Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
OPERATION HELP A HERO
PO BOX 80996
RANCHO SANTA MARGARITA, CA 92688

D Employer identification number
27-1438256

E Telephone number

G Gross receipts $ 776,547.

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.OPERATIONHELPAHERO.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2009

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: OPERATION HELP A HERO IS DEDICATED TO THE WELL-BEING AND CARE OF OUR AMERICAN MILITARY MEMBERS, SUPPORTING MILITARY UNITS AND FAMILIES DURING TIMES OF CRISIS, DEPLOYMENT AND NEED.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	1,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	799,593.	776,257.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		290.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	799,593.	776,547.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	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)		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	889,048.	787,994.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	889,048.	787,994.
19	Revenue less expenses. Subtract line 18 from line 12	-89,455.	-11,447.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	58,550.	47,103.
21	Total liabilities (Part X, line 26)	0.	0.
22	Net assets or fund balances. Subtract line 21 from line 20	58,550.	47,103.

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.

Sign Here

Signature of officer — Date

CINDY FARNUM — EXEC DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHELLE L WALTERS, CPA				P00325630

Firm's name: KLARIN & ASSOCIATES CPAS INC
Firm's address: 20101 SW BIRCH STREET, SUITE 210
NEWPORT BEACH, CA 92660
Firm's EIN: 33-0755950
Phone no. (949) 833-1171

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part 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:

OPERATION HELP A HERO IS DEDICATED TO THE WELL-BEING AND CARE OF OUR AMERICAN MILITARY MEMBERS, SUPPORTING MILITARY UNITS AND FAMILIES DURING TIMES OF CRISIS, DEPLOYMENT AND NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ 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 services? . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 556,954. including grants of $) (Revenue $)

OPERATION CHRISTMAS SPIRIT - SERVED EVERY BRANCH OF SERVICE IN 177 UNITS AT 34 BASES WORLDWIDE. WE HELPED 421 FAMILIES WITH A FULL CHRISTMAS, 5,200 SINGLE SERVICE MEMBERS WITH GIFTS AND/OR GIFT CARDS, 7,796 TOYS WERE PROVIDED TO CHILDREN (IN ADDITION TO FAMILY ADOPTIONS),AND FACILITATED 31 UNIT CHRISTMAS PARTIES.

4b (Code:) (Expenses $ 172,269. including grants of $) (Revenue $)

OPERATION RACK PACK - SERVED 5,210 SINGLE SERVICE MEMBERS WELCOMED HOME FROM DEPLOYMENT WITH GIFTS, MADE BEDS, DRINKS, TOILETRIES AND SENTIMENTS OF GRATITUDE AWAITING THEM IN THEIR BARRACKS ROOMS.

4c (Code:) (Expenses $ 21,788. including grants of $) (Revenue $)

OPERATION ENDURING SUPPORT AND UNIT SUPPORT - HELPED 148 FAMILIES IN CRISIS AND, IN ADDITION TO OUR REGULAR PROGRAMS, PROVIDED 6200+ SERVICE MEMBERS AND 1700+ FAMILIES AT ADDITIONAL MORALE BOOSTING EVENTS. EVENTS SUPPORTED INCLUDE AN ARMY BALL, REGIMENTAL RUGBY COMPETITION, REGIMENT WIDE FAMILY DAY CARNIVAL AND OTHER EVENTS.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses $ 19,473. including grants of $) (Revenue $)

4e Total program service expenses 770,484.