Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2022 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	OPERATION FIRST RESPONSE, INC.			
F	Name change			20-16224	36
Ē	Initial return		Room/suite	E Telephone number	
Ē	Final return/	20037 DOVE HILL ROAD		888-289-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	646,697.
	Ameno			H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: PEGGY L. BAKER		for subordinates	
	pendir	g SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
$\overline{\perp}$	Tax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	n number
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2005 N	∕ State of legal domicile: VA
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: SUPPO	ORTS O	UR NATION'S	VETERANS,
Š		FIRST RESPONDERS & THEIR FAMILIES WITH PE	RSONAL	AND FINANC	IAL NEEDS.
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
Š	3			3	6
9	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
0	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			3
<u> </u>	6	Total number of volunteers (estimate if necessary)		6	500
424	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0 .
		0 17 17 17 17 17 17 17		Prior Year 685,723.	Current Year 646,687.
4	8	Contributions and grants (Part VIII, line 1h)		005,723.	040,007.
Revenue	9	Program service revenue (Part VIII, line 2g)		10.	10.
ğ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		685,733.	646,697.
_	$\overline{}$	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		586,882.	511,593.
		D 5: 11: 6 1 (D 1)/ 1 (A) 1: 4)		0.	0.
	1 4=	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		109,682.	109,575.
Exnenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
9	l oa	Total fundraising expenses (Part IX, column (D), line 25) 22, 69	96.		,
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		64,943.	69,221.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		761,507.	690,389.
		Revenue less expenses. Subtract line 18 from line 12		-75,774.	-43,692.
or			Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		837,245.	791,000.
Ass	21	Total liabilities (Part X, line 26)		0.	0.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		837,245.	791,000.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other that a fine before all information of wh	ich preparer		000
		06/02/2023		06/02/2	023
Sig		Signature of officer		Date	
Не	re	PEGGY L. BAKER, PRESIDENT/CEO			
_		Type or print name and title	Ir	loto In	DTIN
_		Print/Type preparer's name Preparer's signature		Date Check [5/2/2023 Check [PTIN
Pai		KARA J. DOYLE Kara J. Doyle		seit-employ	
	parer	Firm's name MITCHELL, BURNS & CO., P(/C.		Firm's EIN 5	4-1853459
Use	Only	Firm's address 110 EAST MARKET ST. #200		. 70	2 777 4000
	41 . 17	LEESBURG, VA 20176		Phone no. / U	3-777-4900 X Yes No
NIS	ıv tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No

644,166.

Total program service expenses

Form 990 (2022) OPERATION FIRST RESPONSE, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
45	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			_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	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,"	4.		v
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	I	X

Form 990 (2022) OPERATION FIRST RESPONSE, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	l		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
L	"Yes," complete Schedule L, Part IV	28a 28b	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200	- 21	
C	•	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	- 25	
00	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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		T
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	L	

Form 990 (2022) OPERATION FIRST RESPONSE, INC. 20-162243

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
	filed for the calendar year ending with or within the year covered by this return	2a	3		1,,	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	37
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	١.		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	<u>4a</u>		X
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		- (FDAD)			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Eo		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
ou	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	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 ser	vices pr	rovided 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	as requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			-		
а	Did the arranging agreement or realized and to the distributions and a section 40000			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1) 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h	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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	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	incom	ne?	16		X
	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 the section 501(c)(21) organizations.			l		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 elect or appoint one or	_ <u> </u>		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section & requests information about policies not required by the internal nevertice Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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 and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA, SC, WV, CT, GA, NV, PA, MO, LA	, NY	IL,	NC
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	OPERATION FIRST RESPONSE, INC - 888-289-0280			
	20037 DOVE HILL RD, CULPEPER, VA 22701			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)				isaic	(D)	(E)	(F)	
Name and title	Average	Position (do not check more than or box, unless person is both			than (Reportable	Reportable	Estimated	
	hours per week	box offic	, unle: cer ar	ss per id a d	rson i irecto	s both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	ee.			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	trustee	al trus		yee	un pen		1099-NEC)	1099-NEO)	organization and related
	below	vidual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	·		organizations
(1) PEGGY L BAKER	line) 60.00	pul	ııı		Ke	e Hig	For			
PRESIDENT/CEO	60.00	Х		х				35,000.	0.	346.
(2) SGT PHILLIP IRIZARRY, USMC (H.D.	15.00	25		25				33,000.	•	340.
CHAIR		х		x				0.	0.	0.
(3) LAURI HAUSER	5.00									
SECRETARY		Х		Х				0.	0.	0.
(4) DANIELLE FERGUSON	5.00	l								
TREASURER	F 00	Х	_	Х				0.	0.	0.
(5) CPL RONNY PORTA, USMC (RET.) DIRECTOR	5.00	v						0.	0.	0
(6) ROBERT O'DONOGHUE	5.00	Х						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
								3.	•	
		ł								
			_							
										000

232007 12-13-22 Form **990** (2022)

	Section A. Officers, Directors, Trust		DIOY	ees,			gnes	it C		'				
	(A)	(B)			(((D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable		l	stimate	
		hours per		, unles					compensation	compensatio		an	nount	of
		week				10010) / u us	lcc)	from	from related			other	
		(list any hours for	irecto						the	organization		l	pensa	
		related	or di	99			sated		organization	(W-2/1099-MIS	SC/	l	om th	
		organizations	uste	trus		96	n be u		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		,	anizat d relat	
		below	lual tr	tional		ploy	yee yee	_	1099-1420)			l	anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ai iiLuti	0110
				_			1 0	-						
1b	Subtotal								35,000.		0.		3	46.
	Total from continuation sheets to Part VII								0.		0.			0.
	Total (add lines 1b and 1c)								35,000.		0.		3.	46.
2	Total number of individuals (including but no								ceived more than \$100,	000 of reportable	;			
	compensation from the organization												V	0
•	Did the constitution list and form	-P 4 4 4						la tad					Yes	No
3	Did the organization list any former officer,	•		•	•	•		•	·	•		3		Х
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su											3		21
7	and related organizations greater than \$150	•							•	•		4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on .					5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest core	mneneated inc	lono	nder	at co	ntra	acto	re th	est received more than \$	100 000 of comr	onea.	tion fro		
•	the organization. Report compensation for t)CI ISA	tion in	JIII	
	(A)								(B)			(()	
	Name and business	address	N	ONE	<u> </u>				Description of s	ervices	С	ompe	nsatio	n
								1						
								_						
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	to t	thos		ted	above) who received mo	ore than				

20-1622436

			Check if Schedule O	conta	ins a r	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
Ω. E			Fundraising events		Г	1c					
ifts ar A						1d					
nig,			Government grants (contri		Г	1e					
Š			All other contributions, gifts,								
bet			similar amounts not included			1f	646,687.				
Ē		g	Noncash contributions included in	lines 1a	a-1f	1g \$	29,239.				
Sol		h	Total. Add lines 1a-1f					646,687.			
							Business Code				
a l	2	а									
Program Service Revenue		b									
Sel		С									
am eve		d									
ge		е									
P.		f	All other program service	reven	nue						
	3		Investment income (include								
								10.			10.
	4		Income from investment of								
	5		Royalties								
			•			Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7		Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ē			and sales expenses	7b							
ē		С	Gain or (loss)	7c							
Re			Net gain or (loss)								
her Revenue	8		Gross income from fundraising								
₽			including \$		•	of					
			contributions reported on	line 1	1c). Se	e					
			Part IV, line 18			8a	ı				
		b	Less: direct expenses								
		С	Net income or (loss) from	fundr	aising	events					
	9	а	Gross income from gamin	g act	ivities.	See					
			Part IV, line 19			9a	1				
		b	Less: direct expenses								
			Net income or (loss) from								
	10	а	Gross sales of inventory, I	ess re	eturns						
			and allowances			10:	a				
		b	Less: cost of goods sold				b				
			Net income or (loss) from								
,							Business Code				
ous	11	а									
Miscellaneous Revenue		b				_					
eve		С									
Aisc B		d	All other revenue								
2	_		Total. Add lines 11a-11d								
	12		Total revenue See instruction					646.697.	0.	0.	10.

Form 990 (2022) OPERATION FIRST RESPONSE, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	511,593.	511,593.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	35,000.	31,500.	1,750.	1,750.
6	Compensation not included above to disqualified	-			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	64,728.	58,255.	3,236.	3,237.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,139.	1,925.	107.	107.
10	Payroll taxes	7,708.	6,937.	385.	386.
11	Fees for services (nonemployees):				
а	Management				
b	Legal			12 12 1	
С	Accounting	12,301.	1,230.	10,456.	615.
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	10 604	11 400	770	255
13	Office expenses	12,604.	11,477.	770.	357.
14	Information technology	7,407.	6,666.	370.	371.
15	Royalties				
16	Occupancy	7,196.	7 106		
17	Travel	7,190.	7,196.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	F 2 1		F 2 4	
22	Depreciation, depletion, and amortization	531. 2,007.	1,706.	531. 201.	100.
23	Other evenues Itemize evenues not severed	4,007.	Ι,/00•	201.	100.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FUNDRAISING EXPENSE	9,508.			9,508.
b	LICENSE AND REGISTRATIO	6,001.			6,001.
С	VOLUNTEER APPRECIATION	3,605.		3,605.	
d	PAYROLL FEES	2,506.	2,130.	251.	125.
е	All other expenses	5,555.	3,551.	1,865.	139.
25	Total functional expenses. Add lines 1 through 24e	690,389.	644,166.	23,527.	22,696.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)
00001	n 19_13_99				Lorm MMI (0000)

Form 990 (2022)
Part X Balance Sheet

Pai	t X	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X		T	/P)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			837,245.	1	741,032.
	2	Savings and temporary cash investments				2	26,716.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	oed in sec	ction 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Donner id announce and defended by				9	
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	19,276. 13,432.			
	b		0.	10c	5,844. 17,408.		
	11	Investments - publicly traded securities			11	17,408.	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			837,245.	16	791,000.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for	ormer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial (contributor, or 35%			
iabi		controlled entity or family member of any of the	nese pers	ons		22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D			•	25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
w		Organizations that follow FASB ASC 958, or	heck her	e X			
čě		and complete lines 27, 28, 32, and 33.			027 245		701 000
<u>a</u>	27				837,245.	27	791,000.
Ä	28	Net assets with donor restrictions		28			
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here			
Ĕ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun-				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Ĭ,	31	Retained earnings, endowment, accumulated			027 245	31	701 000
Š	32	Total net assets or fund balances			837,245.	32	791,000.
	33	Total liabilities and net assets/fund balances			837,245.	33	791,000.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>97.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>69</u>	0,3	89.		
3	Revenue less expenses. Subtract line 2 from line 1	3				92. 45.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		79:	1,0	00.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
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 or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		lit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

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

Name of the organization OPERATION FIRST RESPONSE, IN

Employer identification number

20-1622436 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	938,616.	866,786.	859,139.	685,723.	646,687.	3996951.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	938,616.	866,786.	859,139.	685,723.	646,687.	3996951.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						606,147.
6	Public support. Subtract line 5 from line 4.						3390804.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	938,616.	866,786.	859,139.	685,723.	646,687.	3996951.
	Gross income from interest,	•	·		•		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	235.	294.	124.	10.	10.	673.
9	Net income from unrelated business					-	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3997624.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for the			ourth, or fifth tax y	ear as a section 50	D1(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	84.82 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	90.99 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	Т		1	T	T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					(01/2)/(0)	
14	First 5 years. If the Form 990 is for the	-			-		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					, ,	
							%
							%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations _(continued)			
			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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	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		
	Did the organization operate for the benefit of any supported organization other than the supported	•		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
	stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
	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	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	(2)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 OPERATION FIRST RESPONS	SE, INC	C.	20-1622436 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

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

5

6

Schedule A (Form 990) 2022

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

INC.

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

OPERATION FIRST RESPONSE

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

20-1622436

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

OPERATION FIRST RESPONSE, INC.

20-1622436

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$65,73 4.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ <u>156,848.</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		
3_		\$	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	\$ 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		
5		\$\$ <u></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		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

OPERATION FIRST RESPONSE, INC.

20-1622436

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(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			
		\$				
(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			
		\$				

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** OPERATION FIRST RESPONSE, INC. 20-1622436 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Helationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

OPERATION FIRST RESPONSE, INC.

Employer identification number 20-1622436

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's ex	_	
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			1 1
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
	Number of conservation easements included in (c) acquired aft		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year		
4	Number of states where property subject to conservation ease	ment is located	_
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	of
	violations, and enforcement of the conservation easements it h	olds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expen-	se statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of A		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these it	ems.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement an	d balance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in fu	ırtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		19,276.	13,432.	5,844.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	Editorday 1dy.	, INC. 20	7-1022430 Page
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11h 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 en	d-of-vear market value
(A) 50 11 1 1 1 1	(2) 20011 14.40	(c) meaned or taleagers doctor or	a or your marrier raids
(1) Financial derivatives (2) Closely held equity interests			
(a) Others			
(A) Other			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)	.,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			
(2)			1
(3)			
(4)			1
(5)			
(6)			
(7)			
(8)			
(9)			
10/			+

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI	Reconciliation of	of Revenue ner A	udited Fi	inancial Statem	ents With	Revenue per Return	
Schedule D	(Form 990) 2022	OPERATION	FIRST	RESPONSE,	INC.	20-1622436	Р

· u	reconstitution of revenue per Addited I maneral olde				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	945,044.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,553.		
b	Donated services and use of facilities	2b	300,900.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	298,347.
3	Subtract line 2e from line 1			3	646,697.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
С	Add miles in and in			70	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.))		5	646,697.
5)		5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	itements With		5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	i tements With e 12a.		5	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	i tements With e 12a.	Expenses per	5 Return	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ntements With e 12a.	Expenses per	5 Return	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements With e 12a.	Expenses per	5 Return	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements With e 12a.	Expenses per	5 Return	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IN Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a	Expenses per	5 Return	991,289.
Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IN Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a	300,900.	5 Return	991,289.
Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a	300,900.	5 Return	991,289.
Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IN Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a	300,900.	5 Return	991,289.
1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	300,900.	5 Return	991,289.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	300,900.	5 Return	991,289.
5 Par 1 2 a b c d e 3 4 a b b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	300,900 .	5 Return	991,289.

| Part XIII | Supplemental Information.

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

PART X, LINE 2:

OFR IS EXEMPT FROM THE FEDERAL INCOME TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE, SECTION 501(C)(3). THE ORGANIZATION IS CLASSIFIED AS A PUBLIC CHARITY AND NOT A PRIVATE FOUNDATION; THEREFORE, CONTRIBUTIONS MADE TO THE ORGANIZATION ARE TAX DEDUCTIBLE BY THE DONORS. THE ORGANIZATION HAS ADOPTED THE GUIDANCE UNDER ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX PROVISIONS THAT WOULD REQUIRE ADJUSTMENT TO, OR DISCLOSURE IN, THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE. INCOME TAX REPORTING YEARS OPEN FOR IRS AUDIT INCLUDE 2019, 2020, 2021 AND 2022.

Schedule D (Form 990) 2022 Part XIII Supplemental Inform	OPERATION	FIRST	RESPONSE,	INC.	20-1622436	Page 5
Part XIII Supplemental Infor	mation _(continued))				
					_	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 20-1622436 OPERATION FIRST RESPONSE, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

OFR PROVIDES FOOD, CLOTHING, SHELTER, MEDICAL, TRANSPORTATION, AND DIRECT CASH ASSISTANCE TO OUR NATION'S WOUNDED WARRIORS AND THEIR FAMILIES. 3730 0. 511,593. FAIR MARKET VALUE Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.		20-1622436 Pa	age 2			
Part III Grants and Other Assistance to Domestic Individuals	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance		(c) Amount of cash grant		(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance)
OFR PROVIDES FOOD, CLOTHING, SHELTER, MEDICAL,						
TRANSPORTATION, AND DIRECT CASH ASSISTANCE TO OUR					OFR BACKPACKS/FINANCIAL AID	
NATION'S WOUNDED WARRIORS AND THEIR FAMILIES.	3730	0.	511,593.	FAIR MARKET VALUE	WITH DIRECT EXPENSES PAID	
						_
						_
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
GRANT FUNDS ARE KEPT SEPERATE FROM	OFR'S OF	PERATING FU	JNDS, AND R	ECORDS ARE		
WEDE HOD ALL HUNDS SDEWE HOD WITH A	aaaa.	, DD00D111				
KEPT FOR ALL FUNDS SPENT FOR THE A	SSISTANCE	PROGRAM.				

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

Inspection
Employer identification number

OPERATION FIRST RESPONSE, INC. 20-1622436 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

	Complete if the c	organization a	nswe	ered "Yes" on F	orm 9	90, Pa	rt IV, I	ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, li	ne 40	b.			
1 ,,	Name of diam alifical m	(b) Re	elationship betv			ified		- \ D				(d)	Corre	cted?	
(a)	Name of disqualified p	erson		person and or	ganiza	ation		(0	C) D	escription of tran	sactio	n		Ye	es	No
															_	
															_	
														-	_	
sec																
3 En	ter the amount of tax,	if any, on line	2, a	bove, reimburs	ed by	the org	ganiza [.]	tion				\$				
Part I																
	Complete if the c						Part \	V, line 38a or F	orm	n 990, Part IV, lin	e 26; d	or if the	e orga	nizatio	n	
	reported an amo				Ť T				_		I		/b) Ani	aroved		
in	(a) Name of terested person	(b) Relations with organiza		(c) Purpose of loan	fron	an to or n the zation?	prind	e) Original cipal amount	(1	f) Balance due	(g) defa	In ult?	(h) App by boo comm	ard or ittee?	(i) W agree	ritten ment?
					То	From					Yes	No	Yes	No	Yes	No
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<u>rotal</u> Part I	II Grants or As	eietanca F	Rang	afiting Inter	aeta:	1 Dar	eone	\$								
· uiti	Complete if the c			_												
10) Name of interested p							c) Amount of		(d) Type	of		(0)) Purp	oco of	
(c	y Name of Interested p	Derson		 Relationship interested pers the organiza 	on an		,	assistance		assistan				assista		
												_				

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

Schedule L (Form 990) 2022

Part IV Business Transactions Involv	ving Interested Persons	INC.	20 1022	1 30	Page Z
	I "Yes" on Form 990, Part IV, line 28a, 28	8h or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	aring of zation's nues?
SARAH BAKER	DAUGHTER OF FOUNDER	32,116.	W2 EMPLOYEE	Yes	No X
					-
Provide additional information for resp	onses to questions on Schedule L (see ir	nstructions).			
			D. DEDGONG.		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: SARAH	BAKER				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
DAUGHTER OF FOUNDER/PRESID	FNT/CFO				
DAUGHTER OF FOUNDER/TREDID	ENT/CEO				
_					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

20-1622436 OPERATION FIRST RESPONSE, INC. **Types of Property** Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 29,129. FAIR VALUE 100 (BACK PACK ITEMS) Х 25 Other (OFFICE SUPPLIES) 5 110.FAIR VALUE X 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2022

Schedule M	1 (Form 990) 2022 OPERATION FIRST RESPONSE, INC.	20-1622436 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, at is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the organization combination of both. Also complete

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

OPERATION FIRST RESPONSE, INC.

Employer identification number 20-1622436

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

INJURIES OR ILLNESS, THROUGHOUT THEIR RECOVERY PERIOD AND ALONG THEIR

JOURNEY INTO THE CIVILIAN WORLD. FINANCIAL AID VARIES AS EACH CASE IS

BASED ON INDIVIDUAL NEEDS RANGING FROM RENT, UTILITIES, VEHICLE

PAYMENTS, GROCERIES, CLOTHING, AND TRAVEL EXPENSES.

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

THE ANNUAL FINANCIAL INFORMATION AND IRS FILINGS ARE PRESENTED AT THE BOARD OF DIRECTORS MEETING FOR THEIR REVIEW AND APPROVAL.

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

ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED EITHER AT REGULAR OR

SPECIAL MEETINGS OF THE BOARD. POTENTIAL CONFLICTS ARE DISCLOSED, DISCUSSED

AND VOTED UPON BY THE BOARD. IF THE CONFLICT INVOLVES ANY MEMBER, THAT

MEMBER WILL REMOVE HIMSELF/HERSELF FROM THE MEETING DURING THE DISCUSSION

AND THE VOTE. IF A CONFLICT OF INTEREST IS DISCOVERED AFTER THE FACT THE

CONFLICT WILL BE BROUGHT TO THE BOARD'S ATTENTION AND THE MATTER WILL BE

DISCUSSED AND RESOLVED. ADDITIONALLY THE BOARD MEMBERS REVIEW THE CONFLICT

OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS, EVALUATES AND APPROVES THE PRESIDENTS
SALARY ANNUALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

VA, SC, WV, CT, GA, NV, PA, MO, LA, NY, IL, NC, TX, NJ, MA, FL, MD, MS, CA, AZ, WA

Schedule O (Form 990) 2022 Page **2**

Name of the organization OPERATION FIRST RESPONSE, INC.	Employer identification number 20-1622436
<u> </u>	
FORM 990, PART VI, SECTION C, LINE 19:	
OPERATION FIRST RESPONSE HAS ITS GOVERNING DOCUMENTS AND F	INANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON	REQUEST.
SECTION B. POLICIES	
OFR OBTAINS INFORMATION ON MANY DONORS AND MAINTAINS A STR	ICT DONOR
PRIVACY POLICY RELATED TO THAT CONFIDENTIAL INFORMATION. T	HE CEO
PRESIDENT INSURES ADHERENCE TO THE PRIVACY POLICY PROCEDUR	ES.
FORM 990, PART XI, LINE 2C	
THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE PRESENTED AT T	HE BOARD OF
DIRECTORS MEETING FOR REVIEW AND APPROVAL. THE BOARD ALSO	OVERSEES
SELECTION OF INDEPENDENT AUDITOR.	

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o Lir	e Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE & FIXTURE	12/31/05	SL	5.00	HY17	1,169.				1,169.	1,169.		0.	1,169.
2	FURNITURE & FIXTURE	06/01/09	SL	5.00	НУ17	1,694.				1,694.	1,694.		0.	1,694.
5	PRINTER	07/30/14	SL	5.00	HY17	830.				830.	830.		0.	830.
6	COMPUTERS AND MONITORS	01/04/16	SL	3.00	НУ17	7,032.				7,032.	7,032.		0.	7,032.
7	2 DESKTOP COMPUTERS	02/01/17	SL	3.00	16	2,175.				2,175.	2,175.		0.	2,175.
8	3 APPLE COMPUTERS	09/26/22	SL	3.00	16	6,375.				6,375.			531.	531.
	* TOTAL 990 PAGE 10 DEPR					19,275.				19,275.	12,900.		531.	13,431.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					12,900.			0.	12,900.	12,900.			12,900.
	ACQUISITIONS					6,375.			0.	6,375.	0.			531.
	DISPOSITIONS/RETIRED					0.			0.	0.	0.			0.
	ENDING BALANCE					19,275.			0.	19,275.	12,900.			13,431.
	ENDING ACCUM DEPR										13,431.			
	ENDING BOOK VALUE										5,844.			

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number Business or activity to which this form relates

990

Part II Election To Depense Certain Property User's Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (See instructions)	OP:	ERATION FIRST RESPO						AGE 10			20-1622436
2 Total cost of section 179 property placed in service (see instructions) 3 2,700,000. 4 Reduction in limitation. Subtract line 3 from line 2: if zero or lies, enter 4. 5 Data internation to syste discretized short from line 2: if zero or lies, enter 4. 6 (i) Description of property. 6 (ii) Description of property. 7 Listed property. Enter the amount from line 29 7 Listed property. Enter the amount from line 29 8 Total elected sot of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected sot of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected sot of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected sot of section 179 property. Add amounts in column (c), lines 6 and 7. 9 Total selected sot of section 179 property. Add amounts in column (c), lines 6 and 7. 10 Listed property. Enter the amount from line 29 11 Eleurises income limitation. Enter the smaller of line 5 or line 8. 9 Total elected sot of section 179 property. Add amounts in column (c), lines 6 and 7. 11 Eleurises income limitation. Enter the smaller of line 5 or line 8. 9 Total elected sot of section 179 property. Add amounts in column (c), lines 6 and 7. 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1. 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1. 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1. 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, best line 12. 14 Special depreciation allowance for qualified property, Instead, use Part V. Part III Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 1980(f) election 1. 16 Other depreciation finallowing ACRS) 17 MACRS deductions for assets placed in service lines of years and placed in service lines of	Pa	rt Election To Expense Certain Prope	erty Under Section 17	'9 Note: If yo	u have any li	sted pro	operty, c	omplete Part	V be	fore y	
3 Threshold cost of section 179 property before reduction in limitation. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 49- 5 Outs invisible for towns Subtract line 1 from line 2. If zero or less, enter 49- 5 Outs invisible for towns Subtract line 1 from line 2. If zero or less, enter 49- 5 Outs invisible for towns Subtract line 1 from line 2. If zero or less, enter 49- 5 Outs invisible for towns Subtract line 5 from line 2. If zero or less, enter 49- 5 Outs invisible for towns Subtract line 5 from line 2. If zero or less, enter 49- 5 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 7 It stated property. Enter the amount from line 2.9 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 1 Outs a section 189 property (column 199 property). In 199 property (column 199 property). I	1	Maximum amount (see instructions)								1	1,080,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 4- Incred line property se instructions 5 8 Detail initiation for to year. Subtract is too line 1. If zero or less, enter 4- Il incred line property Incredible property Incredible	2	Total cost of section 179 property place	ced in service (see i	instructions)						2	
5 Date Institution for tax year. Outpress of property 6 (I) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 19 day our 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 11 12 Section 179 expenses deduction. Include lines 4 or line 8 or line 8 12 Section 189 expenses deduction. Add lines 9 and 10, lut off or line 4 more than line 11 12 13 Carryover of disallowed deduction from line 13 or line 8 13 Note: Don't use Part I to Part II libelow for listed property, instead, use Part V. Part III Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 169(ff) election 16 Other depreciation (including ACRS) 16 Other depreciation (Don't include listed property, See instructions) Part III MACRS Depreciation (Don't include listed property, See instructions) **Rection A** 17 MACRS deductions for assets placed in service during the tax year to use entering to grow years pushed in service during the same service for the service during the lax years of the service during the same service durin	3	Threshold cost of section 179 property	y before reduction i	in limitation						3	2,700,000.
Comparison of property (in the comparison of property) The Usted property. Enter the amount from line 29 The Usted property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 The Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 The Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 The Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 The Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 The Usted property (in the section 189 and 10, but don't enter more than line 11 The Usted property of section 189 and 10, but don't enter more than line 11 The Usted in the Section 189 and 10, but don't enter more than line 11 The Usted in the Section 189 and 10, but don't enter more than line 11 The Usted in the Section 189 and 10, but don't enter more than line 11 The Section 199 and 10 a	4	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	r -0-					4	
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nortion of the bacic attributable to section 2630 costs	2	Far acceta abour al			0 10 t 0 1 1 1						

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A all of Section B, and Section C if applicable

	24b, columns (a) through (c) of Section A,	all of So	ection B	, and	Secti	on C i	f applic	cable.						
			n and Other I								mits for	passeng	er autom	nobiles.)		
248	Do you have evidence to s	upport the bus	siness/investmer	t use cla	aimed?		Yes		No	24b If "Y	es." is t	ne evide	nce writt	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	ot	(d) Cost or ther basis		Basis for	(e) or depre ess/invesuse only	ciation stment	(f) Recovery period	Me	(g) thod/ vention	(Depre	h) ciation iction		i) ted n 179
25	Special depreciation allo	wance for q	ualified listed p	roperty	placed	in se	vice c	during	the ta	x year and						
	used more than 50% in a	a qualified bu	usiness use									25				
26	Property used more than	ո 50% in a qւ	ualified busines	s use:												
		1 1	%	5												
		1 1	%	5												
		: :	%	5												
27	Property used 50% or le	ss in a qualif	ied business u	se:												
		1 1	%	5							S/L -					
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		: :	%								S/L -					
	Add amounts in column															
29	Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles plete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles															
			S	ection I	B - Infor	mati	on on	Use	of Veh	icles						
Co	mplete this section for ve	hicles used b	oy a sole propr	etor, pa	artner, o	r othe	er "mo	re tha	n 5% d	owner," o	related	person.	If you pr	ovided v	ehicles	
to y	our employees, first ansv	wer the ques	tions in Section	n C to s	ee if you	ı mee	et an e	except	ion to	completir	ng this s	ection fo	r those v	ehicles.		
						1										
				-	a)		(b)			(c)	1	d)	-	∍)	(f	
30	Total business/investment i			Vel	nicle		Vehicl	e	V	<u>'ehicle</u>	Ve	hicle	Veh	icle	Vehi	cle
	year (don't include commu															
	Total commuting miles of		I I													
32	Total other personal (nor driven	0.	·													
33	Total miles driven during															
	Add lines 30 through 32		I		ı							1			- Т	
34	Was the vehicle available	•	1	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?		I													
35	Was the vehicle used pr		I													
26	than 5% owner or relate		I I				-									
30	Is another vehicle availa	-														
	use?		- Questions fo	r Empl	overs M	/ho E	rovid	o Voh	icles f	or Hee b	, Their F	Employe	AS	ı		
Δno	swer these questions to o			-	-									on't		
	re than 5% owners or rela	•		оорион	10 00111	510111	9 000		101 10	moree de	od by on	,p.0,000	Willo Ca	· · · ·		
	Do you maintain a writte	•		hibits a	ll persor	nal us	e of v	ehicle	s, inclu	uding con	muting,	by your			Yes	No
	employees?									-	-					
38	Do you maintain a writte															
	employees? See the inst	tructions for	vehicles used	oy corp	orate off	ficers	, direc	tors,	or 1% (or more o	wners					
39	Do you treat all use of ve	ehicles by en	nployees as pe	rsonal ι	use?											
40	Do you provide more that															
	the use of the vehicles, a															
41	Do you meet the require															
D	Note: If your answer to 3	37, 38, 39, 4	0, or 41 is "Yes	s," don'	t comple	te Se	ection	B for	the co	vered ver	icles.					
P	art VI Amortization			/b\	I		٥)			(4)		(0)			(£)	
	(a) Description of	costs		(b) mortization legins		Amor	c) tizable ount			(d) Code section		(e) Amortiza period or per	ition	Am for	(f) nortization this year	
42	Amortization of costs that	at begins du	•		ır:							,				
		-		:												
43	Amortization of costs the	at began bef	ore your 2022	tax yea	r								43			
	Total. Add amounts in o												44			

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - OPERATION FIRST RESPONSE, INC.

Asset No.	Description	Da ⁱ Acqu		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE & FIXTURE	1231	L05	SL	5.00	17	1,169.			1,169.	1,169.		0.
2	FURNITURE & FIXTURE	0601	L09	SL	5.00	17	1,694.			1,694.	1,694.		0.
	PRINTER COMPUTERS AND	0730	14	SL	5.00	17	830.			830.	830.		0.
		0104	116	SL	3.00	17	7,032.			7,032.	7,032.		0.
7	2 DESKTOP COMPUTERS	0201	L 17	SL	3.00	16	2,175.			2,175.	2,175.		0.
		0926	522	SL	3.00	16	6,375.			6,375.			531.
	* TOTAL 990 PAGE 10 DEPR						19,275.		0.	19,275.	12,900.		531.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						12,900.		0.	12,900.	12,900.		
	ACQUISITIONS						6,375.		0.	6,375.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						19,275.		0.	19,275.	12,900.		

- NEXT YEAR FEDERAL -

OPERATION FIRST RESPONSE, INC.

Asset No.	Description		Date quired	t	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURE	12	310	5	SL	5.00	1,169.		1,169.		0.
	FURNITURE & FIXTURE	06	01	9	SL	5.00	1,694. 830.		1,694.	1,694.	0.
	PRINTER	07 01	301	4	SL	5.00	830.		830.	830.	0.
	COMPUTERS AND MONITORS	01	1 4 1	6	SL	3.00	7,032.		7,032.	7,032.	0.
	2 DESKTOP COMPUTERS	02	1 1	.7	SL	3.00	2,175.		2,175.	2,175. 531.	0.
8	3 APPLE COMPUTERS	09	26 2	2	SL	3.00	6,375.		6,375.	531.	2,125.
	* TOTAL 990 PAGE 10 DEPR						19,275.		19,275.	13,431.	2,125.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone