** PUBLIC DISCLOSURE COPY **

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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.

OMB No. 1545-0047

Inspection

Department of the Treasury

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

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change OPERATION HEALING FORCES, INC. Name change 45-3798803 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 727-631-9713 5100 W. KENNEDY BLVD, STE 100 termin-ated 5,379,236. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended TAMPA, FL 33609 H(a) Is this a group return Applica-F Name and address of principal officer: KERRY IRVIN Yes X No for subordinates? pending SAME AS C ABOVE ∐Yes L No **H(b)** Are all subordinates included? If "No," attach a list. See instructions Tax-exempt status: X = 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or WWW.OPERATIONHEALINGFORCES.ORG H(c) Group exemption number L Year of formation: 2011 M State of legal domicile: FL **K** Form of organization: X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION Activities & Governance IS TO SERVE THE NEEDS OF AMERICA'S WOUNDED, ILL INJURED, AND FALLEN oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) <u>13</u> Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 120 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 4,335,842. 4,594,016. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 0. 0. $6,\overline{168}.$ 25,471. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 349,844. 213,205. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,555,215. 4,969,331. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 944,421. 949,262. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column, (A), line 4) 1,207,500. 1,312,160. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,856,221. 2,569,079. 5,012,983. 4,825,660. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -457,768. 143,671. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,531,808. 2,580,652. 20 Total assets (Part X, line 16) 714,368. 611,797. 21 Total liabilities (Part X, line 26) 968,855. 817,440. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign CHIEF EXECUTIVE OFFICER KERRY IRVIN, 25 April 2024 Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 5/15/2024 SAM A. LAZZARA P01000850 Paid RIVERO, GORDIMER & COMPANY, Firm's EIN 59-3040705 Preparer Firm's name Use Only Firm's address P.O. BOX 172359 Phone no. 813 - 875 - 7774 TAMPA, FL 33672

X Yes

Form	990 (2023) OPERATION HEALING FORCES, INC.	45-3798803	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF THE ORGANIZATION IS TO SERVE THE NEEDS		
	WOUNDED, ILL, INJURED, AND FALLEN SPECIAL OPERATIONS	FORCES SERVICE	
	MEMBERS, VETERANS, THEIR FAMILIES, CAREGIVERS, AND ST	URVIVORS THROUG	H A
	SUITE OF PROGRAMS THAT PROMOTE LONG-TERM MENTAL, PHYS	SICAL, EMOTIONA	L,
2	Did the organization undertake any significant program services during the year which were not listed on	the	
	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	vices? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses	.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.	e carere, are total experiese,	arra
4a	2 7/2 022	(Revenue \$	١
··u	EACH OHF RETREAT IS UNIQUE IN ITS ACTIVITIES AND SET		
	GOALIS ALWAYS THE SAME: CREATING BONDS THAT CURE.	4	
		7	
	OPERATION HEALING FORCES CONDUCTS WEEK-LONG THERAPEU	TTC RETREATS FO	R
	SPECIAL OPERATIONS COUPLES THROUGHOUT THE UNITED STA	_	
	IS LED BY AN OHF RETREAT LEAD WHO IS ALSO A RETIRED 1	<u> </u>	
	COMMUNITY.	MINDER OF THE D	<u> </u>
	COMMONITI		
	THE RETREAT ENVIRONMENT COMBINED WITH PEER TO-PEER CO	OUNCELING AND	
	RECREATIONAL THERAPIES ENABLE SINCERE BONDING BETWEEN		
	OTHER SPOUSES GOING THROUGH SIMILAR HARDSHIPS, AND A		
	OPERATION FORCES SERVICE MEMBERS (SEE CONTINUATION A		CIAL
41-	1 270 511		
4b	(Code:) (Expenses \$ 1,270,511. including grants of \$ 944,421.) THROUGH THE IMMEDIATE NEEDS PROGRAM, THE ORGANIZATION		v ,
	WITH THE UNITED STATES SPECIAL OPERATION COMMAND'S W		
	AND OHF ALUMNI TO PROVIDE IMMEDIATE FINANCIAL/CRISIS		
	WITH EMERGENCY MEDICAL, TRAVEL, RESPITE, AND FAMILY 1		
	SPECIAL OPERATIONS ADDITIONAL RESOURCES PROGRAM ("SO		
	ASSISTED MORE THAN 1,700 WOUNDED OPERATORS AND THEIR	-	<u>5</u>
	IMMEDIATE NEEDS AND CRISIS SUPPORT THROUGH 579 REQUE		
	USSOCOM WARRIOR CARE PROGRAM AND ALUMNI.	515 FROM THE	
		TOU EMPLOYMEND	
	ADDITIONALLY, THE SOAR PROGRAM PROVIDES ASSISTANCE W		
	FINANCIAL PLANNING, LEGAL REFERRALS AND MORE FOR SPECSERVICE MEMBERS AND THEIR FAMILIES.	CIAL OPERATIONS	
	SERVICE MEMBERS AND THEIR FAMILIES.		
	<u> </u>		
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 4,013,434.		
		Form 9	90 (2023

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
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,	10		
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Port VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		3.7	
	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			 ₩
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.		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) OPERATION HEALING
Part IV | Checklist of Required Schedules (continued)

	The state of the dame of the state of the st			
00	Did the second in the second transfer of 000 of second and the second in		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	20	х	İ
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			١
	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%			7.7
	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	07		х
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		\vdash
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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			X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10		
	(gambling) winnings to prize winners?	1c		

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Form 990 (2023) OPERATION HEALING FORCES, INC. 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 16								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v					
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CI-							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-	х						
a		7a 7b	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0							
С	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f									
g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year? N/A	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders N/A 11a								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against								
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		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								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17							
	If "Yes," complete Form 6069.	_	000	(0000)					

332005 12-21-23

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
<u>Sec</u>	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 1b 1			
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		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review 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 AL, AR, CA, CO, CT, FL, GA, IL, KS	, KY	, MD	, MA
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			
	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, ar	d fina	ncial	
	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			
	DESIREE HOLLEY - 813-631-9713			
	5100 W KENNEDY BLVD, STE 100, TAMPA, FL 33609			
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2023)

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.

oxdot 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)	l		((прс	ilout	ed any current officer, α (D)	(E)	(F)
Name and title	Average	(do		Posi	itior	1 than	one	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		JCI all	lu a u	II ecit	Jiraus	100)	from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ıal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	cer	Key employee	Highest compensated employee	mer			organizations
	line)	Indi	Inst	Officer	Key	Hig	윤			
(1) KERRY IRVIN	40.00			х				172 250	0.	0
CHIEF EXECUTIVE OFFICER	40.00			^				173,250.	0.	0.
(2) JEFF HUDSON	40.00			х		C		142,476.	0.	0.
(3) BILLY DELONG	40.00			^		1		142,470.	0.	0.
PROGRAM MANAGER	40.00					X		132,971.	0.	0.
(4) DESIREE HOLLEY	40.00				7	122		152,511.	0.	<u> </u>
CHIEF OPERATING OFFICER	40.00	•)	х				116,308.	0.	0.
(5) GARY MARKEL	4,00					\vdash		220,000		
CHAIRMAN	-,/-	x		x				0.	0.	0.
(6) ANTHONY MARKEL	4.00									
VICE CHAIRMAN	1	Х		х				0.	0.	0.
(7) ROBERT MIZELL	4.00									
TREASURER) ′	Х		Х				0.	0.	0.
(8) ROBERT MCBRIDE	4.00									
SECRETARY		Х		Х				0.	0.	0.
(9) RONALD CAMPBELL	2.00								_	
DIRECTOR		Х				_		0.	0.	0.
(10) ROBIN HOWELL	2.00									
DIRECTOR	0 00	Х				_		0.	0.	0.
(11) J.D. DOLAN	2.00	,,						_		0
DIRECTOR	2 00	Х				<u> </u>		0.	0.	0.
(12) JOSHUA ONYSCHUK	2.00	х						0.	0.	0.
(13) KEITH LECLERC	2.00	Λ				\vdash		0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(14) ROYCE IMHOFF II	2.00	Λ				\vdash		0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(15) BRUCE CONNELL	2.00					\vdash		•	•	
DIRECTOR	<u> </u>	х						0.	0.	0.
(16) MIKE DENTON	2.00									
DIRECTOR		х						0.	0.	0.
(17) CHRIS CAUGHRAN	4.00					T				
DIRECTOR		Х				L	L	0.	0.	0.

332007 12-21-23

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	-			
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount	of
		week	├.	Cei aii		II ecit) / ii us	1	from	from related		l	other	
		(list any hours for	irecto						the	organization			pensa	
		related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
		organizations	ruste	l trus		ee ee	nben		1099-NEC)	1099-1120)		_ ~	d relati	
		below	dual t	tiona	١.	yoldr	st cor		1033 (420)				anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			_											
-			_											
										4				
										1				
									70,	/				
-									10					
-								$\hat{}$						
								D `						
1b	Subtotal					1.1	<u>)</u>		565,005.		0.			0.
	Total from continuation sheets to Part VI			. 1)			0.		0.			0.
	Total (add lines 1b and 1c)					<u></u>			565,005.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wr	no r	eceived more than \$100	0,000 of reportab	le			4
	compensation from the organization	1	•										Yes	No
3	Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, or	r hig	ghest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for/s	uch individual										3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a	-				-			ted organization or indiv	dual for services				
Con	rendered to the organization? If "Yes," com	plete Schedul	e J t	or su	ıch	pers	son .					5		X
	tion B. Independent Contractors	mnoncotod in	don		n+ 0	ont	vo ota	t	that received more than	\$100,000 of oor	2000	ation t		
1	Complete this table for your five highest co the organization. Report compensation for										iperis	allon	10111	
	(A) Name and business	addraga	37/	~ ****	,				(B)	om dooo)) nsatio	_
	Name and business	address	M	INC	5			\dashv	Description of s	ervices		ompe	risatioi	
	Tatal acceptant final acceptant accepts to the control of the cont	mali salia - l			ناج الم	Ale :	"		ا ما	aua Maar				
	Total number of independent contractors (i \$100,000 of compensation from the organi	-	IOT II	mite	u 10		se lis	stec	above) who received h	iore trian				
												Form	990 (2023)

Ра	rt V	/III						
			Check if Schedule O contains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	250,895. 343,121. 414,075.	4,594,016.			
				Business Code				
Program Service Revenue	2	b c d e f	All other program service revenue					
			Total. Add lines 2a-2f					
	3 4 5		Investment income (including dividends, intered other similar amounts) Income from investment of tax-exempt bond propagations	proceeds	25,471,			25,471.
	_	b	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal	105			
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities 7a	(ii) Other				
er Revenue	•	d	and sales expenses 7b Gain or (loss) 7c Net gain or (loss) Gross income from fundraising events (not)					
Oţ	•		including \$ 250,895 • of contributions reported on line 1c). See Part IV, line 18	737,623. 409,905.				
			1		327,718.			327,718.
	٥		Net income or (loss) from fundraising events Gross income from gaming activities. See		327,710.			327,710.
	Э		Part IV, line 19 9a Less: direct expenses 9b					
			Niet income au (lana) funda promine a activities					
	10		Gross sales of inventory, less returns and allowances					
			Less: cost of goods sold10b	1				
		С	Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11	a b	OTHER REVENUE	900099	22,126.	22,126.		
ella :ver								
isc. Re		d	All other revenue					
Σ			Total. Add lines 11a-11d		22,126.			
	12		Total revenue. See instructions		4,969,331.	22,126.	0.	353,189.

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	944,421.	944,421.		
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	565,005.	408,705.	64,378.	91,922
6	Compensation not included above to disqualified				,
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			4	
7	Other salaries and wages	627,265.	453,741.	71,473.	102,051
8	Pension plan accruals and contributions (include	,	,		. ,
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	119,890.	86,724,	13,661.	19,505
1	Fees for services (nonemployees):	. ,		,	. ,
	Management		x ()		
	Legal	5,846.		425.	5,421
	Accounting	20,450.		20,450.	-
	Lobbying		5	•	
	Professional fundraising services. See Part IV, line 17	1			
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch O.)	27,893.	16,250.	2,500.	9,143
12	Advertising and promotion	A			
3	Office expenses	172,512.	37,554.	30,557.	104,401
4	Information technology	52,543.	21,209.	12,932.	18,402
5	Royalties		-	-	
6	Occupancy	136,550.	102,413.	16,386.	17,751
7	Travel	605,226.	448,430.	14,948.	141,848
8	Payments of travel or entertainment expenses	-	-	-	
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,574.	3,820.	13,654.	2,100
20	Interest	-	-	-	-
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	11,175.	6,704.	3,800.	671
:3	Insurance	10,700.		10,700.	
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	RETREAT EXPENSES	1,483,463.	1,483,463.		
b	DONOR RECOGNITION	23,147.			23,147
С		-			
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	4,825,660.	4,013,434.	275,864.	536,362
6	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)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			783,378.	1	1,211,572
	2	Savings and temporary cash investments			1,005,341.	2	776,621
	3	Pledges and grants receivable, net		162,483.	3	86,500	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese per	sons		5	
	6	Loans and other receivables from other disqu	ersons (as defined				
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ĭ	9				0.	9	21,006
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	67,590.	.1		
	b				47,777.	10c	47,807
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin	207	12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			532,829.	15	437,140
	16	Total assets. Add lines 1 through 15 (must ed		- V	2,531,808.	16	2,580,652
	17	Accounts payable and accrued expenses			170,888.	17	161,229
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part I\	of Schedule D		21	
3	22	Loans and other payables to any current or fo	rmer off	icer, director,			
Liabilitas		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
2		controlled entity or family member of any of the	nese per	sons		22	
1	23	Secured mortgages and notes payable to unr	elated th	nird parties		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	es 17-24	l). Complete Part X			
		of Schedule D			543,480.	25	450,568
	26	Total liabilities. Add lines 17 through 25			714,368.	26	611,797
n		Organizations that follow FASB ASC 958, c	heck he	re X			
2		and complete lines 27, 28, 32, and 33.			1 0 10		
0	27				1,775,049.	27	1,718,855
Š	28	Net assets with donor restrictions			42,391.	28	250,000
		Organizations that do not follow FASB ASC	958, ch	eck here			
		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fund				29	
ט מ	30	Paid-in or capital surplus, or land, building, or	equipme	ent fund		30	
Net Assets of Fund Balances	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			1,817,440.	32	1,968,855
	33	Total liabilities and net assets/fund balances			2,531,808.	33	2,580,652

Pa	Tt 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)		<u>4,96</u>						
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,82						
3	Revenue less expenses. Subtract line 2 from line 1	3	14 1,81		71.				
4									
5	5 Net unrealized gains (losses) on investments5								
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	1,96	8,8	55.				
Pai	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Ш				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.							
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		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2023)				

SCHEDULE A

(Form 990)

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

OPERATION HEALING FORCES, INC.

Employer identification number

45-3798803 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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		.so complete rait				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	,	,	,	,	. ,	(,
	membership fees received. (Do not						
	include any "unusual grants.")	2796652.	2867062.	3984387.	4335842.	4594016.	18577959.
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	000000	0068060	2004208	4225040	4504046	4.05550
	Total. Add lines 1 through 3	2796652.	2867062.	3984387.	4335842.	4594016.	18577959.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the)	
	amount shown on line 11, column (f)				$\wedge \bigcirc \vee$		1875992.
6	Public support. Subtract line 5 from line 4.						16701967.
	tion B. Total Support						107013071
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2796652.	2867062.	3984387.	4335842.	4594016.	(f) Total 18577959.
	Gross income from interest,						
	dividends, payments received on			5			
	securities loans, rents, royalties,) '			
	and income from similar sources			,	6,168.	25,471.	31,639.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		Y				
10	Other income. Do not include gain						
	or loss from the sale of capital	C.)					
	assets (Explain in Part VI.)	187,334.	126,234.	266,473.	213,205.	349,844.	1143090.
	Total support. Add lines 7 through 10	, , , , , , , , , , , , , , , , , , ,					19752688.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	1 +	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
800	organization, check this box and storetion C. Computation of Publ		roontago				<u></u>
	Public support percentage for 2023 (column (fl)	i	14	84.56 %
	Public support percentage for 2023 (Public support percentage from 2022)					15	87.11 %
	33 1/3% support test - 2023. If the contract of the contract o						
104	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to		ŕ	-	•		
b	10% -facts-and-circumstances tes	_		* * * * * * * * * * * * * * * * * * * *	•	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructior	ns

Schedule A (Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

80	qualify under the tests listed beating A. Public Support	elow, please com	piete Part II.)					
	• • • • • • • • • • • • • • • • • • • •	() 0010	#1.0000	1 () 0004	(B 0000	4) 0000	(0 T	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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							
Ū	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				4			
5	The value of services or facilities							
3	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5			1				
	Amounts included on lines 1, 2, and							
,,	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			110				
	amount on line 13 for the year	Ļ		50'				
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)			\cup				
	ction B. Total Support	,		<u> </u>	,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\(\lambda\)),					
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	20/1/2						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,	
	check this box and stop here							
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2023 (line 8, column (f), o	divided by line 13,	column (f))		15	%	
	Public support percentage from 2022					16	%	
Se	ction D. Computation of Inve	stment Incom	e Percentage					
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%	
	Investment income percentage from					18	%	
	33 1/3% support tests - 2023. If the					3 1/3%, and line 1	17 is not	
	more than 33 1/3%, check this box a							
k	33 1/3% support tests - 2022. If the						and	
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

332023 12-21-23

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		
	0-		
	3a		
	3b		
	Зс		
	4a		
	Ta		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5с		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9с		
	10a		
	-		
	10b		
عابية	Δ (Forr	n 990	2023

Par	rt IV Supporting Or	ganizations _(continued)			
	•			Yes	No
11	Has the organization acce	pted a gift or contribution from any of the following persons?			
		ndirectly controls, either alone or together with persons described on lines 11b and			
		body of a supported organization?	11a		
b		on described on line 11a above?	11b		
	•	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 Suppo	rting Organizations			
				Yes	No
1	Did the governing body, n	nembers of the governing body, officers acting in their official capacity, or membership of one or			
		ions have the power to regularly appoint or elect at least a majority of the organization's officers,			
		I times during the tax year? If "No," describe in Part VI how the supported organization(s) rvised, or controlled the organization's activities. If the organization had more than one supported			
		v the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations a	nd what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization opera	ate for the benefit of any supported organization other than the supported			
	organization(s) that operate	ted, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing suc	h benefit carried out the purposes of the supported organization(s) that operated,			
		he supporting organization.	2		
Sect	tion C. Type II Suppo	orting Organizations			
				Yes	No
1	Were a majority of the org	anization's directors or trustees during the tax year also a majority of the directors			
		organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the sup	porting organization was vested in the same persons that controlled or managed			
	the supported organization		1		
Seci	tion D. All Type III St	upporting Organizations			
				Yes	No
		de to each of its supported organizations, by the last day of the fifth month of the			
		a written notice describing the type and amount of support provided during the prior tax			
		m 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
		documents in effect on the date of notification, to the extent not previously provided?	1		
		ion's officers, directors, or trustees either (i) appointed or elected by the supported			
		ng on the governing body of a supported organization? If "No," explain in Part VI how	_		
	-	d a close and continuous working relationship with the supported organization(s).	2		
	•	hip described on line 2 above, did the organization's supported organizations have a			
		anization's investment policies and in directing the use of the organization's es during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations p		2		
Sect	tion F. Type III Func	tionally Integrated Supporting Organizations	3		
1		method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a		tisfied the Activities Test. Complete line 2 below.	•		
b		the parent of each of its supported organizations. Complete line 3 below.			
c		pported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lin			Yes	No
	Did substantially all of the	organization's activities during the tax year directly further the exempt purposes of			
		n(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organiz	ations and explain how these activities directly furthered their exempt purposes,			
	how the organization was	responsive to those supported organizations, and how the organization determined			
		tuted substantially all of its activities.	2a		
b	Did the activities describe	d on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organiz	ration's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the	e organization's position that its supported organization(s) would have engaged in			
	these activities but for the	organization's involvement.	2b		
3	Parent of Supported Orga	nizations. Answer lines 3a and 3b below.			
а	Did the organization have	the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the su	pported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exerc	ise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

332025 12-21-23 Schedule A (Form 990) 2023

HEALING FORCES, INC. 45-3798803 Page 6
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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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		.1				
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors	0					
	(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					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see			
	instructions).						

Schedule A (Form 990) 2023

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		1	
2	Underdistributions, if any, for years prior to 2023 (reason-		7	
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023		707	
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021	~ ~ ~		
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount	10		
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	20		
4	Distributions for 2023 from Section D,	P		
	line 7: \$	Y		
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	1
	S
	1.65
	1.1C

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

OPERATION HEALING FORCES INC

45-3798803

U	FERMITON HEADING FORCES, INC.	47-2130003				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization	is covered by the General Rule or a Special Rule.					
	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.				
, ,						
General Rule						
For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or				
	y one contributor. Complete Parts I and II. See instructions for determining a contributor					
,,						
Special Rules						
X For an organization	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support	test of the regulations under				
) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an					
contributor, durin	g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F	Form 990, Part VIII, line 1h;				
or (ii) Form 990-E	Z, line 1. Complete Parts I and II.					
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one				
	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci					
literary, or educat	ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e	entering				
"N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one contributor, during the				
year, contribution	s exclusively for religious, charitable, etc., purposes, but no such contributions totaled m	ore than \$1,000. If this box				
	here the total contributions that were received during the year for an exclusively religious					
	emplete any of the parts unless the General Rule applies to this organization because it represents the control of the parts unless the General Rule applies to this organization because it represents the control of the parts unless the General Rule applies to this organization because it represents the control of the parts unless the General Rule applies to this organization because it represents the control of the parts unless the General Rule applies to this organization because it represents the General Rule applies to this organization because it represents the General Rule applies to the General Rule applies					
religious, charitat	ole, etc., contributions totaling \$5,000 or more during the year	\$				
Caution: An organization t	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F	form 990), but it must				
	e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,	•				
	ng requirements of Schedule B (Form 990).	•				

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

Name of organization Employer identification number

OPERATION HEALING FORCES, INC.

45-3798803

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 254,808.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 311,508.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	-150,000	\$ <u>400,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	21011	\$\$	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

OPERATION HEALING FORCES, INC.

45-3798803

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-,50,50	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	21017	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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 HEALING FORCES, INC.

45-3798803

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Φ.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		* 600	
(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
	2101	\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Φ.	
	3-23	\$	Schedule B (Form 990) (20

Employer identification number

Name of organization

45-3798803 OPERATION HEALING FORCES, INC. 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 (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

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

Inspection

Name of the organization

OPERATION HEALING FORCES, INC.

Employer identification number 45-3798803

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Othe	r Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor adv	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		held in donor adv	vised funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	incon conscional belongity and a beautiful.			Vac Na
Pa	rt II Conservation Easements. Complete if the org	ganization answered "	Yes" on Form 990	, Part-(V, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that app	ly).	7
	Preservation of land for public use (for example, recrea	ation or education)	Preservation	of a historically important land area
	Protection of natural habitat			of a certified historic structure
	Preservation of open space) 7
2	Complete lines 2a through 2d if the organization held a quali	fied conservation cont	ribution in the for	m of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic str		V .	
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			
•	year		o	
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	_	ection, handling o	- vf
•	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	,	,g	, 9	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conser	vation easements during the year
		,	J	,
8	Does each conservation easement reported on line 2d above	e satisfy the requireme	ents of section 170	D(h)(4)(B)(i)
				□ v □ N.
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.	ŭ		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical 1	reasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its i	evenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its fina	•	·	•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	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 tre			
_	the following amounts required to be reported under FASB A			Jan gan, provide
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2023

Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Ti	easures,	or Other	Similar As	sets(conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	k any of the	following tha	at make sig	nificant use of	its	
	collection items (check all that apply).								
а	Public exhibition	d	ı 🔲 i	Loan or exc	hange progra	am			
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	ion's exem	ot purpose in F	Part XIII.	
5	During the year, did the organization solicit o							u ,	
·	to be sold to raise funds rather than to be ma							Yes	☐ No
Pa	rt IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par	-		Ü			•	,	
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contributio	ns or other a	ssets not i	ncluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					
	•	•	_					Amoun	nt
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fo						$\overline{}$	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
$\overline{}$	rt V Endowment Funds Complete if								
		(a) Current year		rior year	(c) Two year) Three years ba	ck (e) Fou	r years back
1a	Beginning of year balance	, ,				<u> </u>	<u> </u>	1	
b	Contributions								
c	Net investment earnings, gains, and losses								
	Other expenditures for facilities			5					
-	·		A (
	and programs			,					
	Administrative expenses		() ×						
g	End of year balance	• •	70: 4		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
2	Provide the estimated percentage of the curr	ent year end baland	-	g, column (a)) neid as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		% C)							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	•		
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?								
b	If "Yes" on line 3a(ii), are the related organiza) 			3b	
4	Describe in Part XIII the intended uses of the		wment t	funds.					
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or o basis (investr			t or other (other)		umulated eciation	(d) Boo	k value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			6	7,590.		19,783.	4	7,807.
	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X, line 1	0c, columi	n (B))			4	7,807.

Schedule D (Form 990) 2023

Schedule D	(FORM 990) 2023	OLE
Dort VIII	Inches and a series	Othor C

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(7)(8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	12,720.
(2) RIGHT OF USE OPERATING LEASE	424,426.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	437,146.

Other Liabilities Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	450,568.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	450,568.

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No. 1545-0047
2023

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

Open to Public Inspection

Name of the organization **Employer identification number** OPERATION HEALING FORCES, INC. 45-3798803 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region PROGRAM SERVICES CONSISTED OF CONDUCTING THERAPUETIC COUPLES CENTRAL AMERICA, RETREATS FOR SOF CARRIBEAN, AND BALI PROGRAM SERVICES 148,443.

Schedule F (Form 990) 2023

148,443.

148,443.

LHA 332071 11-29-23

3 a Subtotal

b Total from continuation sheets to Part I _____c Totals (add lines 3a Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					~02	5		
					2			
				Silv				
			0150					
		~	iic)					
		Ri						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ______

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Part IV	Foreign Forms	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No
	Pilolic Disch	Schedule F (For	m 990) 202

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization OPERATION HEALING FORCES, INC. 45-3798803 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

I HA 332081 09-13-23 Schedule G (Form 990) 2023

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

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

			oss income on Form 990			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LET'S TALK	NAPLES GOLF		
			BASKETBALL	FORUM	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue			272 025	0.41 400	272 202	000 510
Ş.	1	Gross receipts	373,835.	241,400.	373,283.	988,518.
_			1 - 1 - 1 - 1			
	2	Less: Contributions	151,248.	0.	99,647.	250,895.
	3	Gross income (line 1 minus line 2)	222,587.	241,400.	273,636.	737,623.
	4	Cash prizes				
	5	Noncash prizes				
SS	ľ	Tronoach phizoc				
)SU	ء ا	Rent/facility costs			4	
ğ.	ľ	Herit/racility costs				
Ω.	١_					
Direct Expenses	′	Food and beverages				
) >	
	8	Entertainment	- 4 0	1.10	100 540	400 005
	9	Other direct expenses	74,077.	142,088.	193,740.	409,905.
	10	Direct expense summary. Add lines 4 through		<u></u>		409,905.
	11	<u> </u>	ine 3, column (d)			327,718.
Pa	ırt I	III Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Dinna	(b) Pull tabs/instant	(a) Oth an aramina	(d) Total gaming (add
J.			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	۱.	Gross revenue	\ \\ \\ \\ \\ \\ \'			
	 '	Gloss revenue	A			
ses	2	Cash prizes	1			
ens						
Ϋ́			Y			
	3	Noncash prizes	C) Y			
ŭ		A A				
Direct		Noncash prizes Rent/facility costs	C Y			
Direct Expenses		A A	C			
Direct	4	A A				
Direct	4	Rent/facility costs	Yes %	Yes %	Yes%	
Direct	4 5	Rent/facility costs	Yes% No	Yes% No	Yes % No	
Direct	4 5	Rent/facility costs Other direct expenses				
Direct	4 5 6	Rent/facility costs Other direct expenses	No No		No No	
Direct	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	No No	No No	No No	
Direct	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	h 5 in column (d)	No No	No No	
Direct	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor	h 5 in column (d)	No No	No No	
_	4 5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the saming income summary. Subtract line 7	h 5 in column (d)	No No	No No	
9	4 5 6 7 8 En	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No No	Vas No
9	4 5 6 7 8 Entries is to	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the the state(s) in which the organization conduct the organization licensed to conduct gaming and state state state and state state are stated.	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No states?	No No	Yes No
9	4 5 6 7 8 Entries is to	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No states?	No No	Yes No
9	4 5 6 7 8 Entries is to	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the the state(s) in which the organization conduct the organization licensed to conduct gaming and state state state and state state are stated.	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No states?	No No	Yes No
9 a	4 5 6 7 8 Entire list to lif "	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the transfer of the state (s) in which the organization conduction organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No States?	No No	
9 a b	4 5 6 7 8 Entire I Is to I If "	Other direct expenses	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states? erminated during the tax	No No	
9 a b	4 5 6 7 8 Entire I Is to I If "	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the transfer of the state (s) in which the organization conduction organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states? erminated during the tax	No No	
9 a b	4 5 6 7 8 Entire I Is to I If "	Other direct expenses	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states? erminated during the tax	No No	

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 OPERATION HEALING FORCES,	INC. 45-3/98803 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnersh	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/spec	
Little the hame and address of the person who prepares the organization's gaming/spec	cial events books and records.
Nama	
Name	
A.1.1	
Address	
4F- Door the constitution to the state of th	eives gaming revenue? Yes No
15a Does the organization have a contract with a third party from whom the organization rec	eives gaming revenue? Tes INO
h trible il antantha anno de francia i anno anno antantha anno airtige	and the array and
	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
	<u> </u>
Name	
Address	$\rightarrow 0$
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contract	etor
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gar	ming proceeds to
rotain the state gaming license?	Ves No
b Enter the amount of distributions required under state law to be distributed to other exer	
organization's own exempt activities during the tax year \$	mpt organizations of sports in the
Part IV Supplemental Information. Provide the explanations required by Part I,	line 2h columns (iii) and (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. Se	
100, 100, 10, and 170, as applicable. Also provide any additional information.	se mandenona.

Schedule G (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 45-3798803 OPERATION HEALING FORCES, INC. Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other)

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

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

45-3798803 OPERATION HEALING FORCES, INC. Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-(a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance 944,421 0.FMV IMMEDIATE NEEDS IMMEDIATE NEEDS 579 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: REQUESTS FOR THE IMMEDIATE NEEDS PROGRAM ARE VETTED AND RECEIVED DIRECTLY FROM THE COMMUNITY OUTREACH TEAM WITHIN THE UNITED STATES SPECIAL

REQUESTS FOR THE IMMEDIATE NEEDS PROGRAM ARE VETTED AND RECEIVED DIRECTLY

FROM THE COMMUNITY OUTREACH TEAM WITHIN THE UNITED STATES SPECIAL

OPERATIONS COMMAND WARRIOR CARE PROGRAM. REQUESTS RECEIVED FROM OTHER

SOURCES AND PARTNERS ARE VETTED THROUGH AN APPLICATION PROCESS REQUESTING

DETAILED INFORMATION INCLUDING SPECIAL OPERATIONS AFFILIATION, SUPPORTING

DOCUMENTATION, AND EXPENSE DETAILS SUPPORTING THE REQUEST PURPOSE. THE

IMMEDIATE NEEDS GRANTS ARE TRACKED INTERNALLY FOLLOWING PROGRAM STANDARD

OPERATING PROCEDURES AND REPORTED QUARTERLY TO THE BOARD OF DIRECTORS AND

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

OPERATION HEALING FORCES, INC.

Employer identification number 45-3798803

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			77
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KERRY IRVIN	(i)	165,000.	8,250.	0.	0.	0.	173,250.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)					, •		
	(ii)							
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ide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part III Supplemental Information	
Public Disclosure Public Disclosure	rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II	Also complete this part for any additional information.
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

	OPERATION HEALING FORCES, INC. 45-37988					803		
Pai	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property				1			
9	Securities - Publicly traded	X	10	321,480	FMV			
10	Securities - Closely held stock			A .				
11	Securities - Partnership, LLC, or			201	/			
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -			0.				
	Historic structures			~ ~				
14	Qualified conservation contribution - Other							
15	Real estate - Residential		(
16	Real estate - Commercial			Q				
17	Real estate - Other		70					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		Y					
22	Historical artifacts		/					
23	Scientific specimens							
24	Archeological artifacts							
25	Other (RETREAT EXPENSE)	X	101	1,092,595.	FMV			
26	Other ()							
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part V, [Donee Acknowledg	gement 29				
						\Box	Yes	No
30a	During the year, did the organization receive b							
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period	l?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	itions?	31		X
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

OPERATION HEALING FORCES, INC.

Employer identification number 45-3798803

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SPECIAL OPERATIONS FORCES SERVICE MEMBERS, VETERANS, THEIR FAMILIES,
AND THEIR CAREGIVERS THROUGH THERAPEUTIC RETREATS AND UNIQUE RESOURCE
PROGRAMS PROVEN TO PROMOTE LONG-TERM MENTAL, PHYSICAL, EMOTIONAL, AND
FISCAL WELL-BEING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND FISCAL WELL-BEING.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ORGANIZATION HAD A PHENOMENAL YEAR IN 2023, WHICH INCLUDED THE
FOLLOWING SIGNIFICANT ACCOMPLISHMENTS:
- DONATED PROPERTIES FOR RETREATS TOTALLED 35 IN 2023.
- MORE THAN 371 SPECIAL OPERATION FORCES AND SPOUSES ATTENDED RETREATS
IN 2023.
ADDITIONALLY, A RECENT SURVEY OF PARTICIPANTS OF OHF THERAPEUTIC
RETREATS RESULTED IN THE FOLLOWING:
- OVER 94% OF RESPONDENTS REPORTED IMPROVED COMMUNICATION WITH THEIR
SPOUSES FOLLOWING THE OHF RETREAT.
- 94% OF RESPONDENTS BELIEVE THEIR RELATIONSHIP WITH THEIR SPOUSE

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** OPERATION HEALING FORCES, INC. 45-3798803 REMAINS IMPROVED FOLLOWING THE OHF RETREAT (MOST RESPONDENTS WERE SIX MONTHS TO ONE YEAR PAST RETREAT). 93% OF RESPONDENTS BELIEVE THAT THE PEER TO PEER EXCHANGE DURING THE RETREAT AIDED IN THEIR PERSONAL RECOVERY. - 81% OF RESPONDENTS BELIEVE THAT OUTDOOR RECREATIONAL ACTIVITIES AIDED IN THEIR PERSONAL RECOVERY. - 97% OF RESPONDENTS LEARNED OF NEW BENEFITS OR RESOURCES AVAILABLE TO THEIR FAMILIES ON THE RETREAT. - 100% OF RESPONDENTS WOULD RECOMMEND OHF RETREATS TO OTHER SOF COUPLES. 98% OF RESPONDENTS REPORTED IMPROVEMENTS IN MULTIPLE MENTAL HEALTH SYMPTOMS FOLLOWING THEIR RETREAT OVER 97% OF RESPONDENTS REPORT INCREASED CONFIDENCE PARTICIPATING IN RECREATIONAL ACTIVITIES FOLLOWING THE OHF RETREAT. FORM 990, PART V, LINE 2B OPERATION HEALING FORCES, INC. CONTRACTS WITH A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) FOR ADMINISTRATION OF THE EMPLOYEES. UNDER THIS AGREEMENT, ALL EMPLOYEES OF OPERATION HEALING FORCES, INC. ARE IN ACTUALITY LEASED FROM THE PEO. DUE TO THIS AGREEMENT, OPERATION HEALING

STATEMENTS, BUT RATHER THE PEO WILL FILE FORM W-3 WHICH WOULD INCLUDE

FORCES, INC. DOES NOT FILE FORM W-3 TRANSMITTAL OF WAGE AND TAX

THE EMPLOYEES OF OPERATION HELAING FORCES, INC. LEASED PERSONNEL COSTS

Schedule O (Form 990) 2023 Page **2**

Name of the organization

OPERATION HEALING FORCES, INC.

Employer identification number 45-3798803

ARE BROKEN DOWN INTO COMPONENTS OF SALARIES, PAYROLL TAXES, RETIREMENT,

AND OTHER BENEFITS AND ARE REPORTED ON THE APPROPRIATE SCHEDULES. FOR

THE YEAR ENDED OF DECEMBER 31, 2023, OPERATION HEALING FORCES, INC.

UTILIZED 16 EMPLOYEES THROUGH THE PEO.

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

GARY MARKEL AND ANTHONY MARKEL ARE BROTHERS.

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

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S CHAIRMAN, AUDIT COMMITTEE

CHAIR, AND CHIEF EXECUTIVE OFFICER FOR APPROVAL. THE 990 IS THEN

DISTRIBUTED TO THE FULL BOARD BEFORE FILING.

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

ALL BOARD MEMBERS ARE PROVIDED A COPY OF THE ORGANIZATION'S CONFLICT OF

INTEREST POLICY. THE POLICY IS REVIEWED AND RENEWED ANNUALLY BY EACH BOARD

MEMBER, BY COMPLETION OF A DISCLOSURE FORM. ALL BOARD MEMBERS ARE REQUIRED

TO DISCLOSE ALL BUSINESS RELATIONSHIPS AND TRANSACTIONS THAT MAY POSE A

CONFLICT TO THE ORGANIZATION.

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

THE ASSESSMENT & COMPENSATION COMMITTEE (ACC) IS CHARGED WITH THE

RESPONSIBILITY TO RECOMMEND TO THE FULL BOARD ON AN ANNUAL BASIS THE

APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE ACC IS CREATED BY

A BOARD RESOLUTION AND ITS COMPOSITION IS REVIEWED ANNUALLY AND APPROVED BY

THE FULL BOARD.

Schedule O (Form 990) 2023

Name of the organization OPERATION HEALING FORCES, INC.	Employer identification number 45-3798803
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, MD, MA, MI, MN, MS, MO, NC, NH, NY,	NJ,OH,OR,PA,RI,SC
TN, UT, VA, WV, WI, HI, NM	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	QUEST.
102	