Form **990-PF**

Return of Private Foundation

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

| 2022 |
|----------------------------------|
| Open to Public Inspection |

| F | or ca | lendar year 2022 or tax year beginning | | | | and endin | g | | |
|---------|---|--|--------|-----------------------|---------------|--------------|--------|--|-------------------------------------|
| Na | ame of | foundation | | | | | 4 | Employer identifi | cation number |
| | OPS | FOUNDATION | | | | | | 20-3 | 3570498 |
| Νι | ımber | and street (or P.O. box number if mail is not delivered to | street | address) | | Room/suite | Е | Telephone number | er (see instructions) |
| | | | | | | | | | |
| | 336 | BON AIR CENTER, #384 | | | | | | (41 | 5)236-0686 |
| Ci | ty or to | own, state or province, country, and ZIP or foreign posta | l code | | | | | | |
| | | | | | | | C | If exemption applica pending, check here | |
| _ | GRE: | ENBRAE, CA 94904 | | | | | | | |
| G | Che | ck all that apply: Initial return | L | Initial return of | of a former p | ublic charit | у с | 1. Foreign organizat | ions, check here |
| | | Final return | L | Amended ret | | | | 2. Foreign organizat 85% test, check h | |
| _ | | Address change | | Name change | | | | computation | |
| H | Che | eck type of organization: $[X]$ Section 501(| | | | | E | If private foundation | status was terminated |
| L | | section 4947(a)(1) nonexempt charitable trust | | Other taxable pri | | | | • |)(1)(A), check here |
| I | | | | _ | ash 🗓 Acc | rual | F | If the foundation is | in a 60-month termination |
| | | | , | specify) | | | _ | under section 507(b) | (1)(B), check here |
| | 16) | | colum | in (d), must be on ca | ash basis.) | | | | (d) Diabumaanaanta |
| Li | art | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) | |) Revenue and | (b) Net inve | estment | (c) | Adjusted net | (d) Disbursements for charitable |
| | | may not necessarily equal the amounts in | | expenses per books | income | | income | | purposes (cash basis only) |
| _ | | column (a) (see instructions).) | | | | | | | (casii basis Ulliy) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) Check if the foundation is not required to | | 334,910. | | | | | |
| | 2 | attach Sch. B. | | | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | | | |
| | 4 | Dividends and interest from securities | | | | | | | |
| | | Gross rents | | | | | | | |
| a | | Net rental income or (loss) | | | | | | | |
| Ĭ | | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | | | | | | | |
| Revenue | 7 | assets on line 6a Capital gain net income (from Part IV, line 2) . | | | | | | | |
| 8 | 7 8 | Net short-term capital gain | | | | | | | |
| | 9 | Income modifications | | | | | | | |
| | | Gross sales less returns 2 166 270 | | | | | | | STMT 1 |
| | h | and allowances 2,100,270. Less: Cost of goods sold 413,118. | | | | | | | V 2.1.2 |
| | | Gross profit or (loss) (attach schedule) | | 1,753,152. | | | | 1,753,152. | |
| | 11 | Other income (attach schedule) | | 237,675. | | | | 237,675. | STMT 2 |
| | 12 | Total. Add lines 1 through 11 | | 2,325,737. | | | | 1,990,827. | |
| | 13 | Compensation of officers, directors, trustees, etc. | | 108,093. | | | | 108,093. | |
| es | 14 | Other employee salaries and wages | | 1,042,489. | | | | 1,042,489. | |
| ŝué | 15 | Pension plans, employee benefits | | | | | | | |
| ğ | 16 a | Legal fees (attach schedule) STMT 3 | | 5,064. | | NONE | | 5,064. | NONE |
| ω̈́ | b | Accounting fees (attach schedule)STMT 4 | | 27 , 066. | | NONE | | 27,066. | NONE |
| ťΚ | 14 15 16a b c 17 18 19 20 21 | Other professional fees (attach schedule) . * . | | 338,418. | | | | 338,418. | |
| trai | 17 | Interest | | | | | | | |
| Jist | 18 | Taxes (attach schedule) (see instructions) ** | | 99,428. | | | | 99,428. | |
| 를 | 19 | Depreciation (attach schedule) and depletion. | | 26,105. | | | | 26,105. | |
| ᅙ | 20 | Occupancy | | 19,200. | | | | 19,200. | |
| ַק | 21 | Travel, conferences, and meetings | | 461,455. | | | | 461,455. | |
| a | 22 | Printing and publications | | | | | | | |
| ing | 23 24 25 | Other expenses (attach schedule) STMT 7 | | 719,754. | | | | 695,754. | |
| rati | 24 | Total operating and administrative expenses. | | | | | | 0 000 0== | |
| bel | | Add lines 13 through 23 | | 2,847,072. | | NONE | | 2,823,072. | NONE |
| 0 | | Contributions, gifts, grants paid | | NONE | | | | 0 000 070 | NONE |
| _ | 26 | Total expenses and disbursements. Add lines 24 and 25 | | 2,847,072. | | NONE | | 2,823,072. | NONE |
| | 27 | Subtract line 26 from line 12: | | E01 00E | | | | | |
| | | Excess of revenue over expenses and disbursements | | -521 , 335. | | | | | |
| | | Net investment income (if negative, enter -0-) | | | | | | 0 | |
| | C | Adjusted net income (if negative, enter -0-) | | | | | | -0- | |

| $\overline{}$ | | -PF (2022) | Attached schedules and amounts in the | Designing of year | Г. | | Page Z |
|-------------------|--------|--|--|---|----------------|----------------|-------------------|
| Ŀ | art II | Balance Sneets | description column should be for end-of-year amounts only. (See instructions.) | Beginning of year (a) Book Value | (b) Book Value | nd of year (c) | Fair Market Value |
| _ | 1 | Cash - non-interest-bear | ing | 3,184,105. | 2,537,04 | 6. | 2,537,049. |
| | 2 | Savings and temporary | cash investments | | | | |
| | 3 | Accounts receivable | 57,743. | | | | |
| | | Less: allowance for dou | btful accounts | 4,076. | 57 , 74 | 3. | 57 , 743. |
| | 4 | Pledges receivable | | | | | |
| | | Less: allowance for dou | btful accounts | | | | |
| | 5 | Grants receivable | | | | | |
| | 6 | Receivables due from | officers, directors, trustees, and other | | | | |
| | 1 | | tach schedule) (see instructions) | | | | |
| | 7 | Other notes and loans | receivable (attach schedule)* | 7 | 174,09 | 4. | |
| | | Less: allowance for dou | btful accounts | | 174,09 | 4. | |
| ssets | 8 | Inventories for sale or us | se | | | | |
| SS | 9 | Prepaid expenses and d | leferred charges | | | | |
| ⋖ | | Investments - U.S. and stat | te government obligations (attach schedule). | | | | |
| | b | Investments - corporate | e stock (attach schedule) | | | | |
| | 44 C | Investments - corporate | e bonds (attach schedule) | | | | |
| | 11 | Investments - land, building and equipment: basis Less: accumulated deprecia | s, | | | | |
| | | (attach schedule) | ation | | | | |
| | | | loans | | | | |
| | | | ach schedule) | | | | |
| | 14 | Land, buildings, and equipment: basis | 350,486. | | | | |
| | | (attach schedule) | 102,000. | 20,906. | 168,42 | | |
| | 15 | Other assets (describe _ | STMT 8) <u></u> | 107,272. | 22,39 | 5. | 22,395. |
| | | | completed by all filers - see the | | | | |
| _ | | instructions. Also, see p | page 1, item I) | 3,316,359. | | | 2,617,187. |
| | | | accrued expenses | 216,819. | 102,58 | 4. | |
| | 18 | Grants payable | | | | | |
| ies | 19 | Deferred revenue | | | | | |
| ≝ | l l | | ors, trustees, and other disqualified persons | 180,399. | 165,39 | 9. | |
| Liabilities | | | otes payable (attach schedule) | | | | |
| _ | 22 | Other liabilities (describe | eSTMT 9) | 376,881. | 661,30 | 4. | |
| | | | | | | _ | |
| _ | | | es 17 through 22) | 774,099. | 929,28 | 7. | |
| ces | | and complete lines 24, | • 1 11 | | | | |
| | | , | | | | | |
| Fund Balar | 24 | | or restrictions | | | | |
| <u>m</u> | 25 | | estrictions | | | | |
| Ĕ | | and complete lines 26 thr | follow FASB ASC 958, check here | | | | |
| | | | | | | | |
| ō | | | cipal, or current funds | | | | |
| ets | 27 | | r land, bldg., and equipment fund | 2 542 260 | 2 020 415 | 7 | |
| SS | 28 | - | ulated income, endowment, or other funds | 2,542,260. | 2,030,41 | | |
| Net Assets | 29 | | d balances (see instructions) | 2,542,260. | 2,030,41 | 1 • | |
| ž | 30 | | net assets/fund balances (see | 2 216 250 | 0 050 70 | 4 | |
| _ | | | ngos in Not Assets or Fund Palan | 3,316,359. | 2,959,70 | 4. | |
| | | | nges in Net Assets or Fund Balan | | ust agree with | | |
| 1 | | | palances at beginning of year - Part II | | | 4 | 2 542 260 |
| _ | | | ed on prior year's return) | | | 1 | 2,542,260. |
| | | | , line 27a | | | 2 | <u>-521,335.</u> |
| | | | ded in line 2 (itemize)SEE STATE | | | 3 | 9,492. |
| | | | a lino 2 (itamiza) | | | 4 | 2,030,417. |
| | | reases not included in | n line 2 (itemize) palances at end of year (line 4 minus l | ine 5) Part II column /h | | 5 | 2 020 417 |
| _0 | าบเล | n net assets of fulld t | raiances at enu or year (iine 4 minus i | in e 0) - Fart II, COIUITIN (D |), III le 29 | 6 | 2,030,417. |

Form 990-PF (2022)

| FOIIII | 990-PF (2022) | | | | | Page 3 | |
|----------|-----------------------------------|--|--|---|--|----------------------------------|--|
| Pai | t IV Capital Gains | and Losses for Tax on Inv | estment Income | | | | |
| | (a) List and de | scribe the kind(s) of property sold (for orick warehouse; or common stock, 200 | • • | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | |
| 1 a | | | | B Bondtion | | | |
| b | | | | | | | |
| С | | | | | | | |
| d | | | | | | | |
| е | | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo ((e) plus (f) minu | | |
| a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| е | | | | | | | |
| | Complete only for assets s | showing gain in column (h) and owned | | | Gains (Col. (h) ga | | |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | col | col. (k), but not less than -0-) Losses (from col. (h)) | | |
| a | | | | | | | |
| b | | | | | | | |
| <u> </u> | | | | | | | |
| d | | | | | | | |
| е | | | | | | | |
| 2 | Capital gain net income | or (net canital loss) | ain, also enter in Part I, line 7 | } , | | | |
| 3 | Not abort tarm conital a | | oss), enter -0- in Part I, line 7 | <u> </u> | | | |
| 3 | | pain or (loss) as defined in sections Part I, line 8, column (c). See ins | |) | | | |
| | • | | | } , | | | |
| Pai | +V Fycise Tay Ra | sed on Investment Income (S | Section 4940(a) 4940(b) or 4 | / 3 1948 - SAA | instructions) | | |
| | | - | | | ilisti detions) | | |
| та | | ons described in section 4940(d)(2), ch | | | 1 | NONE | |
| h | | letter: (attack dations enter 1.39% (0.0139) of line | | / | • | NONE | |
| b | | ne 12, col. (b) | | | | | |
| 2 | | omestic section 4947(a)(1) trusts and | | | 2 | | |
| 3 | • | | | , – | 3 | NONE | |
| 4 | | lomestic section 4947(a)(1) trusts and | | | 4 | NONE | |
| 5 | , , , | income. Subtract line 4 from line 3. If z | • | ´ [| 5 | NONE | |
| 6 | Credits/Payments: | | , | | | | |
| а | 2022 estimated tax payme | nts and 2021 overpayment credited to | 2022 6a | | | | |
| b | Exempt foreign organization | NONE | | | | | |
| С | Tax paid with application for | NONE | | | | | |
| d | | eously withheld | | | | | |
| 7 | | s. Add lines 6a through 6d | | | 7 | NONE | |
| 8 | Enter any penalty for unde | rpayment of estimated tax. Check here | if Form 2220 is attached | | 8 | | |
| 9 | Tax due. If the total of line | s 5 and 8 is more than line 7, enter am | ount owed | | 9 | NONE | |
| 10 | Overpayment. If line 7 is n | nore than the total of lines 5 and 8, ent | er the amount overpaid | | 10 | | |
| 11 | Enter the amount of line 10 | to be: Credited to 2023 estimated ta | x Re | unded | 11 | | |

| Par | rt VI-A Statements Regarding Activities | | | |
|-----|--|-------|------|----|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| | participate or intervene in any political campaign? | 1a | | Χ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | | | |
| | instructions for the definition | 1b | | Χ |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | |
| | published or distributed by the foundation in connection with the activities. | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | Χ |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation. \$ (2) On foundation managers. \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers. \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | Χ |
| | If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| | By language in the governing instrument, or | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | |
| | conflict with the state law remain in the governing instrument? | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | |
| | CA, | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | 0.6 | 37 | |
| _ | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | |
| | 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," | | | Х |
| | complete Part XIII | 9 | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | 10 | Х | |
| 11 | names and addresses | 10 | - 21 | |
| • | meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | Х | |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| _ | person had advisory privileges? If "Yes," attach statement. See instructions. | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Χ | |
| | Website address WWW.OPSOCIETY.ORG | | | |
| 14 | The books are in care ofTHE ORGANIZATIONTelephone no415-236 | 5-068 | 36 | |
| | Located at 336 BON AIR CENTER, #384 GREENBRAE, CA ZIP+4 94904 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | Χ |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | |
| | the foreign country | | | |

| Par | t VI-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
|-----|--|-------|-----|----|
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1a(1) | | X |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified | | | |
| | person? | 1a(2) | Χ | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | | Χ |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | | Х |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or | | | |
| | use of a disqualified person)? | 1a(5) | | X |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation | | | |
| | agreed to make a grant to or to employ the official for a period after termination of government service, if | | | |
| | terminating within 90 days.) | 1a(6) | | Х |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in | | | |
| | Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | Х |
| С | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| d | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| | were not corrected before the first day of the tax year beginning in 2022? | 1d | | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| а | At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for | | | |
| | tax year(s) beginning before 2022? | 2a | | Х |
| | If "Yes," list the years , , , , | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement - see instructions.) | 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | 3a | | X |
| b | If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the | | | |
| | Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest; or (3) the lapse of | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the | | | |
| | foundation had excess business holdings in 2022.) | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022? | 4b | | X |

| Par | t VI-B Statements Regarding Activities t | for Which Form 4 | 1720 May Be Requ | uired (continued) | | | |
|-----|--|---------------------------------------|-----------------------------------|---------------------------------------|-----------------------|---------|------------|
| 5a | During the year, did the foundation pay or incur any amo | ount to: | | | | Yes | No |
| | (1) Carry on propaganda, or otherwise attempt to influe | ence legislation (sectio | n 4945(e))? | | 5a(1) | | Х |
| | (2) Influence the outcome of any specific public | election (see sec | ction 4955); or to | carry on, directly or | | | |
| | indirectly, any voter registration drive? | | | | 5a(2) | | Х |
| | (3) Provide a grant to an individual for travel, study, or o | | | | 5a(3) | | X |
| | (4) Provide a grant to an organization other than | | | | | | |
| | (4)(A)? See instructions | | · · | ` ' | 5a(4) | | Χ |
| | (5) Provide for any purpose other than religious, | | | | , | | |
| | the prevention of cruelty to children or animals? | | • | | 5a(5) | | Χ |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the | | | | | | |
| | in Regulations section 53.4945 or in a current notice reg | | | • | 5b | | |
| • | Organizations relying on a current notice regarding disas | | | | | | |
| d | If the answer is "Yes" to question 5a(4), does | | | | _ | | |
| u | maintained expenditure responsibility for the grant? | | • | | 5d | | |
| | | | | | Ju | | |
| ٥- | If "Yes," attach the statement required by Regulations so | ` ' | adinaatly ta may mua | | | | |
| 6a | Did the foundation, during the year, receive any | | | • | | | 37 |
| | benefit contract? | | | | 6a | | X |
| b | Did the foundation, during the year, pay premiums, dire | ectly or indirectly, on a | personal benefit contra | ict? | 6b | | X |
| _ | If "Yes" to 6b, file Form 8870. | | | | _ | | |
| 7a | At any time during the tax year, was the foundation a p | | | | 7a | | X |
| b | If "Yes," did the foundation receive any proceeds or have | • | | | 7b | | |
| 8 | Is the foundation subject to the section 4960 tax | , | | | _ | | |
| _ | excess parachute payment(s) during the year? Information About Officers, Director | | | Lighly Boid Employ | 8 | | X |
| Pal | Information About Officers, Director and Contractors | s, musices, roui | iuation managers | , mgmy Faid Employ | yees, | | |
| 1 | List all officers, directors, trustees, and foundat | | | | | | |
| | (a) Name and address | (b) Title, and average hours per week | (c) Compensation (If not paid, | employee benefit plans | (e) Expense other all | e accou | unt, es |
| CEE | STATEMENT 11 | devoted to position | enter -0-) | and deferred compensation | | | |
| طظد | STATEMENT II | | 108,093. | NONE | | | NONE |
| | | | 100,093. | NONE | | | INOINE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 | Compensation of five highest-paid employees | (other than the | o included on line | 1 coo instruction | c) If n | 200 | ontor |
| _ | "NONE." | (Other than thos | e iliciaaea oli illi | e i - see ilistruction | s). II III | Jile, | enter |
| | | (b) Title, and average | | (d) Contributions to employee benefit | (e) Expens | 0.00001 | ınt |
| (a) | Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | plans and deferred | other all | owance | s S |
| | | | | compensation | | | |
| ~ | | | 05.005 | | | | |
| SEE | STATEMENT 15 | | 87 , 895. | NONE | | | NONE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | <u> </u> | | | |
| | number of other employees paid over \$50,000 . | | | | | | |

| Part VII | Information About Officers, Directors, Trustees, Foundation and Contractors (continued) | Managers, Highly Paid Emplo | yees, |
|---------------|--|--|------------------|
| 3 Five h | ighest-paid independent contractors for professional services. Sec | e instructions. If none, enter "NONE | E." |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | _ | |
| | | _ | |
| | | _ | |
| | | _ | |
| | | | |
| Total number | er of others receiving over \$50,000 for professional services | _ | NONE |
| Part VIII-A | | | NONE |
| List the foun | dation's four largest direct charitable activities during the tax year. Include relevant states and other beneficiaries served, conferences convened, research papers produced, etc. | tistical information such as the number of | Expenses |
| 1 NONE | | | |
| | | | |
| 2 | | | |
| | | | |
| 3 | | _ | |
| | | | |
| 4 | | | |
| | | | |
| Part VIII-B | Summary of Program-Related Investments (see instruction | s) | |
| - | e two largest program-related investments made by the foundation during the tax year on lin | nes 1 and 2. | Amount |
| 1 NONE | | | |
| | | | |
| 2 | | | |
| A II - 41 | | | |
| 3 NONE | gram-related investments. See instructions. | | |
| | | | |
| Total. Add li | nes 1 through 3 | | |

Form 990-PF (2022)

| Pa | Minimum Investment Return (All domestic foundations must complete this part. For see instructions.) | eign fo | undations, |
|-----|---|---------|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | |
| b | Average of monthly cash balances | 1b | 3,530,912. |
| С | | 1c | NONE |
| d | | 1d | 3,530,912. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | NONE |
| 3 | Subtract line 2 from line 1d | 3 | 3,530,912. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see | | |
| | instructions) | 4 | 52,964. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 3,477,948. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | | 173,897. |
| Pa | Pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here and do not complete this part.) | g foun | dations |
| 1 | Minimum investment return from Part IX, line 6 | 1 | 173,897. |
| 2 a | Tax on investment income for 2022 from Part V, line 5 2a NONE | | |
| b | | | |
| С | Add lines 2a and 2b | 2c | NONE |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | 173,897. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | | 173,897. |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, | | |
| | line 1 | 7 | 173,897. |
| Pa | rt XI Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | NONE |
| b | Program-related investments - total from Part VIII-B | 1b | NONE |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | NONE |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| | Suitability test (prior IRS approval required) | | NONE |
| b | Cash distribution test (attach the required schedule) | 3b | NONE |

NONE Form **990-PF** (2022)

| | 990-PF (2022) | | | | Page 9 |
|----|--|---------------|----------------------------|--------------------|---------------------------|
| Pa | rt XII Undistributed Income (see instru | ictions) | | | |
| | | (a) Corpus | (b) Years prior to 2021 | (c) 2021 | (d) 2022 |
| 1 | Distributable amount for 2022 from Part X, line 7 | | | | 173,897. |
| 2 | Undistributed income, if any, as of the end of 2022: | | | | |
| | Enter amount for 2021 only | | | NONE | |
| b | Total for prior years: 20 20 ,20 19 ,20 18 | | NONE | | |
| 3 | Excess distributions carryover, if any, to 2022: | | | | |
| а | From 2017 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | From 2020 | | | | |
| | From 2021 | 2 042 020 | | | |
| | Total of lines 3a through e | 2,043,028. | | | |
| 4 | Qualifying distributions for 2022 from Part XI, | | | | |
| | line 4: \$ NONE | | | NONE | |
| а | Applied to 2021, but not more than line 2a | | | NONE | |
| b | Applied to undistributed income of prior years (Election required - see instructions) | | | | |
| С | Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d | Applied to 2022 distributable amount | | | | |
| | Remaining amount distributed out of corpus | NONE | | | |
| 5 | Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) | 173,897. | | | 173,897. |
| 6 | Enter the net total texteach column as indicated below: | | | | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 1,869,131. | | | |
| | Prior years' undistributed income. Subtract | | | | |
| - | line 4b from line 2b | | NONE | | |
| С | Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b. Taxable | | | | |
| | amount - see instructions | | NONE | | |
| е | Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instructions | | | NONE | |
| | Undistributed income for 2022. Subtract lines | | | | |
| • | 4d and 5 from line 1. This amount must be distributed in 2023 | | | | NONE |
| 7 | Amounts treated as distributions out of corpus | | | | |
| ' | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required - see instructions) | | | | |
| 8 | Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) | | | | |
| a | Excess distributions carryover to 2023. | | | | |
| 3 | Subtract lines 7 and 8 from line 6a | 1,869,131. | | | |
| 10 | Analysis of line 9: | ,, | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 800, 125. | | | | |
| | Excess from 2020 570, 048. | | | | |
| | Excess from 2021 498, 958. | | | | |
| | Excess from 2022 | | | | |
| | | | | | Form 990-PF (2022) |

| Form 990-PF (2022) | Page 10 |
|--------------------|----------------|

| Рa | rt XIII Private Op | erating Foundations | s (see instructions a | nd Part VI-A, questio | n 9) | NOT APPLICABLE | |
|-----|---|--------------------------|-------------------------|--------------------------|-------------------------|------------------------|--|
| 1 a | If the foundation has | | • | • | | | |
| | foundation, and the ruling is effective for 2022, enter the date of the ruling | | | | | | |
| b | Check box to indicate v | | | | |)(3) or 4942(j)(5) | |
| | Enter the lesser of the ad- | Tax year | | Prior 3 years | |)(c) cc | |
| | justed net income from Part | (a) 2022 | (b) 2021 | (c) 2020 | (d) 2019 | (e) Total | |
| | I or the minimum investment | (4) 2022 | (6) 2021 | (6) 2020 | (4) 2010 | | |
| | return from Part IX for each | | | | | | |
| | year listed | | | | | | |
| b | 85% (0.85) of line 2a | | | | | | |
| С | Qualifying distributions from Part | | | | | | |
| | XI, line 4, for each year listed | | | | | | |
| a | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | | |
| е | Qualifying distributions made | | | | | | |
| | directly for active conduct of | | | | | | |
| | exempt activities. Subtract line 2d from line 2c | | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | | |
| • | alternative test relied upon: "Assets" alternative test - enter: | | | | | | |
| а | (1) Value of all assets | | | | | | |
| | (2) Value of assets qualifying | | | | | | |
| | under section | | | | | | |
| h | 4942(j)(3)(B)(i) "Endowment" alternative test- | | | | | | |
| | enter 2/3 of minimum invest- | | | | | | |
| | ment return shown in Part IX, | | | | | | |
| | line 6, for each year listed | | | | | | |
| С | "Support" alternative test - enter: | | | | | | |
| | (1) Total support other than gross investment income | | | | | | |
| | (interest, dividends, rents, | | | | | | |
| | payments on securities loans (section 512(a)(5)), | | | | | | |
| | or royalties) | | | | | | |
| | (2) Support from general public and 5 or more | | | | | | |
| | exempt organizations as | | | | | | |
| | provided in section 4942 (j)(3)(B)(iii) | | | | | | |
| | (3) Largest amount of sup- | | | | | | |
| | port from an exempt organization | | | | | | |
| | (4) Gross investment income . | | | | | | |
| Рa | | ntary Information (| | only if the founda | tion had \$5,000 o | r more in assets at | |
| | - | uring the year - see | • | | | | |
| | Information Regarding | | | | | | |
| а | List any managers of | | | | | ved by the foundation | |
| | before the close of any | tax year (but only if th | ney have contributed in | nore than \$5,000). (Se | ee section 507(d)(2).) | | |
| | NONE | | | | | | |
| b | List any managers of | the foundation who | own 10% or more of | f the stock of a corp | oration (or an equally | y large portion of the | |
| | ownership of a partner | ship or other entity) of | which the foundation | has a 10% or greater | interest. | | |
| | NONE | | | | | | |
| | | | | | | | |
| 2 | Information Regarding | g Contribution, Grant | , Gift, Loan, Scholarsh | ip, etc., Programs: | | | |
| | Check here ► X if t | he foundation only | makes contributions | to preselected chari | table organizations | and does not accep | |
| | unsolicited requests for | or funds. If the found | ation makes gifts, gra | ants, etc., to individua | ls or organizations ur | nder other conditions, | |
| | complete items 2a, b, | c, and d. See instructio | ns. | | | | |
| а | The name, address, a | nd telephone number | or email address of th | ne person to whom app | lications should be add | dressed: | |
| | | • | | | | | |
| b | The form in which app | lications should be sul | omitted and information | on and materials they | should include: | | |
| | | | | , | | | |
| | | | | | | | |
| С | Any submission deadli | nes: | | | | | |
| _ | , | | | | | | |
| | | | | | | | |
| d | Any restrictions or li | mitations on awards | , such as by geogra | aphical areas, charita | ble fields. kinds of | institutions, or other | |
| u | factors: | a | , 220. 40 by google | | | | |

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| Part XI | V Supplementary Information (| continued) | | | |
|--------------|--|---|------------------------|----------------------------------|--------|
| 3 Gı | rants and Contributions Paid Dur Recipient me and address (home or business) | ing the Year or App | roved for | Future Payment | |
| | Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | Amount |
| Nar | me and address (home or business) | any foundation manager | status of recipient | Purpose of grant or contribution | Amount |
| a Pai | d during the year | Or Substantial Contributor | | | |
| a rar | a daming the year | | | | |
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| b App | proved for future payment | | | | |
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| lot | al | | | 3b | İ |

| Part XV- | A Analysis of Income-Produ | cing Activ | vities | | | |
|--|--|----------------------|----------------------|-----------------------|--------|---|
| Enter gross amounts unless otherwise indicated. Unrelated business income Excluded by section 512, 513, or 514 (e) | | | | | | (e) |
| Ū | n service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) | Related or exempt function income (See instructions.) |
| - | i service revenue. | | | | | (000 |
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| | | | | | | |
| | and contracts from government agencies | | | | | |
| - | ship dues and assessments | | | | | |
| | on savings and temporary cash investments | | | | | |
| | ds and interest from securities | | | | | |
| 5 Net rent | al income or (loss) from real estate: | | | | | |
| | -financed property | | | | | |
| b Not o | debt-financed property | | | | | |
| 6 Net renta | al income or (loss) from personal property | | | | | |
| 7 Other in | vestment income | | | | | |
| 8 Gain or (I | loss) from sales of assets other than inventory | | | | | |
| 9 Net inco | ome or (loss) from special events | | | | | |
| | rofit or (loss) from sales of inventory | | | | | 1,753,152. |
| | venue: a | | | | | |
| | SEE STATEMENT 16 | | | | | |
| | | | | | | |
| | | | | | | |
| 6 | Add columns (b) (d) and (s) | | | | | 1,990,827. |
| | d line 12, columns (b), (d), and (e) dline 12, columns (b), (d), and (e) | | | | 12 | 1,990,827. |
| | neet in line 13 instructions to verify calc | | | | | 1,330,027. |
| Part XV-I | | | complishment of Ex | empt Purp | oses | |
| Line No. | Explain below how each activity for of the foundation's exempt purpose | | | | | tly to the accomplishmen |
| 10 | OPS FOUNDATION'S NET I | NCOME FF | ROM THE DISTRIBU' | TION OF | ITS | |
| 10 | FILMS. | | | | | |
| 11 | IN 2015, OPS FOUNDATION | N ACQUIF | RED AN OWNERSHIP | SHARE I | N GAME | |
| 11 | CHANGERS FILM, LLC TO | FURTHER | ACCOMPLISH ITS 1 | EXEMPT | | |
| 11 | PURPOSE. | | | | | |
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| Part XVI | Information | Regarding | Transfers | to an | d Transactions | and | Relationships | With | Noncharitable | Exempt |
|----------|----------------------|-----------|-----------|-------|----------------|-----|---------------|------|---------------|--------|
| | Organizations | 3 | | | | | | | | |

| 1 a | in se | e organization direct ction 501(c) (other izations? fers from the reportin | than section | 501(c)(3) | organization | s) or | in sect | ion 527, rel | | | | Yes | No |
|--------|-----------------|---|-----------------------|---------------------|------------------|------------|-------------|---------------------|---------------|--------------------------------|---------------|----------|---------|
| | | ısh | | | | | | | | | 1a(1) | | Χ |
| | | her assets | | | | | | | | | 1a(2) | | X |
| b | Other | transactions: | | | | | | | | | | | |
| | (1) Sa | les of assets to a no | ncharitable exe | empt organizat | ion | | | | | | 1b(1) | | Χ |
| | | rchases of assets fro | | | | | | | | | | | Χ |
| | (3) Re | ental of facilities, equi | pment, or other | rassets | | | | | | | 1b(3) | | Χ |
| | (4) Re | eimbursement arrange | ements | | | | | | | | 1b(4) | | X |
| | (5) Lo | ans or loan guarantee | es | | | | | | | | 1b(5) | | X |
| | (6) Pe | erformance of service | s or members | hip or fundrai | sing solicitat | ions | | | | | 1b(6) | | X |
| | | ng of facilities, equipm | _ | | | | | | | | | | X |
| d | | answer to any of th | | | | | | | | | | | |
| | | of the goods, other | | | | | | | | | | | |
| | | in any transaction or | | | | · · · | | | | | | | |
| (a) L | ine no. | (b) Amount involved | (c) Name of | noncharitable ex | empt organizati | on | (d) Des | scription of transf | ers, transact | ions, and sha | ring arra | ngeme | nts |
| | | | | | | | | | | | | | |
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| 2a | Is the | foundation directly | or indirectly a | ffiliated with, | or related | to, one | or mor | re tax-exemp | t organiza | ations | | | |
| | descri | bed in section 501(c) | (other than se | ection 501(c)(| 3)) or in sec | tion 52 | 7? | | | | Ye | es X | No |
| b | If "Yes | s," complete the follo | | | | | | | | | | | |
| | | (a) Name of organization | n | (b) - | Type of organiz | ation | | | (c) Descripti | on of relation | ship | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Unc | der penalties of perjury, I dec | lare that I have exar | mined this return i | including accomp | nanving sc | hedules and | d statements and | to the best o | of my knowled | ge and h | elief it | is true |
| | corr | rect, and complete. Declaration | | | | | | | .00 200. 0 | , | go aa 2 | onor, it | |
| Sigr | וו | LOUIE PSIHOYOS | | 111/ | 15/2023 | | EXEC | . DIRECTO | D | May the IR | | | |
| Her | Δ — | nature of officer or trustee | 11 1 | Date | 13/2023 | | Title | · DIRECTO | | with the pr See instruction | eparer s | Yes | No |
| | | | Jame fo | | | | | | | _5551 40101 | 🔼 | | |
| | | Print/Type preparers na | me , | Preparer's | signature | | | Date | Che | ck if | PTIN | | |
| Paic | k | 7 | ERONI CPA | MARY J | • | RONI | CPA | 11/15/2 | · . | | P0053 | 3877 | 2 |
| Pre | parer | | O USA | h 111 11 (1 | | - (OIV T | V- 11 | 1 + + / + 5 / 2 | Firm's EIN | | 53815 | | |
| Jse | Only | | 99 PEARL E | CIRCLE S | TE 300 | | | | 5 2.11 | | | | |
| | | | ULDER, CC | | - * * | 803 | 01 | | Phone no. | 303-4 | 40-03 | 99 | |
| | | | • | | | | | | • | | rm 990 | | (2022) |

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number Name of the organization OPS FOUNDATION 20-3570498 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

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

Name of organization
OPS FOUNDATION
Employer identification number 20-3570498

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

| (a) | (b) | (c) | (d) | | |
|-----|--|-------------------------|---|--|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | |
| 1_ | THE VOGT FOUNDATION 548 MARKET STREET #40873 SAN FRANCISCO, CA 94104 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) | (b) | (c) Total contributions | (d) | | |
| No. | Name, address, and ZIP + 4 | | Type of contribution | | |
| 2 | EARTH SENSE FOUNDATION P.O. BOX 778 NEW YORK, NY 10013 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) | (b) | (c) Total contributions | (d) | | |
| No. | Name, address, and ZIP + 4 | | Type of contribution | | |
| 3 | ASPEN BRAIN INSTITUTE P.O. BOX 2055 ASPEN, CO 81612 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) | (b) | (c) Total contributions | (d) | | |
| No. | Name, address, and ZIP + 4 | | Type of contribution | | |
| 4 | CODE BLUE FOUNDATION, INC. 30B GROVE STREET PITTSFORD, NY 14534 | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) | (b) | (c) | (d) | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | |
| 5 | MORGAN FAMILY FOUNDATION P.O. BOX 1742 LOS ALTOS, CA 94023 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) | (b) | (c) | (d) | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | |
| | | | | | |

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

Name of organization

Employer identification number

20_3570498

| | OPS FOUNDATION | | 20-35/0498 |
|------------|---|---|---|
| Part I | Contributors (see instructions). Use duplicate cop | pies of Part I if additional space is n | eeded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7_ | CYNTHIA HARDY 2109 BROADWAY APT.#477 NEW YORK, NY 10023 | \$ | 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.) |
| (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.) |
| (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

OPS FOUNDATION

Employer identification number
20-3570498

| art II | Noncash Property | (see instructions) |). Use duplicate co | pies of Part II if additional s | space is needed. |
|--------|------------------|--------------------|---------------------|---------------------------------|------------------|

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|--|----------------------|
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - - - - - - - - | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - - - - - - - | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - - - - - - - - - - - | |

Page 3

Schedule B (Form 990) (2022) Page **4**

Name of organization Employer identification number 20-3570498 OPS FOUNDATION 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 information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (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 (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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES ______

DESCRIPTION AMOUNT 2,166,270. FILM SALES TOTAL 2,166,270.

==========

FORM 990PF, PART I - OTHER INCOME

| DESCRIPTION | REVENUE AND EXPENSES PER BOOKS | ADJUSTED NET INCOME |
|---|---|---------------------------|
| ROYALTY INCOME LOSS ON INV. IN GAME CHANGERS FILM, LLC | 252,500. -14,825. | 252,500. -14,825. |
| TOTALS | 237 , 675. | 237 , 675. |

FORM 990PF, PART I - LEGAL FEES

| DESCRIPTION LEGAL | | REVENUE AND EXPENSES PER BOOKS5,064. | NET INVESTMENT INCOME | ADJUSTED NET INCOME 5,064. | CHARITABLE PURPOSES |
|-------------------|--------|--------------------------------------|-----------------------|----------------------------|---------------------|
| | TOTALS | 5,064. | NONE | 5,064. | NONE |

FORM 990PF, PART I - ACCOUNTING FEES

| DESCRIPTIONACCOUNTING FEES | | REVENUE AND EXPENSES PER BOOKS 27,066. | NET INVESTMENT INCOME | ADJUSTED NET INCOME 27,066. | CHARITABLE PURPOSES |
|----------------------------|--------|--|-----------------------|-----------------------------|------------------------|
| | TOTALS | 27,066. | NONE | 27,066. | NONE |

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

| | | ========== | | ========== | |
|--|--------|---|-----------------------|-----------------------------|------------------------|
| | TOTALS | 338,418. | | 338,418. | |
| FILM PRODUCTION CONTRACT LABOR CONSULTING FEES | | 287,971. 49,761. 686. | | 287,971. 49,761. 686. | |
| DESCRIPTION | | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME | ADJUSTED NET INCOME | CHARITABLE PURPOSES |

FORM 990PF, PART I - TAXES

| | | REVENUE AND EXPENSES | ADJUSTED NET |
|------------------------------------|--------|----------------------------|--------------------------|
| DESCRIPTION | | PER BOOKS | INCOME |
| | | | |
| PAYROLL TAXES MISCELLANEOUS TAX | | 99,228. 200. | 99 , 228. 200. |
| | TOTALS | 99,428. | 99,428. |
| | | | |

FORM 990PF, PART I - OTHER EXPENSES

| | | REVENUE | |
|--------------------------|--------|-------------------|------------|
| | | AND | ADJUSTED |
| | | EXPENSES | NET |
| DESCRIPTION | | PER BOOKS | INCOME |
| | | | |
| FILM PRODUCTION EXPENSES | | 593 , 652. | 593,652. |
| ADMINISTRATIVE COSTS | | 40,954. | 40,954. |
| INSURANCE | | 34,632. | 34,632. |
| PAYROLL EXPENSES | | 12,443. | 12,443. |
| FUNDRAISING | | 4,518. | 4,518. |
| RESEARCH | | 2,019. | 2,019. |
| OTHER EXPENSES | | 31,536. | 7,536. |
| | | | |
| | TOTALS | 719 , 754. | 695,754. |
| | | ========= | ========== |

FORM 990PF, PART II - OTHER ASSETS

| DESCRIPTION | ENDING BOOK VALUE | ENDING FMV |
|--|-----------------------------------|-----------------------------------|
| TRADEMARK INVESTMENT IN GAME CHANGERS DEPOSIT CLEARING ACCOUNT | 2,395. NONE 20,000. NONE | 2,395. NONE 20,000. NONE |
| TOTALS | 22,395. | 22,395. |

FORM 990PF, PART II - OTHER LIABILITIES

PLANET EXPERTS DEVELOPMENT

| DESCRIPTION | BOOK VALUE |
|--------------------------------|------------|
| | |
| | |
| | |
| | |
| DUE TO OCEANIC PRESERVATION SO | NONE |
| RECOVERABLE GRANT | 100,000. |
| INVESTOR EQUITY | 407,674. |
| EARTH SENSE FOUNDATION | 25,000. |
| EQUIPMENT LOAN | 78,630. |

50,000.

ENDING

TOTALS 661,304.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES ______

DESCRIPTION AMOUNT 9,492. PRIOR PERIOD ADJUSTMENT TOTAL 9,492. ==========

| FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUS | | |
|--|-------|------|
| OFFICER NAME: LOUIE PSIHOYOS | | |
| ADDRESS: 336 BON AIR CENTER, #384 GREENBRAE, CA 94904 | | |
| TITLE: EXECUTIVE DIRECTOR/CEO | | |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION: | 30.00 | |
| COMPENSATION | | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES | | NONE |
| OFFICER NAME: JENN NOLAN | | |
| ADDRESS: 336 BON AIR CENTER, #384 GREENBRAE, CA 94904 | | |
| TITLE: BOARD CHAIR | | |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION: | 2.00 | |
| COMPENSATION | | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | | NONE |

STATEMENT 11

| FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUST | EES === | |
|---|------------|------|
| EXPENSE ACCOUNT AND OTHER ALLOWANCES | | NONE |
| OFFICER NAME: DEB ADAMS | | |
| ADDRESS: 336 BON AIR CENTER, #384 GREENBRAE, CA 94904 | | |
| TITLE: VICE CHAIR | | |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION: | 1.00 | |
| COMPENSATION | | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES | | NONE |
| OFFICER NAME: WILDER KNIGHT | | |
| ADDRESS: 336 BON AIR CENTER, #384 GREENBRAE, CA 94904 | | |
| TITLE: TREASURER | | |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION: | 5.00 | |
| COMPENSATION | | NONE |

STATEMENT 12

| FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUS | | |
|--|-------|------|
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | , | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES | | NONE |
| OFFICER NAME: LEILANI MUNTER | | |
| ADDRESS: 336 BON AIR CENTER, #384 GREENBRAE, CA 94904 | | |
| TITLE: SECRETARY | | |
| NUEDICE HOURS DED WEEK DEVOTED TO DOSTITION | 2 00 | |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION: | 2.00 | |
| COMPENSATION | | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | , | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES | | NONE |
| OFFICER NAME: SAMARA STEIN | | |
| ADDRESS: 336 BON AIR CENTER, #384 GREENBRAE, CA 94904 | | |
| TITLE: COO | | |
| AVERAGE HOURS PER WEEK DEVOTED TO POSITION: | 30.00 | |

STATEMENT 13

| FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES | |
|--|----------|
| COMPENSATION | 108,093. |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES | NONE |
| TOTAL COMPENSATION: | 108,093. |
| TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: ===== | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES: | NONE |

| • | | | | NSATION | | | | | | | | | |
|---------|--------|---------|--------|----------|------|-------|-------|-------------|------|-----------|-------|-----|------|
| EMPLOY | | E: | | | | | | | | | | | |
| | BON AI | R CENT | | 84 | | | | | | | | | |
| TITLE: | CIATE | EDITOF | 3 | | | | | | | | | | |
| AVERAG: | E HOUF | S PER | WEEK | DEVOTED | TO | POSI | ITION | : | | | 1.00 | | |
| COMPEN | SATION | | | | | | | | | | | 87, | 895. |
| CONTRI | BUTION | S TO E | MPLOY: | EE BENE: | FIT | PLAI | NS | | | · • • • • | | | NONE |
| EXPENS | E ACCC | UNT AN | ID OTH | ER ALLO | WANC | CES . | | • • • • • • | | | | | NONE |
| TOTAL | COMPE | NSATIO | ON: | | | | | | | = | | • | 895. |
| TOTAL | CONTR | .IBUTI(| NS TO | EMPLOY: | EE I | BENE] | FIT P | LANS: | | = | ===== | | NONE |
| EXPEN | SE ACC | OUNT A | AND OT | HER ALL | IAWC | NCES | : | | | | | | NONE |

==========

FORM 990-PF, PART XV-A - ANALYSIS OF OTHER REVENUE

| | BUSINESS | | EXCLUSION | | RELATED OR EXEMPT |
|---------------------------------------|----------|--------|-----------|--------|-------------------|
| DESCRIPTION | CODE | AMOUNT | CODE | AMOUNT | FUNCTION INCOME |
| | | | | | |
| | | | | | |
| INVESTMENT IN GAME CHANGERS FILM, LLC | 512000 | | | | -14,825. |
| FILM ROYALTIES | 512000 | | | | 252,500. |
| | | | | | |
| | | | - | | |
| TOTALS | | | | | 237,675. |
| | : | | = | | ========= |