				Return of O	rganization Ex	empt	From I	ncor	ne Tax	K	$\vdash$	OMB No. 15	45-0047
Forn	Q	90		Under section 501(c), 527	, or 4947(a)(1) of the Inter	- nal Reven	ue Code (e	xcept p	orivate found	datior	ns)	20	23
	_				Social Security numbers of		-				- /	Open to F	Public
		of the Treas nue Service		Information a	about Form 990 and its ins	structions	is at <i>www.ir</i> :	s.gov/f	orm990.			Inspecti	on
A F	or th	e 2023	calend	dar year, or tax year begin	ning		and endin	g					
Bo	neck if ap	C	C Name	of organization SPECIAL	OPERATIONS FUND				D Employer	ident	ification	number	
			C/0	O BECKI CHAMBERS									
	Addre chang		•	Business As							76522	2	
	Name	change	Numb	er and street (or P.O. box if mail is i	not delivered to street address)	F	Room/suite		E Telephone	) num	ber		
	Initial	return	903	1 N STUART STREET S	STE 1200				(	703	)469-	-3863	
	Term	inated	City or	town, state or province, country, a	nd ZIP or foreign postal code								
	Amer returr		ARI	LINGTON, VA 22203					G Gross rec	eipts	\$ 3,	,697,29	94.
		cation F	- Name	and address of principal officer:	BECKI CHAMBERS	1		1	H(a) Is this a g subordina		eturn for	Yes	X No
		5	903	1 N STUART ST #1200	), ARLINGTON, VA	22203			H(b) Are all sub		es included?	Yes	No
ı .	Tax-ex	empt stati		X 501(c)(3) 501(c) (		947(a)(1) oi	r 527	,	lf "No," a	ttach a	list. (see in	nstructions)	
J	Websi	te: 🕨	WWW.S	SPECIALOPERATIONSFU					H(c) Group ex	emptio	n number	►	
K	Form	of organiz	ation:	X Corporation Trust	Association Other		L Year of	formatio	on: 1992	VI Str	te of lega	al domicile:	DC
	art I	<u> </u>	mary							$\overline{}$			
	1			e the organization's mission or	most significant activities	TO PRO	OVIDE BE	NEFT	TS FOR	FAM	TT.Y M	IEMBERS	S OF
e	-	•		) HAVE DIED OR HAVE									
anc				RVING WITH VARIOUS									
Governance	2	Check t		· <del></del>	scontinued its operations of								
Š	3			ing members of the governing	•					3			24
	4			ependent voting members of the		line 1h)		1		4			24
Activities &	5	Total nu	umber (	of individuals employed in cale	ndar vear 2023 (Part V, line	22)		• • • •		5			21
i	6			of volunteers (estimate if necess						6			<u> </u>
Act	70			b volumeers (estimate in necess business revenue from Part VI			· • • • • • • • • • • • • • • • • • • •	• • • •		7	-		
										71			
	D	Net unr	elated	business taxable income from I	-orm 990-1, line 34		<u></u>		Prior Year	1/1		Current Ye	
	•	O and all h											
ne	8			Ind grants (Part VIII, line 1h)		СОРҮ	FOR		1,787,			1,656	
Revenue	9			ce revenue (Part VIII, line 2g)			SPECTION			NON		011	NONE
Re	10			come (Part VIII, column (A), line			]		-65,				,743.
	11			(Part VIII, column (A), lines 5,			•••••			441	_		,111.
	12			- add lines 8 through 11 (must		line 12)			1,725,			1,870	
	13			nilar amounts paid (Part IX, cold			•••••		1,057,			1,268	
	14			o or for members (Part IX, colu			•••••			NON			NONE
	15			compensation, employee bene					224,		-	230	<u>,589.</u>
Expense				undraising fees (Part IX, column	(At), line 11e)					NON	E		NONE
Ä				ng expenses (Part IX, column (I	D), line 25) ▶	5,526.							
				s (Part IX, column (A), lines 11					216,				,801.
	18			s. Add lines 13-17 (must equal					1,498,			1,790	
- s	19	Revenu	ie less	expenses. Subtract line 18 from	i line 12				227,				,127.
Net Assets or Fund Balances		_						-	ing of Currer		-	End of Yea	
sse	20								10,277,			11,660	
nd E	21						ſ		44,				<u>,770.</u>
	22			und balances. Subtract line 21	from line 20				10,232,	384	•	11,585	,046.
	rt II	U	nature	· · · · · · · · · · · · · · · · · · ·									
Unc	ler pei . corre	nalties of ect. and co	perjury, omplete.	I declare that I have examined thi Declaration of preparer (other than	s return, including accompany officer) is based on all informa	ing schedule tion of which	es and statem h preparer has	ents, an anv kno	nd to the best owledge.	of m	y knowle	dge and be	elief, it is
		,	•		,								
Sig	n												
Her			ignature	e of officer					Date				
	C	I <b>D</b> -		AMBERS	]	EXECUTI	IVE DIRE	CTOR					
				rint name and title							1		
اءنده		Print/Ty	ype prep	arer's name	Preparer's signature		Date		Check	if	PTIN		
Paid Pror		MICHA	AEL J	J DEVLIN, CPA					self-emp	oyed	P002	245532	
•	oarer Only	Firm's n	name	SARFINO AND RHOAD	DES, LLP				Firm's EIN 🕨	•	52-09	961657	
538	Citiy	Firm's a	address	11921 ROCKVILLE PIKE	, SUITE 501 NORTH BETHE	SDA, MD 2	0852-2794		Phone no.			70-550	0
May	the I	RS discu	uss this	return with the preparer shown	n above? (see instructions)						. Х	Yes	No
For	Pape	rwork R	eductio	on Act Notice, see the separate	e instructions.							Form <b>990</b>	(2023)

-	m 990 (2023)	Page <b>2</b>
Pa	art 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:	
	TO PROVIDE BENEFITS FOR FAMILY MEMBERS OF THOSE WHO HAVE DIED OR HAVE BEEN SEVERELY WOUNDED IN THE LINE OF DUTY WHILE SERVING WITH VARIOUS	
	SPECIAL MISSION UNITS OF THE UNITED STATES ARMED FORCES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services.	•
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo the total expenses, and revenue, if any, for each program service reported.	cations to others,
	the total expenses, and revenue, if any, for each program service reported.	
42	(Code: ) (Expenses \$ 1,570,958. including grants of \$ 1,268,944. ) (Revenue \$	·····
4a	FINANCIAL ASSISTANCE PROVIDED FOR THE EDUCATION OF CHILDREN AND	)
	SPOUSES OF DECEASED MEMBERS OF THE SPECIAL OPERATION UNITS OF THE	
	ARMED FORCES AND FINANCIAL ASSISTANCE PROVIDED FOR THE WELFARE OF	
	SEVERELY WOUNDED SPECIAL OPERATIONS PERSONNEL. GRANTS TO OTHER	
	SPECIAL OPERATIONS TAX-EXEMPT CHARITIES THAT PROVIDE SCHOLARSHIPS	
	AND SUPPORT.	
4h	(Code: ) (Expenses \$ 92,164. including grants of \$ ) (Revenue \$	)
	CONDUCTED A CONFERENCE AND OTHER EVENTS TO EDUCATE, AND BRING	/
	ATTENTION TO, THE PUBLIC ABOUT CURRENT MATTERS AFFECTING SPECIAL	
	OPERATIONS UNITS AND THEIR FAMILIES.	
	· · · · · · · · · · · · · · · · · · ·	
4c	(Code: )) (Expenses \$ including grants of \$ ) (Revenue \$	)
40		/
<u></u>	Other program services (Describe on Schedule O.)	
τu	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses     1,663,122.	
JSA		Form <b>990</b> (2023)
201	4JB0J0 C021 V23-4.6F 75150	6

52-1765222

Page 3

Part	IV Checklist of Required Schedules		X	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	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)			37
F	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,	5		37
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 21
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes,"	<u> </u>		
•	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		Х
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
c	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		v
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			X
120	Schedule D, Parts XI and XII.	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	А	
D D	"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
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
3E1021	2.000	Form	990	(2023)

Form 990 (2023)

Form **990** (2023) 7

Form 990 (2023)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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		Х
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, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	~~		37
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part N.	22		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	55		X
54	or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	oou		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(0.6.5.5)
JSA 3E1030	1.000	Form	990	(2023)

Form	990 (2023)		F	Page 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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (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 transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13				
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 9	990 (2023) SPECIAL OPERATIONS FUND	52-1765	222	F	Page 6
Part	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	hrough 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				tions.
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 24			
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent.	<b>1b</b> 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business r	elationship with	]		
_	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or u	under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to o	elect or appoint	)		
	one or more members of the governing body?		7a		Х
b		by) members.			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions un				
	the year by the following:	5			
а	The governing body?		8a	Х	
b			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Secti	tion B. Policies (This Section B requests information about policies not required by the In	ternal Revenue	Code	.)	
				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 chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that could give			
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"			
	describe on Schedule O how this was done		12c	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 a	and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а			15a	X	
b			15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a					
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps t				
	organization's exempt status with respect to such arrangements?		16b		
Secti	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable		Г (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that a				
	Own website Another's website X Upon request Other (explain on S	,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu	ments, conflict o	f inte	rest p	olicy,
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's	books and record	s.		
	BECKI CHAMBERS 901 N STUART STREET #1200 ARLINGTON, VA 22203			000	
JSA	703-469-3863		Form	990	(2023)

52-1765222

Page /

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

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.

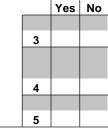
See the instructions for the order in which to list the persons above.

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

				(0	C)			C		
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	`				e than o		Reportable	Reportable	Estimated amount
	hours per week					is both or/truste		compensation from the	compensation from related	of other compensation
	(list any		1 1		-		,	organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com employee	Form	1099-MISC/	1099-MISC/	organization and
	related	idua	utio	er	due	est o	ēr	1099-NEC)	1099-NEC)	related organizations
	organizations below	or tru	nalt		loye	° ŏ m				
	dotted line)	stee	rust		e	pens				
	,		ee			ate				
				-						
(1) SUSAN GRANT	40.00									
EXECUTIVE DIRECTOR EMERITUS	NONE			х				90,417.	NONE	29,752.
(2) BECKI CHAMBERS	40.00									
EXECUTIVE DIRECTOR	NONE			Х				82,053.	NONE	5,000.
(3) DAVID C. MILLER, JR.	1.50									
CHAIRMAN/FOUNDER EMERITUS	NONE	х						NONE	NONE	NONE
(4) RANDY MARTINEZ	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) D. MICHAEL WALDEN	10.00									
CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(6) RICK WOOLARD	1.50									
PRESIDENT EMERITUS	NONE	Х						NONE	NONE	NONE
(7) JOHN D. BOWLIN	1.50									
VICE CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(8) DAVID F. COOPER	1.50									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(9) HENRY EISENBARTH	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) STEPHEN J. FITZGERALD	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) MATTHEW C. FLAVIN	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) MICHAEL R. BOYCE	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) GEORGE LUND	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) ANDREW N. MILANI II	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Tru	istees, ne	у ⊨п	рю	yee	es,	and r	ligi	nest Compensat	ed Employees (co	ontinued)
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	officer and a director/trustee)						Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) LARRY RICH	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NON
16) TIMOTHY J. WALSH	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NON
17) JEFFREY W. EGGERS	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NON
18) JONATHAN DAWSON	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NON
19) HEATHER MORAN	1.50									
DIRECTOR/RECIPIENT	NONE	Х						NONE	NONE	NON
20) GEOFFREY STONE	1.50							$\mathbf{C}$		
DIRECTOR	NONE	Х						NONE	NONE	NON
21) MICHAEL KOHLSDORF	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NON
22) CHARLES L. MCHARNEY IV	1.50									
DIRECTOR	NONE	Х						NONE	NONE	NON
23) JOEL KACZOROWSKI	1.50									
DIRECTOR	NONE	X						NONE	NONE	NON
24) TIMOTHY M. WOLFE	1.50									
DIRECTOR	NONE	X						NONE	NONE	NON
25) KEVIN O'BRIEN	1.50									
DIRECTOR	NONE	X						NONE	NONE	NON
1b Sub-total								172,470.	NONE	34,752
c Total from continuation sheets to Part VII, S	ection A							NONE	NONE	NON
d Total (add lines 1b and 1c)				• •	• •			172,470.	NONE	34,752
2 Total number of individuals (including but not reportable compensation from the organization		nose	listeo		NOI	,	o re	ceived more than	\$100,000 of	

a the organization individual individual organization individual individual individual individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person



#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

	SPECIAL OPERATI	ONS	F.OV	۱D					52-1765	222
										Page <b>8</b>
Section A. Officers, D	irectors, Trustees, Ke	y En	nplo	yee	es,	and I	ligl	nest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pe	more rson	e than c is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
A RICHTER	1.50									
	NONE	Х						NONE	NONE	NONE
									$\sim$	

		ustee	trustee		e	pensated						
26) JOSHUA RICHTER	1.50											
DIRECTOR	NONE	Х						NONE	NON	E		NONE
									Å ·			
								C				
								<u>,</u>				
							<b>^</b>					
		(										
	+(	い										
1b Sub-total												
c Total from continuation sheets to Part VII,	ection A											
d Total (add lines 1b and 1c)												
2 Total number of individuals (including but not reportable compensation from the organizatio		hose l	liste	d ab	ove	) who	o re	ceived more than	\$100,000 of			
	1										Yes	No
3 Did the organization list any former offic	er directo	r or	tri	ister	, k	ev e	mn	lovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3		x

	employee on line 1a? If "Yes," complete Schedule J for such individual	
4	For any individual listed on line, 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
	individual	L
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	

#### Section B. Independent Contractors

Form 990 (2023)

Part VII

(

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

4

5

Х

Х

-	990 (2		RATIONS FUN	1D		52-17652	22 Page <b>9</b>
Par	rt VII						
		Check if Schedule O contains a respor	nse or note to an				<u> </u>
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ŌĔ	c	Fundraising events					
ifts ar/	d	Related organizations					
<u>Dii</u>	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
er ic		and similar amounts not included above . 1f	1,656,607.				
Gt	g	Noncash contributions included in					
dt		lines 1a-1f 1g	\$ 131,832.				
a ŭ	h	Total. Add lines 1a-1f		1,656,607.			
			Business Code				
Program Service Revenue	2a						
le c	b					<b>N</b> X	
n S ent	c						
ran tev	d						
60.	е						
ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		288,162.			288,162.
	4	Income from investment of tax-exempt bond		NONE	•		
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONE					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 1,750,414.					
une	b	Less: cost or other basis					
vel		and sales expenses <b>7b</b> 1,826,833. Gain or (loss) <b>7c 7</b> 6,419					
Other Reven			~	-76,419.			
Jer	d			-70,419.			
Ē	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line 1c). See Part IV. line 18	NONE				
			NONE				
	b c	Less: direct expenses		NONE			
	9a	Gross income from gaming					
	50	activities. See Part IV, line 19	NONE				
	b	Less: direct expenses	NONE				
	c b	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances • • • • • 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory	<u> </u>	NONE			
s			Business Code				
eor	11a	MISCELLANEOUS REVENUE		2,111.	2,111.		
lan	b		ļ				
se v	c						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d		2,111.			
	12	Total revenue. See instructions		1,870,461.	2,111.		288,162.

#### SPECIAL OPERATIONS FUND Part IX Statement of Functional Expenses

<b>D</b> -			e in this Part IX	(C)	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	212,000.	212,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,056,944.	1,056,944.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	172,470.	148,659.	22,990.	821
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				•
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	Pension plan accruals and contributions (include	28,999.	24,996.	3,865.	138
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,926.	13,727.	2,123.	76
10	Payroll taxes	13,194.	11,372.	1,759.	63
11	Fees for services (nonemployees):			)	
а	Management	NONE			
	Legal	NONE			
	Accounting	NONE			
d	Lobbying	NONE	5		
	Professional fundraising services. See Part IV, line 17	NONE			
f	Investment management fees	34,024.		34,024.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A), amount, list line 11g expenses on Schedule O.)	64,383.	25,283.	38,960.	140
12	Advertising and promotion	NONE			
13	Office expenses	NONE			
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	42,000.	36,201.	5,599.	200
	Travel	33,013.	28,456.	4,400.	157
	Payments of travel or entertainment expenses	,			
10	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	92,164.	92,164.		
20	Interest	NONE	271011		
20	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	1,041.		1,041.	
22		5,464.		5,464.	
23		5,101.		5,101.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	<b>•</b>				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
		0 757	7 540	1 1 ( 7	4.0
	POSTAGE, PRINTING, AND OTHER	8,757.	7,548.	1,167.	42
b		2,197.	1,893.	294.	10
C		7,758.	3,879.		3,879
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,790,334.	1,663,122.	121,686.	5,526
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				

Form 990 (2023)

Page	1	1

		2023)		-	Page <b>11</b>
Par	t X				
		Check if Schedule O contains a response or note to any line in this P			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	NONE	1	NON
	2	Savings and temporary cash investments.	361,651.	2	615,059
	3	Pledges and grants receivable, net	NONE		NON
	4	Accounts receivable, net	NONE	-	NON
	5	Loans and other receivables from any current or former officer, director,	1101112		
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined	1.01.2		
	v	under section $4958(f)(1)$ , and persons described in section $4958(c)(3)(B)$ .	NONE	6	NON
s	7	Notes and loans receivable, net	NONE		NON
e l	8	Inventories for sale or use	NONE		NON
AS	9	Prepaid expenses and deferred charges	NONE	_	NON
	-	Land, buildings, and equipment: cost or other	110111	3	
	vu	basis. Complete Part VI of Schedule D 10a 7,970.			
	h	Less: accumulated depreciation	2,192.	100	1,152
1	1	Investments - publicly traded securities. SEE SCHEDULE 0	9,892,507.	11	11,024,661
	2	Investments - other securities. See Part IV, line 11	NONE		NON
	23		NONE		NON
	3 4	Investments - program-related. See Part IV, line 11	NONE		NOP
	4 5	Intangible assets	20,972.	14	19,944
	6	Other assets. See Part IV, line 11	10,277,322.	15	11,660,816
	7	Total assets. Add lines 1 through 15 (must equal line 33)	44,438.	17	75,770
	7 8	Accounts payable and accrued expenses			NON
	o 9	Grants payable	NONE		NON
	9 20	Deferred revenue	NONE		NON
2		Tax-exempt bond liabilities	NONE		NOP
	2	Loans and other payables to any current or former officer, director,	INOINE	21	NOT
	2	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	22	NON
د La	3	Secured mortgages and notes payable to unrelated third parties	NONE		NON
2		Unsecured notes and loans payable to unrelated third parties	NONE		NON
2		Other liabilities (including federal income tax, payables to related third	NONE	24	NOT
2	5	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NON
2	6	Total liabilities. Add lines 17 through 25.	NONE 44,438.		75,770
	.0		44,430.	20	/5,//0
Ses		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
د an	27	Net assets without donor restrictions	10 100 705	27	11 451 120
ר מק ג מק	.7	Net assets with donor restrictions.	10,108,725.	27	<u>11,451,138</u> 133,908
<u>פ</u>   <b>*</b>	.0	Organizations that do not follow FASB ASC 958, check here	124,159.	20	133,900
2		and complete lines 29 through 33.			
פ  ז	9	Capital stock or trust principal, or current funds		29	
sle v N	.9 :0	Paid-in or capital surplus, or land, building, or equipment fund		-	
ssi v C		Retained earnings, endowment, accumulated income, or other funds		30	
	1 2	Total net assets or fund balances	10 000 004	31	
a j J			10,232,884.	32	11,585,046
3	3	Total liabilities and net assets/fund balances	10,277,322.	33	11,660,816 Form <b>990</b> (2023

Page **12** 

Form 9	90 (2023)			Pa	ge <b>12</b>
Part					
	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)				461.
2	Total expenses (must equal Part IX, column (A), line 25)				<u>334</u> .
3	Revenue less expenses. Subtract line 2 from line 1    3				127.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				884
5	Net unrealized gains (losses) on investments   5		1,2	72,	<u>035</u> .
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9 10	Other changes in net assets or fund balances (explain on Schedule O)	<u> </u>			
10		. 1	1 5	0 5	046
Part		<u>+</u>	т, э	05,	040
I alt	Check if Schedule O contains a response or note to any line in this Part XII	$\sim$			
		$\cdot \cdot \cdot$	· · · ·	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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled				
	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 c	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 oversigh	nt of			
	the audit, 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	۱ on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	the	2-		37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart R	•••	3a		_X_
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	_required addit of addits, explain why on Schedule O and describe any steps taken to undergo such addits	<u></u>		990	(2023)
			1 UIII	550	(2023)
	RUDIC				
	<b>▼</b>				

SCHE	ÐU	LE	Α
(Form	990	)	

# Public Charity Status and Public Support

(Form 990) 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.

OMB No. 1545-0047

Inter	nal Re	evenue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest ir	nformation.	Inspection		
				ERATIONS FUN	D				Employer identification number		
		ECKI CHAMBE					4 - 4 - 1		765222		
	rt I			· · · ·	organizations must			,	ns		
1 1	orga		•		is: (For lines 1 throug tion of churches desci	-	•	,			
2		•			. (Attach Schedule E			(U(D)(T)(A)(I).			
2					rganization described			(1)(A)(iii)			
3 4		-	-	-	conjunction with a host				Viiii) Entor the		
4		hospital's name	•			spital de	scribeu iri				
5		•	•		a college or universit	y owned	d or ope	rated by a governme	ental unit described in		
		•	•	omplete Part II.)	0		•	, ,			
6		A federal, state	e, or local go	vernment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(l	b)(1)(A)(v).			
7	X	An organizatio	n that norma	ally receives a sub	stantial part of its su	pport fro	om a gov	vernmental unit or fr	om the general public		
				(1)(A)(vi). (Comple	-				, ,		
8					b)(1)(A)(vi). (Complete						
9		•	-		ed in section 170(b)(1		•				
		-	a non-land-g	grant college of ag	riculture (see instruct	ions). Ei	nter the r	name, city, and state o	of the college or		
		university:						<u></u>			
10		receipts from a support from g acquired by the	ictivities relat ross investm e organizatio	ted to its exempt f lent income and u n after June 30, 19	ore than 331/3 % of its unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco ( <b>a)(2).</b> (0	ceptions me (less complete	; and (2) no more tha section 511 tax) from Part III.)	n 331/3 % of its		
11		-	-	-	usively to test for publi						
12		-	-						rry out the purposes of		
				-					ction 509(a)(3). Check		
			-		es the type of suppor				-		
а		•••		•	, supervised, or contr	•		• • • • •			
			-		regularly appoint or e		ajority of	the directors or truste	ees of the		
h			•	•	e Part IV, Sections A ed or controlled in co		with ite	supported organizati	ion(c) by boying		
b					rganization vested in						
			-		Sections A and C.	the sam	e person		lage the supported		
с			-		ng organization opera	ted in co	onnectior	n with, and functiona	Ilv integrated with.		
					s). You must comple						
d		Type III non-	functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	rted organization(s)		
		that is not fur	nctionally inte	grated. The organ	nization generally mus	st satisfy	a distrib	ution requirement an	d an attentiveness		
	_				omplete Part IV, Sect						
е					a written determinatio				II, Type III		
4	Γ.,				ionally integrated sup		organizati	on.			
t a				•	orted organization(s).				•••••		
		ame of supported or		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	(.)		ga2	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see		
					above (see instructions))	Yes	ment? No	instructions)	instructions)		
(A)											
(~)											
(B)											
(C)											
(D)											
(E)											
Tota	al										
For	Dana	work Boduction	Act Notice	on the Instructions	for Form 990 or 990-E7				chodulo A (Form 000) 2022		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 3E1210 1.000 4JB0JO C021 V23-4.6F 75150

18

Page **2** 

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,054,600.	2,026,464.	1,248,015.	1,787,273.	1,656,607.	7,772,959.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge					1	NONE
4 5	<b>Total.</b> Add lines 1 through 3 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	1,054,600.	2,026,464.	1,248,015.	1,787,273.	1,656,607.	7,772,959.
-	shown on line 11, column (f)						728,243.
6	Public support. Subtract line 5 from line 4						7,044,716.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,054,600. 288,054.	2,026,464. 263,748.	1,248,015.	1,787,273. 235,098.	1,656,607.	7,772,959.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		20				NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•_C					NONE
11	Total support. Add lines 7 through 10						9,293,943.
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u>,</u>		l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup		<b>V</b>				
14	Public support percentage for 2023 (li		-			14	75.80 %
15	Public support percentage from 2022					15	70.79 <b>%</b>
16a	331/3% support test - 2023. If the org						
	box and stop here. The organization q						
b	331/3% support test - 2022. If the org						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					•	
	Part VI how the organization meets			•	•		
h	organization						
D		•					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets			-	-		
18	organization						
10							
	instructions						<u>••••</u>

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

#### 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	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	<b>(d)</b> 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	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 business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to					$\square \square$	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c from						
8	••• 、						
<u>Sec</u>	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6.	(1) - 0 - 0		(-,	(-,	(-)	(1) 1 2 12.
	Gross income from interest, dividends,						
	payments received on securities loans,	* C					
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secor	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2023 (line 8	.,	•				%
16	Public support percentage from 2022 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2023 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2022					18	%
19 a	331/3% support tests - 2023. If the or	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2022. If the organization						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization	did not check a	a box on line	14, 19a, or 19b,	check this bo		
JSA 3E122	1 1.000					Schedule	A (Form 990) 2023
	4JB0JO C021	V2	3-4.6F 751	.50			20

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 4

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.*
- **10 a** 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.)

Schedule A (Form 990) 2023

	 1	 ~			

			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 <b>Part VI.</b>	11c		
ecti	on 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 <b>Part VI</b> how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	

#### Section C. Type II Supporting Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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

	$\sim$		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? <i>If "No," explain in Part VI how</i>			
	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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

# Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).	
а	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 governmental entity (see ins	truction	s).
_		Yes	No
2	Activities Test. Answer lines 2a and 2b below.		

the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part</b> those supported organizations and explain how these activities directly furthered their exempt	
those supported organizations and explain how these activities directly furthered their exempt	nrt VI identify
	ot purposes,
how the organization was responsive to those supported organizations, and how the organization	ation 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.

2a

2b

3a

V23-4.6F 75150

Net short-term capital gain1Recoveries of prior-year distributions2Other gross income (see instructions)3Add lines 1 through 3.4Depreciation and depletion5Portion 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)6Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8		Pag
ction A - Adjusted Net Income       (//         Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ction B - Minimum Asset Amount       (//       (//       (//         Ayerage monthly value of securities       1a       (//         Average monthly cash balances       1b       Fair market value of other non-exempt-use assets       1c         Fair market value of blockage or other factors (explain in detail in Part VI):       1a       (////////////////////////////////////	. 20, 1970 <i>(expl</i> a	ain in <b>Part VI)</b> . See
Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7       Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Stion B - Minimum Asset Amount       (//         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1         Average monthly value of securities       1         Average monthly value of securities       1         Average monthly cash balances       1         Fair market value of other non-exempt-use assets       1         Otscount claimed for blockage or other factors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5	complete Section	ions A through E.
Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         extion B - Minimum Asset Amount       (////////////////////////////////////	(A) Prior Year	(B) Current Yea (optional)
Other gross income (see instructions)3Add lines 1 through 3.4Depreciation and depletion5Portion 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)6Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8extion B - Minimum Asset Amount(//Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1aAverage monthly value of securities1aAverage monthly cash balances1bFair market value of other non-exempt-use assets1cTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors 		
Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       6         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         extion B - Minimum Asset Amount       (/         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greatenamount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line;3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Minimum Asset Amount (add line 7 to line		
Depreciation and depletion5Portion 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)6Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8Etion B - Minimum Asset Amount(//Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1aAverage monthly value of securities1aAverage monthly cash balances1bFair market value of other non-exempt-use assets1cTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors (explain in detail in Part VI):3Acquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8Etion C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
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)         Other expenses (see instructions)         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         8         extion B - Minimum Asset Amount         (/         Aggregate fair market value of all non-exempt-use assets (see         instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors         (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).         4         Net value of non-exempt-use assets (subtract line 4 from line;3)         Multiply line 5 by 0.035.         Recoveries of prior-year distributions         7         Minimum Asset Amount         Adjusted net income for prior year (from Section A, line 8, column A)         1         Enter 0.85 of line 1.         2 <t< td=""><td></td><td></td></t<>		
of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 etion B - Minimum Asset Amount (// Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly cash balances 1a Fair market value of other non-exempt-use assets (see (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3		
property held for production of income (see instructions)6Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8Ation B - Minimum Asset Amount(/Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1aAverage monthly value of securities1aAverage monthly value of securities1bFair market value of other non-exempt-use assets1cTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors (explain in detail in Part VI):1dAcquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8Ation B - Minimum Asset Amount(//Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1aAverage monthly value of securities1aAverage monthly cash balances1bFair market value of other non-exempt-use assets1cTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors (explain in detail in Part VI):1Acquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8etion C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8etion B - Minimum Asset Amount(/Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1Average monthly value of securities1aAverage monthly cash balances1bFair market value of other non-exempt-use assets1cTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors (explain in detail in Part VI):2Acquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line,3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8etion C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
ction B - Minimum Asset Amount       (//         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors (explain in detail in Part VI):       1d         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Minimum Asset Amount (add line 7 to line 6)       8         etion C - Distributable Amount       2         Adjusted net income for prior year (from Section A, line 8, column A)       1         Enter 0.85 of line 1.       2         Minimum asset amount for prior year (from Section B, line 8, column A)       3	4	
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       Image: Average monthly value of securities         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors       1         (explain in detail in Part VI):       1         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Minimum Asset Amount (add line 7 to line 6)       8         extion C - Distributable Amount       1         Adjusted net income for prior year (from Section A, line 8, column A)       1         Enter 0.85 of line 1.       2         Minimum asset amount for prior year (from Section B, line 8, column A)       3		
instructions for short tax year or assets held for part of year):1aAverage monthly value of securities1aAverage monthly cash balances1bFair market value of other non-exempt-use assets1cTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors (explain in detail in Part VI):1dAcquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8ettion C - Distributable Amount2Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3	(A) Prior Year	(B) Current Yea (optional)
instructions for short tax year or assets held for part of year):1aAverage monthly value of securities1aAverage monthly cash balances1bFair market value of other non-exempt-use assets1cTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors (explain in detail in Part VI):1dAcquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8ettion C - Distributable Amount2Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Average monthly value of securities1aAverage monthly cash balances1bFair market value of other non-exempt-use assets1cTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors (explain in detail in Part VI):1dAcquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8extion C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Average monthly cash balances1bFair market value of other non-exempt-use assets1cTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors (explain in detail in Part VI):1dAcquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8ettion C - Distributable Amount2Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Fair market value of other non-exempt-use assets1CTotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors (explain in detail in Part VI):2Acquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8ettor C - Distributable Amount2Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Total (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other factors (explain in detail in Part VI):1Acquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8ettor C - Distributable Amount1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Discount claimed for blockage or other factors (explain in detail in Part VI):2Acquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8ettor C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Minimum Asset Amount (add line 7 to line 6)       8         etion C - Distributable Amount       1         Adjusted net income for prior year (from Section A, line 8, column A)       1         Enter 0.85 of line 1.       2         Minimum asset amount for prior year (from Section B, line 8, column A)       3		
Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8Extion C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8Extion C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8ettion C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8etion C - Distributable Amount8Adjusted net income for prior year (from Section A, line 8, column A)1Enter 0.85 of line 1.2Minimum asset amount for prior year (from Section B, line 8, column A)3		
Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Minimum Asset Amount (add line 7 to line 6)       8         etion C - Distributable Amount       8         Adjusted net income for prior year (from Section A, line 8, column A)       1         Enter 0.85 of line 1.       2         Minimum asset amount for prior year (from Section B, line 8, column A)       3		
Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Minimum Asset Amount (add line 7 to line 6)       8         etion C - Distributable Amount       8         Adjusted net income for prior year (from Section A, line 8, column A)       1         Enter 0.85 of line 1.       2         Minimum asset amount for prior year (from Section B, line 8, column A)       3		
Recoveries of prior-year distributions       7         Minimum Asset Amount (add line 7 to line 6)       8         ction C - Distributable Amount       1         Adjusted net income for prior year (from Section A, line 8, column A)       1         Enter 0.85 of line 1.       2         Minimum asset amount for prior year (from Section B, line 8, column A)       3		
Minimum Asset Amount (add line 7 to line 6)       8         Stion C - Distributable Amount       1         Adjusted net income for prior year (from Section A, line 8, column A)       1         Enter 0.85 of line 1.       2         Minimum asset amount for prior year (from Section B, line 8, column A)       3		
ction C - Distributable Amount       1         Adjusted net income for prior year (from Section A, line 8, column A)       1         Enter 0.85 of line 1.       2         Minimum asset amount for prior year (from Section B, line 8, column A)       3		
Enter 0.85 of line 1.     2       Minimum asset amount for prior year (from Section B, line 8, column A)     3		Current Year
Minimum asset amount for prior year (from Section B, line 8, column A) 3		
Minimum asset amount for prior year (from Section B, line 8, column A) 3		
Income tax imposed in prior year 5		
Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions).		

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		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	onsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			_	•
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2023 from				
4	Section D, line 7: \$				
а	Applied to underdistributions of prior years			_	
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2023, if				
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part W. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Name of the organization	Employer identification number
SPECIAL OPERATIONS	FUND
C/O BECKI CHAMBERS	52-1765222
Organization type (check of	one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 03 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### General Rule

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

#### **Special Rules**

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

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

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

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

Schedule B ( Name of org	Form 990) (2023) ganization SPECIAL OPERATIONS FUND		Page Employer identification number
	C/O BECKI CHAMBERS		52-1765222
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$49,865	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$744,522	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (20)

	8 (Form 990) (2023) Organization SPECIAL OPERATIONS FUND		Page 2 Employer identification number
	C/O BECKI CHAMBERS		52-1765222
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$81,967	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u>N/A</u>	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
ISA			Schedule B (Form 990) (2023

	6 (Form 990) (2023)		Page <b>2</b>
Name of c	rganization SPECIAL OPERATIONS FUND C/O BECKI CHAMBERS		Employer identification number 52-1765222
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<u>N/A</u>	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	<u>N/A</u>	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(C) Total contributions	(d) Type of contribution
	N/A	\$ <u>45,253.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B ( Name of org	(Form 990) (2023) ganization SPECIAL OPERATIONS FUND	Employer id	Page entification number
	C/O BECKI CHAMBERS	52-	1765222
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is need	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1_	DONATED SECURITIES		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8_	DONATED SECURITIES	\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8_	DONATED TRAVEL AND VENUE COSTS	<b>2</b> \$11,022	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			Schedule B (Form 990) (202

Schedule B (F	orm 990) (2023)			Page 4			
Name of orga	anization SPECIAL OPERATIONS FU C/O BECKI CHAMBERS	ND		Employer identification number 52-1765222			
( t c	Exclusively religious, charitable, etc. 10) that total more than \$1,000 for he following line entry. For organizati contributions of \$1,000 or less for the Jse duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. C t III, enter the total c formation once. Se	omplete columns (a) through (e) and of exclusively religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
-	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferer			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
_	Transferee's name, address, a 	(e) Transf		hip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4 Rel			hip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
JSA				Schedule B (Form 990) (2023)			

( <b>Fo</b>	HEDULE D rm 990)	Supplem Complete if th Part IV, line 6, 7,	OMB No. 1545-0 2023 Open to Put	}		
	nal Revenue Service e of the organization	, i i i i i i i i i i i i i i i i i i i	Form990 for instructions and the latest inform		Inspection ployer identification number	
	-	SPECIAL OPERATIONS FU	ND	Em		
_	D BECKI CHAMBE				52-1765222	
Pa			ised Funds or Other Similar Funds o	r ACCO	ounts	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.			
			(a) Donor advised funds		(b) Funds and other accounts	
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	•		advisors in writing that the assets held			
~			e organization's exclusive legal control?			No
6			and donor advisors in writing that grant t fit of the donor or donor advisor, or for			
	•					No
D٩		ition Easements	<u></u>	<u> </u>		
10			"Yes" on Form 990, Part IV, line 7.			
1			e organization (check all that apply).			
		n of land for public use (for example		n of a h	istorically important land area	à
		of natural habitat			ertified historic structure	
	Preservatio	n of open space				
2			eld a qualified conservation contribution i	n the fo	orm of a conservation	
	-	last day of the tax year.			Held at the End of the Tax Ye	er
а	Total number of c	onservation easements		2a		
b	Total acreage res	tricted by conservation easement	s	2b		
С			historic structure included on line 2a 🔒	2c		
d	Number of conser	rvation easements included on li	ne 2c acquired after July 25, 2006, and			
			gister	2d		
3	Number of conse	rvation easements modified, tra	nsferred, released, extinguished, or tern	ninated	by the organization during	the
	tax year					
4		where property subject to conse				
5			garding the periodic monitoring, inspec	tion, h	nandling of	
	· · · · · · · · · · · · · · · · · ·	orcement of the conservation ea		• • •	🗆 Yes 📖	No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conse	ervation easements during the	year
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conser	vation easements during the	/ear
~	Deer eesk eeste					
8			e 2d above satisfy the requirements of se			Ne
9			conservation easements in its revenue a			No
9			othote to the organization's financial state			
		counting for conservation easeme	5	monto		
Pa			s of Art, Historical Treasures, or Othe	er Sim	ilar Assets	
			"Yes" on Form 990, Part IV, line 8.			
1a	· · · · ·		ASB ASC 958, not to report in its revent ts held for public exhibition, education to its financial statements that describes	ue stat , or re these it	ement and balance sheet we search in furtherance of peters.	orks Jblic
b	If the organization art, historical treas	n elected, as permitted under F	ASB ASC 958, to report in its revenue Id for public exhibition, education, or res	statem	ent and balance sheet work	s of
					\$	
2			rt, historical treasures, or other similar			the
	-		ASB ASC 958 relating to these items:		5	

For I	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
b	Assets included in Form 990, Part X	- \$
а	Revenue included on Form 990, Part VIII, line 1.	<u>   \$</u>

For Paperwork Reduction Act Notice, see the Instructions	for Form	ı 99	0.
JSA			
3E1268 1.000			
1 0			

Schee	lule D (Form 990) 2023 SPEC	CIAL OPERATIONS	FUND			52-1765222	Page <b>2</b>
Ра	rt III Organizations Maintainin	ng Collections of Art	, Historical	Treasures, or	Other Similar A	ssets (continued)	)
3	Using the organization's acquisition	n, accession, and othe	er records, ch	eck any of the	e following that m	ake significant use	e of its
	collection items (check all that apply	/).					
а	Public exhibition		d Loa	an or exchange	program		
b	Scholarly research		e Oth	•			
С	Preservation for future genera	ations					
4	Provide a description of the organi		nd explain ho	w they further	the organization's	s exempt purpose	in Part
•	XIII.				the organization of	o chompt pulpede	in r arc
5	During the year, did the organization	o solicit or receive don	ations of art k	vistorical treasu	ires or other simila	or	
5	assets to be sold to raise funds rathe						No
Da	rt IV Escrow and Custodial Ar						
Га	Complete if the organizat		on Form 99(	) Part IV line	9 or reported ar	amount on Form	n
	990, Part X, line 21.		0111 01111 990	, i aitiv, iiie	3, or reported a		
10		an oustadian ar atha	r intermedier	, for contribut	iona ar athar ana	otopot	
Ia	Is the organization an agent, truste				IONS OF OTHER asse		
	included on Form 990, Part X?					Yes [	No
b	If "Yes," explain the arrangement in	Part XIII and complete	e the following				
	<b>5</b> · · · · ·					Amount	
С	Beginning balance					•	
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amo						No
	If "Yes," explain the arrangement in	Part XIII. Check here	if the explana	tion has been p	rovided in Part XIII.		
Pa	rt V Endowment Funds						
	Complete if the organizat	tion answered "Yes"	on Form 990			1	
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three ye	ears back (e) Four yea	ars back
1a	Beginning of year balance		C				
b	Contributions						
c	Net investment earnings, gains,						
•	and losses						
Ь	Grants or scholarships						
e	Other expenditures for facilities						
C	and programs	* 67	)				
f	Administrative expenses						
	End of year balance						
g 2	Provide the estimated percentage of	of the current year and	halanca (lina	1 a column (a))	hold as:		
∠ a	Board designated or quasi-endowing		Dalarice (IIIIe	rg, column (a))	neiu as.		
b	Permanent endowment	% %					
	Term endowment						
Ŭ	The percentages on lines 2a, 2b, an	d 2c should equal 100	%				
30	Are there endowment funds not in the			at are held an	d administered for	tha	
Ja	organization by:		ngamzation ti			Ye	s No
						3a(i)	
						3a(ii)	_
_	If "Yes" on line 3a(ii), are the related	•	•			3b	
4	Describe in Part XIII the intended us						
Pa	rt VI Land, Buildings, and Equi Complete if the organiza	ipment ition answered "Yes"	on Form 99	0. Part IV. line	e 11a. See Form	990. Part X. line	10.
	Description of property	(a) Cost or othe		ost or other basis	(c) Accumulated	(d) Book value	
		(investmen		(other)	depreciation		
1a	Land						
b	Buildings						
С	Leasehold improvements	··· ·		7,970.	6,818.	1	,152.
d	Equipment	···					
	Other						
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form 99	90, Part X, line	e 10c, column (E	3))	1	,152.

Part VII	Investments - Other Securities Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
. ,	held equity interests		
(3) Other _			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column Part VIII	n (b) must equal Form 990, Part X, line 12, col. (B))		
	Investments - Program Related Complete if the organization answered	Yes" on Form 990	), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			0.
(3)			
(4)			
(5)			
(6)			V
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets	L"Ves" on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)	(*) 20		
(2)			
(3)			
(4)			
(5)	+ <b>(</b> )		
(6)			
(7)			
(8)			
(9)			
Part X			), Part IV, line 11e or 11f. See Form 990, Part X,
1.	line 25.	tion of liability	(b) Book value
	al income taxes		(-) 2000
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, line 25, col. (B))		

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

Schedul	ule D (Form 990) 2023 SPECIAL OPERATIONS FUND		52-1765222	2 Page <b>4</b>
Part			n	
	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 3,10	8,472.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	<b>2a</b> 1,272,035.		
b		2b		
С		2c		
d		2d		
е	Add lines 2a through 2d		2e 1,27	2,035.
3	Subtract line <b>2e</b> from line <b>1</b>		3 1,83	6,437.
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	<b>4a</b> 34,024.		
b	Other (Describe in Part XIII.)	4b		
С				4,024.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			0,461.
Part			irn 🚽	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1 1,75	6,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С		2C		
d	I Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	••••••••••••••••	<b>3</b> 1,75	6,310.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		<b>4a</b> 34,024.		
b	Other (Describe in Part XIII.)	4b		
C				4,024.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5 1,79	0,334.
Part	t XIII Supplemental Information			
2. Part	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	art IV, lines 1b and 2b; F ide any additional inform	art V, line 4; Pai	rt X, line
2, i uit				

Part XIII

public disclosure

SCHEDULE I (Form 990)				Assistance t ndividuals in				DMB No. 1545-0047 എ <b>ററ</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2023
			-	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
	PECIAL OPERATIONS F		0				Employer identificati	on number
C/O BECKI CHAME		0112					52-1765222	
	nformation on Grants an	d Assistanc	e					
1 Does the organi	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
	teria used to award the gran							X Yes No
	IV the organization's proce					$\Gamma \mathcal{N}$		
	nd Other Assistance to D					plete if the organi	zation answered "V	es" on Form 990
	ne 21, for any recipient t		•					cs on ronn 550,
								1
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE UNIT SCHOLARS	HIP FUND							
P.O. BOX 73338 FORT B	RAGG, NC 28307	56-1851232	501(C)(3)	50,000.				SCHOLARSHIPS/MATCH
(2) THE RANGERS SCHOL	ARSHIP FUND							
P.O. BOX 52184 FORT B	ENNING, GA 31995	80-0334135	501(C)(3)	50,000				SCHOLARSHIP/MATCH
(3) NIGHT STALKER FOU	NDATION							
11304 BELL STATION RO	AD OAK GROVE, KY 42262	38-3804705	501(C)(3)	50,000.				SCHOLARSHIPS
(4) THE ASSOCIATION		_						
33 SABBATIA DRIVE		47-5230842	501(C)(3)	12,000.				SCHOLARSHIPS
(5) VIGILANT TORCH FO	UNDATION	_	•	5				
6412 BRANDON AVENUE S	UITE 318	47-1084970	501(C)(3)	50,000.				SCHOLARSHIPS
_(6)		_						
(7)		_						
(8)			$\mathbf{P}$					
(9)								
(10)								
(11)		-						
(12)		_						
2 Enter total numb	per of section 501(c)(3) and	government of	organizations lis	ted in the line 1 tak				5
	per of other organizations lis	•	•					
							-	

Schedule I	(Form 990) (2023)	SPECIAL OPERAT	IONS FUND		52	2-1765222	Page <b>2</b>
Part III	Grants and Other Assistanc Part III can be duplicated if ac	e to Domestic Individuals dditional space is needed.	s. Complete if t	the organization	answered "Yes" on Fo	orm 990, Part IV, line 22.	
	(a) Type of grant or assistance	<b>(b)</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 non-cash assistance	
1 SEE SC	HEDULE O	151	1,056,944.				
2						$\sim$	
3						X ·	
4							
5							
6					S S		
7							
Part IV	Supplemental Information. F information.	Provide the information re	equired in Part I	, line 2, Part III, (	column (b); and any oth	her additional	
PART I	, LINE 2			0			
			C				
THE OR	GANIZATION REQUIRES PERI	ODIC REPORTS FROM T	THE RECIPIEN	ITS TO ENSURI	Ξ		
THAT	THE GRANT FUNDING IS USE	ED ONLY FOR THE INTE	ENDED PURPOS	SES.			
		, joil					

Schedule I (Form 990) (2023)

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2 23

 $\bigcirc$ 

Open to Public

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.

Inspection Employer identification number

Name of the organization SPECIAL OPERATIONS FUND

Department of the Treasury Internal Revenue Service

т	CHAMBERS	

52-1765222

C/0	В	ECKI	CHAMBERS	
_		-		

Par	t I Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribut		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
3	goods						
6	Cars and other vehicles						
7							
8	Boats and planes						
9	Securities - Publicly traded			120,810.	FMV		
9 10	Securities - Closely held stock			120,010.	1.11.0		
11	Securities - Partnership, LLC,						
••	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
15	contribution - Historic						
	structures		Co				
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles		.5				
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (						
26	Other (	•					
27	Other (						
28	Other (						
	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for			
	which the organization completed F				29		
		0 0200,			<u> </u>	Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least 3				-		
	used for exempt purposes for the en	-				1	X
b	If "Yes," describe the arrangement i	-					
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
	contributions?					X	
32a	Does the organization hire or use						
	contributions?		-			1	x
b	If "Yes," describe in Part II.		· · · · ·				
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	) is checked,		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (I	Form 990	0) 2023

JSA

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

# 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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Internal Revenue Service Name of the organization

# SPECIAL OPERATIONS FUND

#### FORM 990, PART VI, LINES 15A & 15B

PROCESS FOR DETERMINING COMPENSATION

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE

EXECUTIVE DIRECTOR'S SALARY USING A DATA MATRIX OF COMPARABLE SALARIES

FROM OTHER BUSINESS ENTITIES. THERE ARE NO KEY EMPLOYEES BESIDES THE

EXECUTIVE DIRECTOR. NO DIRECTORS RECEIVED COMPENSATION.

#### FORM 990, PART VI, LINE 11

PROCESS USED TO REVIEW 990

UPON PREPARATION BY AN INDEPENDENT CPA FIRM, THE EXECUTIVE DIRECTOR

REVIEWS THE 990 FORM BEFORE DISTRIBUTION TO THE BOARD OF DIRECTORS AND

FILING WITH THE IRS.

#### FORM 990, PART VI, LINE 12C

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS, THE EXECUTIVE DIRECTOR DISTRIBUTES CONFLICT OF INTEREST CONFIRMATIONS TO THE MEMBERS OF THE BOARD OF DIRECTORS.

# FORM 990, PART VI, LINE 419

AVAILABILITY OF DOCUMENTS AND POLICIES TO THE PUBLIC THE ORGANIZATION CONSIDERS REQUESTS FOR DOCUMENTS WHICH ARE NOT OTHERWISE REQUIRED TO BE MADE PUBLIC BY REGULATION.

# FORM 990, SCHEDULE I, PART III

GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE US SPECIAL OPERATIONS FUND PROVIDES FINANCIAL AID FOR EDUCATION AND OTHER FINANCIAL SUPPORT TO THE SURVIVING SPOUSES AND CHILDREN OF DECEASED MEMBERS OF U.S. MILITARY SPECIAL MISSION UNITS AND MEMBERS OF OTHER CLASSIFIED MILITARY UNITS AND CIVILIAN AGENCIES WHO ARE

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 23 **Open to Public** Inspection

KILLED WITH THESE SPECIAL MISSION UNITS. GRANTEES ARE SELECTED ON AN OBJECTIVE CASE-BY-CASE BASIS USING OBJECTIVE CRITERIA TO DETERMINE THE

NEED FOR SUCH FUNDS. GRANTEES ARE NOT RELATED TO ANY OFFICER, EMPLOYEE OR public disclosure

BOARD MEMBER OF SPECIAL OPERATIONS FUND.

SPECIAL OPERATIONS FUND		s	r identification number 765222
ORM 990, PART X - INVESTMENTS - PUBL		S	
		=	
SCRIPTION	BEGINNING		
SCRIPTION		ENDING	COST
	BOOK VALUE	BOOK VALUE	OR FMV
RPORATE OBLIGATIONS	1,214,730.	1,059,917.	FMV
OCKS	1,031,225.	1,138,622.	FMV
TUAL FUNDS	1,536,808.	4,105,655.	FMV
RTIFICATES OF DEPOSIT	171,910.	176,094.	FMV
IIT INVESTMENT TRUST	101,087.	33,861.	FMV
CHANGE TRADED FUNDS	3,113,606.	3,725,617.	FMV
EFERRED SECURITIES	344,643.	116,375.	FMV
NEY MARKET FUND	2,378,498.	668,520.	FMV
TALS			
	9,892,507.	11,024,661.	
	6		
	C		
	• 6		
, , C			
ic			
vil <sup>C</sup>			
iojic )			
10 <sup>1</sup> C			
ouplic			
pupilo			
PUPIC			

41