts required to be reported under FASB A	SC 958 relating to the	ese items:			

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22 Schedule D (Form 990) 2022

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26 2022.03010 OPERATION FINALLY HOME

Sche		ON FINALLY HOM			20-89	964096	Pa	ige 2
Par	t III Organizations Maintaining C	ollections of Art, His	torical Treasures, o	r Other S	imilar Asset	t s (continu	ed)	
3	Using the organization's acquisition, accession	on, and other records, chec	k any of the following that	t make signi	ficant use of its			
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exchange progra	am				
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain how t	hey further the organization	on's exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations of art, h	istorical treasures, or othe	er similar ass	sets			_
	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arrange		e organization answered	"Yes" on Fo	rm 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermediary for	contributions or other ass	sets not incl	uded	_		,
	on Form 990, Part X?				L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:		· · · ·			
						Amount		
	Beginning balance				1c			
	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance							1
	Did the organization include an amount on Fe			-		Yes	\square	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							
I ai			Prior year (c) Two yea		Three years back	(e) Four y	oare h	hack
4.	Designing of your balance	(a) Current year (b)		IS DACK (U)	Thee years back		cais i	Jack
1a	Beginning of year balance							
D	Contributions							
ر ام	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses End of year balance							
g 2	Provide the estimated percentage of the curr	ent year end balance (line 1	a column (a)) held as:					
2 a	Board designated or quasi-endowment		g, column (a)) neid as.					
h	Permanent endowment	%						
° C		<u> </u>						
Ŭ	The percentages on lines 2a, 2b, and 2c sho	/ -						
3a	Are there endowment funds not in the posse		at are held and administer	red for the				
	organization by:					1	/es	No
	(i) Unrelated organizations					3a(i)		
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answere	d "Yes" on Form 990, Part I	V, line 11a. See Form 990	, Part X, line	e 10.			
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu	imulated	(d) Book	value)
		basis (investment)	basis (other)	depre	ciation			
1a	Land							
b	Buildings							
с	Leasehold improvements							
	Equipment		271,744.	16	8,960.	102	,78	34.
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, colu	mn (B), line 10c.)			102	,78	34.
						le D (Form	990) :	2022

Part VII II	nvestments - (Other Securities		
Schedule D (Fo	orm 990) 2022	OPERATION	FINALLY	HOME

			11b. See Form 990, Part X, line 12.	
(a) Description of security	/ Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives				
(2) Closely held equity in	nterests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Form 990, Part X, col. (B) line 12.)			
	ents - Program Related.			
			e 11c. See Form 990, Part X, line 13.	
(a) Descri	ption of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Form 990, Part X, col. (B) line 13.)			
Part IX Other As	sets.			
Complete if			e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) CONSTRUC	TION AND ACQUISIT	ION COSTS FOR	VETERANS' HOMES	1,358,978
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must e	equal Form 990, Part X, col. (B) lin	e 15.)		1,358,978
Part X Other Lia	abilities.			
Complete if	the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	25.
1.	(a) Description of liability			(b) Book value
(1) Federal income t	axes			
(2) CONTRACT	UAL COMMITTMENT T	0		
(3) TRANSFER	HOMES TO VETERAN	S		1,358,978
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	equal Form 990. Part X. col. (B) lin	e 25)		1,358,978
,	• • • • • • •	,	o the organization's financial statements	

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 OPERATION FINALLY HOME			20-	8964096	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.		
	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	9,707	<u>,428.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-95,611.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,611.
3	Subtract line 2e from line 1			3	9,803	<u>,039.</u>
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	5,815.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	5	,815.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,808	,854.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	tetur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<u> </u>	10 205	705
1	Total expenses and losses per audited financial statements			1	10,295	, 725.
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			-		
С	Other losses			-		
	Other (Describe in Part XIII.)	-				0
-	Add lines 2a through 2d			2e	10 205	705
3	Subtract line 2e from line 1			3	10,295	,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	F 01F			
а	Investment expenses not included on Form 990, Part VIII, line 7b		5,815.	-		
b		4b		-	-	01 5
С	Add lines 4a and 4b			4c		,815.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,301	,540.
Pa	rt XIII Supplemental Information.					

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

232054 09-01-22

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022
Department of the Treasury		Attach to Form 990	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	ctions	and the	he latest informatio	<u>n.</u>		Inspection
Name of the organization								entification number
		ON FINALLY HOME					20-8964	
	complete this par	 Complete if the organization answert. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E2	I filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followir	ng activ	ities. (Check all that apply.			
a 🚺 Mail solicitat					overnment grants			
b X Internet and	email solicitations			-	-			
c X Phone solici		g X Specia	l fundra	aising	events			
d 🛛 In-person so	licitations							
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,		
key employees list	ed in Form 990, P	eart VII) or entity in connection with p	rofessi	onal fi	undraising services?		X Yes	s 🗌 No
	•	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which t	ne fur	ndraiser is to be	e
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	
(i) Name and addres		(ii) Activity	fundr have c	raiser	(iv) Gross receipts	tò (c	or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)	(,	or cor	ntrol of utions?	from activity		fundraiser ted in col. (i)	organization
HSP DIRECT - 20130	τλυεντεν	CONSULTS ON DIRECT MAIL	Yes	No		<u> </u>		
CENTER PLAZA, SUIT		PROGRAM			2,405,352.		1,795,525.	609,827.
	L 300,		X	<u> </u>	2,403,332.		1,755,525.	005,027.
			+	<u> </u>				
			1	<u> </u>				
			\vdash	<u> </u>		└──		ļ
						<u> </u>		
<u>Total</u>			<u></u>	<u></u>	2,405,352.		1,795,525.	609,827.
3 List all states in wh or licensing.	ich the organizatic	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

20-8964096 Page 2

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.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1 SPECIAL EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts	144,932.			144,932.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	144,932.			144,932.
	4	Cash prizes				
	-					
6	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ectE	7	Food and beverages				
Dir	8	Entertainment				
	9	Other direct expenses	65,990.			65,990.
	10	Direct expense summary. Add lines 4 through			•	65,990.
		Net income summary. Subtract line 10 from li	ine 3, column (d)			78,942.
Pa	ırt I	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.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	_					
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		Het gaming meente caminary. Castract inter				I
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax	vear?	Yes No
		Yes," explain:				
23208	32 10)-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	OPERATION	FINALLY H	OME	20-8	3964096	Page 3
11	Does the organization conduct ga	ming activities with n	onmembers?			Yes	No
	Is the organization a grantor, bene						
	to administer charitable gaming?					Yes	No
13	Indicate the percentage of gaming	activity conducted i	n:				
a	The organization's facility					13a	%
b	An outside facility					13b	%
14	Enter the name and address of the	e person who prepare	es the organization'	s gaming/special events l	books and records:		
	Name						
	Address						
15a	Does the organization have a cont	tract with a third part	y from whom the or	ganization receives gamii	ng revenue?	🗌 Yes	No No
b	If "Yes," enter the amount of gam	ing revenue received	by the organization	\$	and the amount		
	of gaming revenue retained by the			•			
c	If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	<u> </u>	_					
	Director/officer	Employee	L Indep	endent contractor			
17	Mandatory distributions:						
	Is the organization required under	state law to make ch	aritable distribution	s from the gaming proce	eds to		
						Yes	🗌 No
b	Enter the amount of distributions						
	organization's own exempt activiti	•		1 3			
Pa	rt IV Supplemental Infor	mation. Provide th	e explanations requ	iired by Part I, line 2b, col	umns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also prov	vide any additional i	nformation. See instruction	ons.		
SC	HEDULE G, PART I,	LINE 2B L	ΤΩΤ ΟΕ ΤΕΝ	I HIGHEST PAT	D FUNDRATSERS	3.	
<u></u>							
<u>(</u>]) NAME OF FUNDRAIS	SER: HSP DI	RECT				
<u>(I</u>) ADDRESS OF FUNDE	RAISER:					
20	130 LAKEVIEW CENTE	ER PLAZA, S	UITE 300,	ASHBURN, VA	20147		
			,	•			
2320	83 10-27-22				Sched	lule G (Form	990) 2022

Part IV	Supplemental Informatio	(continued)		
232084 04-01-	-22			Schedule G (Form 990)
			33	

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SCHEDULE I	SCHEDULE I Grants and Other Assistance to Organizations,							OMB No.	1545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		20	22
Department of the Treasury		Compi		Attach to Forn	•			Open t	o Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.		-	ection
Name of the organizati	lame of the organization Employer ident								ion number
	OPERATION FINALLY HOME 20-8								
Part I General Information on Grants and Assistance									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									_
	ward the grants or assis							X Yes	No
	IV the organization's pro d Other Assistance to I					opization annuared "M		t IV/ line O1 for any	
	hat received more than \$					anization answered "Y	es" on Form 990, Pan	t IV, line 21, for any	
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistan	

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

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

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOMES BUILT AND REMODELED OR MODIFIFED	41	0.	6,206,770.	BOOK VALUE	COSTS PAID TO BUILD HOMES

35

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

PART I, LINE 2:

THE ORGANIZATION DOES NOT GIVE OUT GRANTS, INSTEAD THE ORGANIZATION ASSISTS

IN HELPING WOUNDED MILITARY BUILD A HOME BY PAYING FOR DIRECT COSTS. THE

ORGANIZATION REVIEWS EACH INVOICE AND CONFIRMS IT NEEDS TO BE PAID FOR THAT

INDIVIDUAL'S HOME.

SCI	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022		
	Compensated Employees			ZU	22	-
Dopor	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1	Employer id			mber
		OPERATION FINALLY HOME	20-8	96409	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
	_	ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	by of the following the experization used to establish the companyation of the experization?				
5		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.	SITIO			
	Compensatior					
		ompensation consultant				
	·	ther organizations X Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	0	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
						X
b		ation?		<u>5b</u>		X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r					37
						X
b		ation?		<u>6b</u>		X
_		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		8		x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					
9		id the organization also follow the rebuttable presumption procedure described in		9		
ППУ		1 53.4958-6(c)?			- 000	0000
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	1 990	2022

232111 10-18-22

Schedule J (Form 990) 2022

20-8964096

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RUSSELL CARROLL	(i)	168,527.	0.	0.	0.	3,527.	172,054.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

20 - 8964096

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

OPERATION FINALLY HOME

Par	TI I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	eterminin		6
			Items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (BUILDING MATERI)	Х	0	2,494,021.	COMP. RETAI	L SA	LES	3
26	Other (ADVERTISING AND)	Х	0	68,000.				
27	Other (FUNDRAISING EVE)	Х	0	540.				
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828		5 5					
	5	, , ,	5			Y	/es	No
30a	During the year, did the organization receive by	/ contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.					oou		
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31		х
	Does the organization hire or use third parties of	•	-	-			\neg	
520	contributions?		•	· ·		32a		х
b	If "Yes," describe in Part II.							_
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked.			
	gamma and a second and a second and a second a s				,			

describe in Part II.

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

Schedule M (Form 990) 2022

232141 09-09-22

113

Page 2

20 - 8964096

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

09-09-22	Schedule M (Form 990) 2022
-	
20 758098 4408.AUDIT	40 2022.03010 OPERATION FINALLY HOME 4408.

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. Attach to Form 990 or Form 990-EZ.

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

Employer identification number 20-8964096

OMB No. 1545-0047

OPERATION FINALLY HOME

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEIR FAMILIES.

FORM 990, PART

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILDERS, REMODELERS, DEVELOPERS, INDIVIDUAL CONTRIBUTORS, AND

VOLUNTEERS TO HELP THESE HEROES AND THEIR FAMILIES BY ADDRESSING ONE OF

THEIR MOST PRESSING NEEDS- A PLACE TO CALL HOME.

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

I,

DANIEL D WALLRATH, CO-CHAIRMAN AND FOUNDER, HAS A FAMILY RELATION WITH

BOARD MEMBERS, CAROL WALLRATH AND AARON WALLRATH.

BOARD MEMBERS GARY HENLEY AND LANA HENLEY HAVE A FAMILY RELATION.

EVERY BOARD MEMBER IS REQUIRED TO SIGN A BOARD OF DIRECTORS PLEDGE THAT

HELPS ELIMINATE ANY CONFLICT.

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

THE EXECUTIVE DIRECTOR SENDS THE DRAFT COPY OF FORM 990 INCLUDING ALL

APPLICABLE SCHEDULES TO BOARD MEMBERS FOR REVIEW. AFTER REVIEW AND

COMMENTS, CHANGES, IF ANY, ARE DOCUMENTED AND THE FORM 990 IS UPDATED. THE

EXECUTIVE DIRECTOR WILL SIGN THE RETURN AND IT WILL BE FILED WITH THE IRS.

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

THE ORGANIZATION HAS ALL BOARD MEMBERS SIGN A BOARD OF DIRECTORS PLEDGE

THAT STRESSES THEIR BY LAWS. THEY FOCUS ON HAVING MUTUAL RESPECT,

 REGARDLESS OF THE DIFFERENCES OF OPINION, AND MAINTAIN A PRODUCTIVE WORKING

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
 10-28-22

41

Schedule O (Form 990) 2022	Page 2
Name of the organization OPERATION FINALLY HOME	Employer identification number $20-8964096$
RELATIONSHIP WITH ONE ANOTHER AND WITH THE EXECUTIVE DIREC	TOR.
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR AND	OTHER EMPLOYEES
ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPA	RABILITY DATA IS
USED IN DETERMINING THESE SALARIES, COMPENSATION AMOUNT IS	ALSO APPROVED BY

THE BOARD OF DIRECTORS BEFORE AN EMPLOYEE IS EMPLOYED.

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

THE ORGANIZATION MAKES ALL PUBLIC DOCUMENTS AVAILABLE ON THEIR WEBSITE.

THEY ALSO MAKE AVAILABLE THE DOCUMENTS UPON REQUEST IF THE PERSON

REQUESTING ACCESS DOES NOT HAVE ACCESS TO A COMPUTER.

FORM 990, PART XII, LINE 2C

THE BOARD MAINTAINS OVERSIGHT OF THE ANNUAL AUDIT AND THE PREPARATION

OF FORM 990. NO CHANGES FROM PRIOR YEAR.