Tre Hargett, Secretary of State



State of Tennessee

312 Rosa L. Parks Avenue, 8th Floor Nashville, Tennessee 37243 615-741-2555 Fax: 615-253-5173

WARNING: False or misleading statements Subject to maximum \$5,000 civil penalty. T.C.A. §48-101-514

SUMMARY OF FINANCIAL ACTIVITIES OF A CHARITABLE ORGANIZATION

INSTRUCTIONS: Complete this form with financial information from the most recently completed accounting year. The form must be signed by two (2) authorized officers, one of whom shall be the Chief Fiscal Officer. Please see the sample Summary of Financial Activities for the corresponding lines on page 9 and 10 of the IRS Form 990.

| IVa | me of | Organization: The Operation Andre | ew Group | | |
|------------|---------|-------------------------------------|-------------------|----------------------|---------------------------------------|
| Ad | dress: | 95 White Bridge Road, Ste. 506 | City: Nashville | State: TN | Zip Code: 37205 |
| Fe | deral l | D: 62-1799192 | _ State ID: | Telepho | one: (615)297-7293 |
| Ac | counti | ng Year End: 12/31/13 | Has your acc | counting year change | d? Yes No |
| Α. | Gros | s Revenue | | | |
| | 1.0 | Public Contributions | | \$ 266,742 | |
| | 2. | Government Grants | | U76391 . | |
| | 3. | Program Service Revenue | | | |
| | 4. | Special Events and Activities | | | |
| | 5. | Gross Sales of Inventory | | | |
| | 6. | Other Revenue | | • | |
| | 7. | Total Revenue [Add Line 1 Thro | | | |
| B. | Exper | ises | | | |
| | 8. | Total Program Expenses | | \$ 158,544 | |
| | 9. | Direct Expenses from Special E | | | × |
| | 10. | Cost of Goods Sold | | | · · · · · · · · · · · · · · · · · · · |
| | 11. | Management and General Expe | | | |
| | 12. | Fund Raising Expenses | | | |
| | 13. | Other Expenses | | | |
| | 14. | Total Expenses [add line 8 throu | | | |
| | 15. | Excess / Deficit for the year [line | 7 minus line 14] | \$ 34,495 | |
| C. | Chan | ges in Net Assets or Fund bala | nces | | |
| | 16. | Net assets / fund balances at be | | \$ 118,302 | |
| | 17. | Other changes in net assets or | | | |
| | 18. | Net assets / fund balances [add | | | |
| | 19. | Total Assets | | | |
| | 20. | Total Liabilities | | \$ 65 | |
| | 21. | Net assets / fund balances [line | 19 minus line 20] | \$ 129,919 | |
| 1 | Accou | inting Method Used: | | | |
| - . | | | | | |

SIGNATURE

I certify that the information furnished in this summary and all supplemental forms, documents and continuation sheets is true and correct to the best of my knowledge and belief.

| Signature of Authorized Officer | Significate of Muthorized Officer |
|---------------------------------|-----------------------------------|
| Print Name | Print Name |
| Peer 1 Pact | Vice Chairman |
| 9-29-14 Date | 9-29-14 Date |

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.

▶ Information about Form 990 and its instructions is at www.ics.gowlorm990.

OMB No. 1545-0047 2013

6271 09/26/2014 3:01 PM

Open to Public Inspection

| A | For | the 2013 calendar year, or tax year beginning , and ending | | $-\mu$ | <u>v</u> | | | | | | | |
|--------------------------------|------------|--|---|---------------------|-----------------|-------------------------------|--|--|--|--|--|--|
| В | Check | if applicable: C Name of organization | | | D Emplo | yer identification number | | | | | | |
| L | Addres | ss change The Operation Andrew Group, I | nc. | | | | | | | | | |
| | Name o | change Doing Business As | | | | -1799192 | | | | | | |
| | Initial re | Number and street (or P.O. box if mail is not delivered to street address) | 1 | Room/suite | | none number | | | | | | |
| | i | 95 White Bridge Rd., Ste. 506 | | | 61! | 5-352-1805 | | | | | | |
| | Termin | | | 1 | | | | | | | | |
| | Amend | ded return Nashville TN 37205-1490 | | | G Gross rec | eipts\$ 266,742 | | | | | | |
| | Applica | alion pending F Name and address of principal officer: | | H(a) Is this a grou | in relian for a | ubordinates? Yes X No | | | | | | |
| | | | | | • | | | | | | | |
| | | | | H(b) Are all subc | | | | | | | | |
| - | | | | If "No," | attach a list. | (see instructions) | | | | | | |
| 1 | C-015 | xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or | 527 | 4 | | | | | | | | |
| J | Websi | | | H(c) Group exen | - | | | | | | | |
| K | ***** | of organization: X Corporation Trust Association Other | L Y | ear of formation: 2 | 001 | M State of legal domicile: TN | | | | | | |
| | art I | | | | | | | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: | | | ******* | ********* | | | | | | |
| 9 | | To build a better community by uniting efforts w | ith va | cious | ******* | | | | | | | |
| Jan | | multidenominational and multicultural churches. | | | | *********************** | | | | | | |
| Activities & Governance | | \$ | | | | | | | | | | |
| Ó | 2 | Check this box ▶ ☐ if the organization discontinued its operations or disposed of mo | | | | | | | | | | |
| ంక | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 3 | 35 | | | | | | |
| ţies | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | ********* | 4 | 35 | | | | | | |
| Ę | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | | | | 3 | | | | | | |
| Ac | 6 | Total number of volunteers (estimate if necessary) | | 5252252 12112522 | 6 | 150 | | | | | | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | . 7a | 0 | | | | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | | . 7b | 0 | | | | | | |
| | | Contributions and grants (Part VIII. line 1h) | H | Prior Year | ,307 | 266,742 | | | | | | |
| Revenue | | Contributions and grants (Part VIII, line 1h) | ,307 | | | | | | | | | |
| Ven | 10 | Program service revenue (Part VIII, line 2g) | | 0 | | | | | | | | |
| æ | 11 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9e, 10e, and 11e) | | | 0 | | | | | | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 227 | ,307 | 266 742 | | | | | | |
| = | | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 237 | , 307 | 266,742 | | | | | | |
| | 14 | Ponefits poid to or for members (Part IV, polymen (A) 1: A) | | | 0 | | | | | | | |
| " | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | | | | | | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | 80,975 | | 129,289 | | | | | | | |
| pen | 1 | Total fundraising expenses (Part IX, column (D), line 25) ► 26,271 | Storial fundralising rees (Part IX, column (A), line TTe) | | | | | | | | | |
| Ä | ı | Other expenses (Port IV column (A) lines 44s 445 445 | .000000000 | 113 | ,368 | 102,958 | | | | | | |
| | | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 2022000 | | ,343 | 232,247 | | | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | | ,964 | 34,495 | | | | | | |
| o Ses | | To the time of time of the time of time of the time of the time of | ****** | Beginning of Curre | | End of Year | | | | | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | | ,275 | 129,985 | | | | | | |
| t As | 21 | Total liabilities (Part X, line 26) | | 1 | ,973 | 65 | | | | | | |
| SP | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 118 | ,302 | 129,920 | | | | | | |
| P | art II | Signature Block | | | | | | | | | | |
| Un | der per | nalties of perjury, I declare that I have examined this return, including accompanying schedules a | and statemer | nts, and to the bes | t of my kno | wledge and belief, it is | | | | | | |
| tru | e, corre | ect, and complete. Declaration of preparer (other than officer) is based on all information of which | n preparer ha | as any knowledge. | | | | | | | | |
| | | mule out | | | | 0 20.10 | | | | | | |
| Sig | n | Signature of officer | | | Date | 7-27-14 | | | | | | |
| Her | e | Michael Arrington | Execut | ive Dire | ector | | | | | | | |
| | | Type or print name and title | | | | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date | Check | if PTIN | | | | | | |
| Paid | | THOMAS M. PRICE THOMAS M. PRICE | | 09/26/ | L4 self-emp | loyed P00037312 | | | | | | |
| Prep | | Firm's name Price CPAs, PLLC | | Firm | n's EIN | 62-1016830 | | | | | | |
| Use | Only | 3825 Bedford Ave Ste 202 | | | | | | | | | | |
| | | Firm's address Nashville, TN 37215-2507 | | Pho | ne no. | 615-385-0686 | | | | | | |
| May | the IR | S discuss this return with the preparer shown above? (see instructions) | | | | Yes No | | | | | | |
| | aperw | ork Reduction Act Notice, see the separate instructions. | | | | Form 990 (2013) | | | | | | |
| DAA | | | | | | 3-50-0 | | | | | | |

| 0.000 | orm 990 (2013) The Operation Andrew Group, Inc. 62-1799192 | Page 2 |
|-------|--|---|
| P | Part III Statement of Program Service Accomplishments | - |
| | Check if Schedule O contains a response or note to any line in this Part III | U |
| | Briefly describe the organization's mission: | |
| | To build a better community by uniting efforts with various | |
| | multidenominational and multicultural churches | * *** * * * * * * * * * * * * * * * * * |
| | C1121PERCO1000000000000000000000000000000000000 | |
| | *************************************** | |
| _ | Did the experiencies undertake any significant arrangement during the constraint was not listed on the | |
| 2 | 2 Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | B Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured | by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | - |
| | the total expenses, and revenue, if any, for each program service reported. | |
| | the total expenses, and revenue, in any, for each program service reported. | |
| 4. | 150 544 | _ |
| 2 | a (Code:)(Expenses \$ 158,544 including grants of \$) (Revenue Hosts annual banquet, clergy seminars, and other activities to clergy in Tennessee. Services valued at \$18,825 were donated to the organization if 2012, but are not included in revenue or expenses per the Form instructions. This represents a difference between the Form | n m 990 |
| ā | audited financial statements of the organization. | |
| | *MARCH S 1990 A MANAGARA DAY DAY BURGARA DA BARBARA DE LE | |
| | | |
| | | ***************** |
| | *************************************** | ************************** |
| | | |
| | | |
| | | |
| 4b | b (Code:) (Expenses \$ including grants of \$) (Revenue | \$) |
| | ************************************** | |
| | | |
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| | | 0.616,00.004,00.006,00.004,00.004,004,004,004,004,004,004,0 |
| | *************************************** | ********************* |
| | | |
| | *************************************** | No valuation to the section that the section is |
| | *************************************** | ********* |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | c (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
| | | Signistration and the St. |
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| | Carles and the second s | * |
| | | ***** |
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| | $\vdots\\$ | |
| | A = A + | |
| | 4 | ********************** |
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| | | |
| | | ************* |
| | | ********************* |
| | 2.000000000000000000000000000000000000 | ********************* |
| 4 ~ 1 | Other program services (Describe in Schedule O.) | |
| +u | Other program services. (Describe in Schedule O.) | 2967 |
| | (Expenses \$ including grants of \$) (Revenue \$ | |
| 4e_ | Total program service expenses ► 158,544 | |

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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | ١,, |
| 6 | 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 | | | |
| 7 | *************************************** | 6 | _ | X |
| ′ | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 1 - 1 | | ,, |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 7 | | X |
| 0 | · | | | 7. |
| 9 | complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a | - 8 | | X |
| 9 | · | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | | v |
| 10 | 5 10 25 NO. 12 12 12 12 12 12 12 12 12 12 12 12 12 | 9 | _ | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 4.0 | | v |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | X |
| | VII, VIII, IX, or X as applicable. | | | |
| а | | 100000000000000000000000000000000000000 | 333000 | |
| a | 14.04.11.0.0.04 | 144 | x | |
| h | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | 11a | ^ | - |
| - | of its total assets reported in Part X, line 162 If "Vec." complete Schodule D. Part VII | 11b | | x |
| С | 100101 TO 100101 TO 100101 TO 10010 TO | 1110 | | - 1 |
| • | af its total agents reported in Part V. Brow 400 K IIV and II agents to D. D. J. A. H. D. D. J. A. H. | 11c | | x |
| d | | 110 | | - |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | -110 | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | x | |
| 12a | | | | |
| | Schedule D, Parts XI and XII | 12a | x | 52 |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | 1.24 | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 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 | 1 | | |
| | for any 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | 1 | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | \neg | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| _b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Checklist of Required Schedules (continued)

| 200700 | antive Checkist of Required Schedules (continued) | | Yes | No |
|--------|--|-----------|-----|-----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 163 | INO |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States | | | |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | (E-10/10) | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K, if "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| 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) and 501(c)(4) 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 | V10.00 | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | 1 | |
| | disqualified persons? If so, complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 2010 | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 4,0,00 | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 3000 | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 10.10 | | |
| | 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, Parts II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | 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? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | X |
| | | | | _ |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |

Form 990 (2013) The Operation Andrew Group, Inc. 62-Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part | ٧ | | | | . [|
|----|--|--|--|----------|---|---|
| 4 | Estable gumber reported in Day 2 of Fours 1000. Estable 0. March and ball | 1 | 2 | [000000 | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1a 1b | 0 | - | | |
| b | Did the organization comply with backup withholding rules for reportable payments to vendors and | | 0 | \dashv | | |
| · | reportable gaming (gambling) winnings to prize winners? | | | 1c | x | 1 |
| 2a | D CEOCHS CONTROL OF THE CONTROL OF T | T i | | 10 | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 3 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | | | 2b | X | .00000000000000000000000000000000000000 |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | , | | 3a | 200000000000 | X |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule | 0 | d CAMADATAMATATAMA | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | authori | ty | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other fin | nancial | | | | |
| | account)? | | V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | l Accou | nts. | | | |
| 5a | 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 | ction? | | 5b | | X |
| 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 | he | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or | | | | |
| _ | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for | gooas | | | | v |
| b | and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? | iv. | | 7a | - | X |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 7b | \vdash | |
| · | required to file Form 93933 | | | 7c | | x |
| d | If "Voe " indicate the number of Forms 2002 filed during the year | 7d | | 70 | | A |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | | ? | 7e | ********** | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | | STATE ASSESSMENT OF THE STATE O | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 9 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 12.55 5 5 5 5 5 5 5 5 | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | (6,6,716,714) | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | | | |
| | organization, have excess business holdings at any time during the year? | | | 8 | 111111111111111111111111111111111111111 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | ************************* | | | |
| а | Did the organization make any taxable distributions under section 4966? | navanan. | NATIONAL PROPERTY AND ADDRESS OF THE PARTY O | 9a | | 3.0.0 |
| þ | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter: | 2010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | 4 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | 4 | | |
| 1 | Section 501(c)(12) organizations. Enter: | 1 10 | | | | |
| а | Gross income from members or shareholders | 11a | | 4 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | |
| _ | against amounts due or received from them.) | 11b | | - | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | \dashv | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | | | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which | 425 | | | | |
| | the organization is licensed to issue qualified health plans Enter the amount of reserves on hand | 13b | | + | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | | | 14a | _ | |
| | | | | 170 | | |

Form 990 (2013) The Operation Andrew Group, Inc. 62-1799192 Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 35 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 35 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? X 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 in Schedule O Section 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? X 10a b 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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? . . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **TN**

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website Another's website X Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Angie Wingo 95 White Bridge Rd.

Nashville

TN 37205

615-352-1805

| Form 990 (201 | 13) The Operation Andrew Group, Inc. 62-1799192 | Page | | | | | | | | | | |
|---|--|------|--|--|--|--|--|--|--|--|--|--|
| 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| C C C C C C C C | | | - | | | | | _ | | | | | |
|--|--|--|-----------------------------------|-----------------------|----------------------------------|---------------|---------------------------------|--------|---|---|---|--|--|
| Comparison Com | | Average hours per week (list any | bo off | x, unle ficer a | Pos check ess pe nd a d | ition more | is both an or/trustee) | ן ר | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation | | |
| (1)Mrs. Angie Wingo 30.00 Executive Administra 0.00 X 38,851 0 0 0 | | related organizations below dotted | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | (W-2/1099-MIGC) | organization and related | | |
| Executive Administra | (1) Mrs. Angie Wingo | | | | | | | | | | | | |
| Name | | 0.00 | х | | | | | | 38,851 | 0 | 0 | | |
| President | (2) Mr. Mike Arringt | | | | | | | | | | | | |
| (3) Pastor Lyndon Allen | President | and the second of the contract | x | | | | | | 37.500 | 0 | 0 | | |
| Director 0.00 X 0 0 0 0 | | | - | | | | | + | 377300 | | | | |
| (4) Rabbi Ken Alpren | * ********************************** | 5.00 | | | | | | | | | | | |
| Director 0.00 X 0 0 0 0 | | | X | | | | | 4 | 0 | 0 | 0 | | |
| Director Director | (4) Rabbi Ken Alprei | | | | | | | 1 | | | | | |
| (5) Pastor Theodore | Discourse of the contract of t | | v | | | | | - | | 0 | 0 | | |
| Director 0.00 X 0 0 0 0 | | Bryson | Ĥ | \dashv | - | - | | + | - 0 | 0 | 0 | | |
| Director 0.00 X 0 0 0 0 0 0 0 0 | (0,1 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0. | | | | | ı | | 1 | | | | | |
| Director Director | Director | | x | | | | | | 0 | 0 | 0 | | |
| Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | (6) Pastor German Ca | K. | | | | | | | | | | | |
| Director 0.00 X 0 0 0 0 0 0 0 0 | | ************** | x | | | | | | 0 | 0 | 0 | | |
| Director 0.00 X 0 0 0 0 0 0 0 0 | (7) Dr. Carol Swain | | | | | | | | | | | | |
| Director 0.00 X 0 0 0 0 | Director | | x | | | | | | o | o | 0 | | |
| Director 0.00 X 0 0 0 0 0 0 0 0 | (8) Howard Gentry | | | | | | | | | | | | |
| (9) Eleanor Graves 5.00 Director/Board Chair 0.00 X (10) Janet S Slayden 5.00 Director 0.00 X (11) Joe Hutts 5.00 Chairman 0.00 X | ETHTOSPERIES HERVILLENIE | | | | | | | | | | | | |
| Director/Board Chair 0.00 X 0 0 0 0 0 0 0 0 | | 0.00 | X | \dashv | + | - | - | + | - U | 0 | 0 | | |
| Director/Board Chair 0.00 X 0 0 0 0 (10) Janet S Slayden 5.00 | (9) Eleanol Glaves | 5.00 | | | | | | 1 | 1 | | | | |
| Sayden Solo Solo | Director/Board Chair | Charles and the Carlot and the Carlot and Carlot and Carlot | \mathbf{x} | | | | | | o | o | 0 | | |
| Director 0.00 X 0 0 0 0 (11) Joe Hutts 5.00 Chairman 0.00 X 0 0 0 | | | | | \neg | | | T | | | | | |
| (11) Joe Hutts 5.00 Chairman 0.00 X 0 0 | Director | | x | | | | | | 0 | 0 | 0 | | |
| Chairman 0.00 X 0 0 | | | | | 7 | | | 1 | | | | | |
| | . 20.12 (22.20 19202 | | | | | | | | | | | | |
| DAA | Chairman DAA | 0.00 | X | \perp | | | | | 0 | 0 | | | |

| Bort VIII Section A Officer | | _ | | | | | | nd Highest Compensate | d Employage (continued) | Page |
|---|---|-----------------------------------|--------------|------------|---------------|---------------------------------|----------|--------------------------|---------------------------|-----------------------------|
| Part VII Section A. Officers | (B) | ustee | 95, n | | (C) | loyee | s, a | (D) | (E) | (5) |
| Name and title | Average | | | | sition | | | Reportable | Reportable | (F) Estimated |
| | hours per | | | | | than o | | compensation | compensation from related | amount of |
| | week (list any | | | | | is both or/trust | | from the | organizations | other compensation |
| | hours for | 95 | = | Q | 7 | 9王 | ٦ | organization | (W-2/1099-MISC) | from the |
| | related organizations | divid | stitu | Officer | Key er | pes pes | Former | (W-2/1099-MISC) | | organization and related |
| | below dotted | ctor t | nstitutional | | employee | ee | ٦ | | | organizations |
| | line) | Individual trustee or director | I trustee | | yee | npen | | | | |
| | | ď | lee | | | Highest compensated employee | | | | |
| (12) Jon Davis | | | | | | | | | | |
| | 5.00 | | | | | 1 6 | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | |
| (13) Jamie Casler | | | | | | | | | | |
| // | 5.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | |
| (14) Rev Henry Coles | 1 | | | | | | | | | |
| A 6507406400544044949444440404444 | 5.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | - | 0 | 0 | |
| (15) Pastor Bob Cook | | | | | | | | | T T | |
| | 5.00 | | | | | 1 1 | | | | |
| Director | 0.00 | X | | X | | | _ | 0 | 0 | |
| (16) Pastor Darrell I | rumwrig | nt | | | | | | | | |
| | 5.00 | | | | | | | | | |
| Director | 0.00 | X | _ | | _ | \vdash | - | 0 | 0 | |
| (17) Rusty Sumrall | F 00 | | | | | | - 1 | | | |
| Director | 5.00 0.00 | x | | | | | | | | |
| (18) Pastor Larry Gra | | | | - | - | | - | 0 | 0 | |
| (18) Fascor Dairy Gra | 5.00 | | | | | | | | | |
| Director | 0.00 | $ \mathbf{x} $ | | | | | | o | | , |
| (19) Mr. Ken Harms | 0.00 | A | | | _ | - | \dashv | | 0 | |
| (19)FII: ROII HOLING | 5.00 | | | | | | | | | |
| Director | 0.00 | $ \mathbf{x} $ | | | | | | o | 0 | |
| 1b Sub-total | | | | | | _ | | 76,351 | | |
| c Total from continuation shee | | ectio | on A | (8.8 (8.8) | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | i i | • | 76,351 | | |
| 2 Total number of individuals (ind | | | | | | ed at | ove | | \$100.000 in | |
| reportable compensation from | | | | | | | | | | |
| District to the second | re 1: | | | | | | | | | Yes No |
| 3 Did the organization list any for employee on line 1a? If "Yes," | r mer oπicer, aire | ector, | or ti | ruste | e, K Lindi | ey er ividus | npio; | yee, or nignest compensa | tea | 3 X |
| 4 For any individual listed on line | 1a, is the sum of | of rep | orta | ble d | com | pensa | ation | and other compensation | from the | |
| organization and related organi | zations greater | than | \$150 | 0,000 |)? If | | | | | |
| individual | | | | | + | * * * * * | | | | 4 X |
| 5 Did any person listed on line 1a for services rendered to the org | | | | | | | | | | 5 X |
| Section B. Independent Contractor | *************************************** | - | | 1010 | | - | | | | |
| 1 Complete this table for your five | | | | | | | | | | |
| compensation from the organiz | | mpe | nsati | on f | or th | e cal | enda | | | |
| Name and b | (A) usiness address | | | | _ | - | - | Descripti | (B) on of services | (C) Compensation |
| | | | | | | | | | | 1 |
| | | | | | | + | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | - | | | | |
| | | | | | | | | | | |
| 2 Total number of independent co | | | | | | | | e listed above) who | | |
| received more than \$100,000 of | compensation | from | the | orga | niza | tion I | > | | 0 | |

| 200 | | _ | _ | | | | | | | |
|---|---|--------------------------------|-----------------------|----------------------------------|--------------|---|----------------|--|--|---|
| (A) Name and title | (B) Average hours per week (list any hours for | bo | x, unla ficer a | Pos check ess pe nd a c | erson | than of the state | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (** = ********************************* | organization and related organizations |
| (12) Joel Perales | 5.00 | | | | | | | | | |
| Director (13) Eduardo Lelli | 0.00 | X | | | | | | 0 | 0 | |
| Director | 5.00 0.00 | x | | | | | | 0 | o | |
| (14)Rita McDonald | 5.00 | | | | | | | | | |
| Director | 0.00 | x | | - | | | | 0 | 0 | |
| (15) Larry Yarborough | 1 5.00 | | | | | | | | | |
| Secretary | 0.00 | х | | | | | | 0 | 0 | |
| (16)Dr. Judy Cumming | 5.00 | | | | | | | | | |
| Director (17)Pastor Mike Hand | 0.00 | Х | \dashv | - | _ | | - | 0 | 0 | |
| | 5.00 | _ | | | | | | | | |
| Director (18) Rhonda Lowry | 0.00 | Х | - | + | | + | | 0 | 0 | |
| Director | 5.00 0.00 | x | | | | | | o | 0 | (|
| (19) Tony Majors | | | | | | | | | · · | |
| Director | 5.00 0.00 | x | | | | | | 0 | 0 | (|
| 1b Sub-total | | ectic | | | | | | | | |
| d Total (add lines 1b and 1c) | | | uvve | 11111111 | | . 1 | > | | | |
| 2 Total number of individuals (increportable compensation from t | | | to t | hose | liste | ed ab | ove |) who received more than | \$100,000 in | |
| 3 Did the organization list any for | mer officer, dire | ctor, | or tr | uste | e, ke | ey en | nplo | yee, or highest compensat | ted | Yes No |
| employee on line 1a? If "Yes," of 4 For any individual listed on line organization and related organization | 1a, is the sum o zations greater t | of rep han s | ortal \$150 | ble c 0,000 | omp | ensa "Yes | ition ," co | and other compensation f implete Schedule J for suc | from the th | |
| individual 5 Did any person listed on line 1a for services rendered to the org | receive or accr | ue co | mpe | ensa | tion : | from | any | unrelated organization or | | |
| 6 Complete this table for your five | | nsate | ed in | dene | ende | nt co | ntra | ctors that received more th | nan \$100 000 of | |
| compensation from the organiza | ation. Report co | mper | nsati | on fo | or the | e cale | enda | ar year ending with or withi | n the organization's tax yes (B) on of services | ar. (C) Compensation |
| Name and bu | Isiness address | | | | | 1 | | Description | on of services | Compensation |
| | | | | | | 1 | | 1 | | |
| | | | | | _ | - | | | | |
| | | | | | | _ | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent co- received more than \$100,000 of | ntractors (includ | ling b | out n | ot lin | nited | to thion | nose | e listed above) who | | |

| Part VII Section A. | Officers, Directors, 111 | iste | es, K | ey E | mpl | oyee | s, a | nd Highest Compensated | d Employees (continued) | |
|---|---|-------------|-----------------------|------------------------|--------------|---------------------------------|--------------|--|---|--|
| (A) Name and litte | (B) Average hours per week (list any hours for | bo | ox, unli ficer a | Pos check ess pe | erson i | than c s both | an | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation |
| | related organizations below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (**-211039-WIGC) | from the organization and related organizations |
| (12)Mr. Ed White | 5.00 | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | |
| (13)Dr. B. Alici | 5.00 0.00 | x | | | | | | 0 | 0 | 0 |
| (14)Mr. Darrell | Gwaltney | | | | | | | | | |
| Director | 5.00 | х | | | | | | 0 | 0 | 0 |
| (15) Pastor Mauri | 5.00 | | | | | | | | | |
| Director | 0.00 | х | | | | | | 0 | 0 | 0 |
| (16)Dr. Tom Hell Director | 5.00 0.00 | x | | | | | | 0 | 0 | 0 |
| (17)Dr. Chris Ja | | | | | | | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (18)Mr. Chris Me | 5.00 0.00 | x | | | | | | 0 | 0 | 0 |
| (19)Mr. Gary McC | lure 5.00 | | | | | | | | | |
| Director 1b Sub-total | 0.00 | X | | | | _ | | 0 | 0 | 0 |
| c Total from continuation | on sheets to Part VII, S | | | | | | • | | | |
| d Total (add lines 1b an Total number of individed reportable compensation | ud 1c) uals (including but not li on from the organization | mited | d to t | hose | liste | ed ab | ove |) who received more than | \$100,000 in | |
| employee on line 1a? If | f "Yes," complete Sched | ule J | for s | such | indi | vidua | سيد ال | yee, or highest compensation f | | Yes No |
| organization and related individual | d organizations greater t | han | \$150 | ,000 |)? If | "Yes | ," co | mplete Schedule J for suc | :h | 4 |
| | | | | | | | | unrelated organization or or such person | | 5 |
| Section B. Independent Con | | | | | | _ | | | #400.000 F | |
| compensation from the | organization. Report co | mpe | ed in nsati | depe | or the | nt co | ntra enda | | n the organization's tax yes | |
| N | (A) lame and business address | | | _ | | 4 | | Descripti | (B) on of services | (C) Compensation |
| | | | | | | _ | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of indeper received more than \$100 | | | | | | | | e listed above) who | | |

Form **990** (2013)

| Tait VII Geotion A. Omoci. | 5, Directors, 110 | 13100 | ,3, 1 | ey L | пр | Oyec | 3, a | ind riighest compensatet | Limployees (continued) | |
|---|--|--------------------------------|-----------------------|------------------------|----------------|---------------------------------|--------------|---|---|--|
| (A) Name and title | (B) Average hours per week (list any | bo | x, unl | Pos check ess pe | erson | than o is both or/trust | an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (12)Mr. Christopher | Parker 5.00 | | | | | | | | | |
| Director | 0.00 | х | | | | | | 0 | 0 | 0 |
| (13) Pastor Dan Scott | 5.00 | | | | | | | | | |
| Director | 0.00 | x | | | | | | 0 | 0 | 0 |
| (14) | | | | | | | | | | |
| | | | | | | | | | | |
| (15) | | | | | | | | | | |
| | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (4.7) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| | | | | _ | | | 4 | | | |
| (18) | | | | | | | | | | |
| (19) | | | \neg | | | | \dashv | | | |
| | | | | - 24 | | | | | | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation shee d Total (add lines 1b and 1c) | | | | | | 104 | | | | |
| 2 Total number of individuals (inc | | nited | | | | | ove | e) who received more than | \$100,000 in | |
| reportable compensation from t | | | | | | | | | | Yes No |
| 3 Did the organization list any for employee on line 1a? If "Yes," or | complete Sched | ule J | for s | such | indi | vidua | al est | | | 3 |
| 4 For any individual listed on line organization and related organization | zations greater t | han | \$150 | ,000 |)? If | "Yes | ," co | omplete Schedule J for suc | h | 4 |
| individual 5 Did any person listed on line 1a for services rendered to the org | receive or accru | ue co | ompe | ensa | tion | from | any | unrelated organization or | individual | |
| Section B. Independent Contractors | S | | | | | | | | | 5 |
| Complete this table for your five compensation from the organization. | highest compe | nsate | ed in | depe | ende | nt co | ntra enda | actors that received more that year ending with or within | nan \$100,000 of n the organization's tax ve | ar |
| | (A) usiness address | | | | | | | | (B) on of services | (C) Compensation |
| | | | | | | | | | - | |
| | | | | | | | | | | |
| | | | | | | + | | | | |
| | | | | | | + | | | | |
| | | | | | | | | | | 2 |
| og naktiverkerspeller | | | | | | | | | | |
| 2 Total number of independent co received more than \$100,000 of | ntractors (includ compensation f | ing b | out n | ot lir | nited nizat | to t | nose • | e listed above) who | | |

| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|----|--|---------------|----------------|--|--|---|--|
| nts nts | 1a | Federated campaigns | 1a | | | | | |
| Srar | b | Membership dues | 1b | | | | | |
| S, Am | С | Fundraising events | 1c | | | | | |
| ar | d | Related organizations | 1d | | | | | |
| E,E | е | Government grants (contributions) | 1e | | | | | |
| Program Service Revenue Contributions, Girts, Grants and Other Similar Amounts | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 266,742 | The second of th | | | |
| 9 | g | Noncash contributions included in lines 1a- | +10(+)0(4(0) | | | | | 1 |
| 9 5 | h | Total. Add lines 1a-1f | | > | 266,742 | | | |
| ᇍ | | | | Busn. Code | | | | |
| ē | 2a | | | | | | | |
| 9 | b | | | | | | | |
| ≅ | С | | | | | | | |
| န္မ | d | | | | | | | |
| <u> a</u> | e | 11:11:::::::::::::::::::::::::::::::::: | | | | | | |
| <u></u> [2] | f | All other program service rever | | | | | | |
| + | 9 | Total. Add lines 2a-2f | | | | | Т | ı . |
| -1 | 3 | Investment income (including of | | | | | | |
| | | and other similar amounts) | | and a second | | | | |
| | 4 | Income from investment of tax- | | | | | | |
| | 5 | Royalties | | | | | | |
| | | (i) Real | (ii) | Personal | | | | |
| - 1 | 6a | Gross rents | | | | | | |
| | b | Less: rental exps. | | | | | 5.00 | |
| | С | Rental inc. or (loss) | | | | | 40.000 | |
| | d | Net rental income or (loss) | ****** | b | | | | |
| | ra | Gross amount from sales of assets (i) Securities | (i | i) Other | | | | |
| | | other than inventory | | | | | | |
| | b | Less: cost or other | | | | | | |
| | | basis & sales exps. | | | | | | |
| | С | Gain or (loss) | | | | | | ilia . |
| | d | Net gain or (loss) | | | | | | |
| a | 8a | Gross income from fundraising even | ts | | | | | |
| 2 | | (not including \$ | | | | | | |
| Other Kevenue | | of contributions reported on line 1c). | 1 | | 15 154 154 2 155 | | | |
| בַ | | See Part IV, line 18 | a | | | | | |
| <u> </u> | b | Less: direct expenses | b | | | | | |
| 7 | C | Net income or (loss) from fundr | aising events | | V-5C-1 GA1A VII. | | 2-CVSAVIIAWOAF VIIOUIOUCES FEEHIH A | |
| | | Gross income from gaming activities | 3 23 | | | | | |
| | | See Part IV, line 19 | a | | | | | |
| | b | Less: direct expenses | b | | | | | |
| | | Net income or (loss) from gamin | | > | | | | |
| 1 | | Gross sales of inventory, less | - | | | | | |
| | | returns and allowances | a | | | | | |
| | | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sales | | | | | | |
| | | Miscellaneous Revenue | | Busn. Code | | | | |
| 1 | 1a | | | | | | | |
| | b | | | | | | | |
| | C | | | | | | | |
| | _ | All other revenue | | | | | | |
| | | | | | | | | |
| | е | Total. Add lines 11a-11d | | PROCESS OF THE | 266.742 | 0 | - | |

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Fundraising (A) Do not include amounts reported on lines 6b. Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 120,101 90,076 30,025 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 6,891 9,188 2,297 Fees for services (non-employees): Management b Legal Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 11,965 8,974 2,991 Office expenses 13 Information technology 14 15 Royalties 17,461 13,096 4,365 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 533 Depreciation, depletion, and amortization 711 178 2,340 1,755 585 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Fundraising Services 26,271 26,271 Honor Banquet 8,689 6,517 2,172 h 7,390 7,390 United 4 Hope 6,564 Pastor Leadership Academy 6,564 All other expenses 16,748 4,819 21,567 232,247 158,544 47,432 26,271 Total functional expenses. Add lines 1 through 24e 25 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) ...

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 118,281 127,925 Cash—non-interest bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and outer receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 13,650 b Less: accumulated depreciation 10b 1,994 10c 2,060 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 120,275 Total assets. Add lines 1 through 15 (must equal line 34) 129,985 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,973 65 26 Total liabilities. Add lines 17 through 25 1,973 26 65 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 57,681 Unrestricted net assets 92,176 Temporarily restricted net assets 60,621 37,744 28 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and 29 complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 118,302 129,920 33 120,275 129,985 Total liabilities and net assets/fund balances

| orr | m 990 (2013) The Operation Andrew Group, Inc. 62-1799192 | | | Pa | age 12 |
|-----|---|------------------|--------------|--|---------------|
| P | art XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | 00 8 A 36 A 36 | | A | . [] |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 742 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2 | 32, | 247 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 495 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1 | 18, | 302 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) | 9 | - | 22, | 877 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 1. | 29, | 920 |
| Pa | art XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | 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 in | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | e e e e e e e e e e e e e e e e e e e | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | NI SECTION A | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | recessorove. |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | K-041-04101-041- | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | 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 | | 44444444444 | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | (A.2000)0000 | (0000000000000000000000000000000000000 | 1.000000000() |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | ****** | ESTS . | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | |

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Openation Andrew Chaus

Employer identification number

| - | | | on Andrew Group | | | | | | | 9192 | | |
|-------------|---|---------------------------------------|--------------------------------------|----------------|-------------------|------------|------------------|---|-------------------|-----------------|-----------|------------|
| Р | art I Rea | son for Public Charity | Status (All organization) | ns must c | complete | e this p | art.) S | ee ins | tructio | ns. | | |
| The | organization is n | ot a private foundation becau | ise it is: (For lines 1 through 1 | 1, check or | lly one bo | x.) | | | | | | |
| 1 |)(| | sociation of churches describe | ed in section | on 170(b) | (1)(A)(i). | | | | | | |
| 2 | A school de | escribed in section 170(b)(1) | (A)(ii). (Attach Schedule E.) | | | | | | | | | |
| 3 | A hospital of | or a cooperative hospital serv | rice organization described in s | section 17 | 0(b)(1)(A) | (iii). | | | | | | |
| 4 | A medical i | esearch organization operate | ed in conjunction with a hospita | al describe | d in secti | on 170(l | b)(1)(A)(| iii). Ent | er the h | nospital's nam | ıe, | |
| | city, and st | ate: | | mineries | | | | | 200 | 2177.100.0000. | 1.01.190 | AFSTRI WOO |
| 5 | An organiza | ation operated for the benefit | of a college or university owner | ed or opera | ited by a g | governm | ental un | it descr | ibed in | | | |
| | section 17 | 0(b)(1)(A)(iv). (Complete Par | t II.) | | | | | | | | | |
| 6 | A federal, s | tate, or local government or | governmental unit described ir | section 1 | 70(b)(1)(/ | ۹)(v). | | | | | | |
| 7 | X An organiza | ation that normally receives a | substantial part of its support | from a gov | ernmenta | l unit or | from the | e gener | al public | С | | |
| | described in | n section 170(b)(1)(A)(vi). (0 | Complete Part II.) | | | | | | | | | |
| 8 | A communi | ty trust described in section | 170(b)(1)(A)(vi). (Complete Pa | art II.) | | | | | | | | |
| 9 | An organiza | ation that normally receives: (| 1) more than 33 1/3% of its su | pport from | contribut | ions, me | embersh | ip fees, | and gro | oss | | |
| | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its | | | | | | | | | | | |
| | support fror | n gross investment income a | nd unrelated business taxable | income (le | ess sectio | n 511 ta | x) from I | ousines | ses | | | |
| | acquired by | the organization after June 3 | 30, 1975. See section 509(a)(| 2). (Compl | ete Part II | l.) | | | | | | |
| 10 | An organiza | ition organized and operated | exclusively to test for public sa | afety. See | section 5 | 09(a)(4) | | | | | | |
| 11 | An organiza | tion organized and operated | exclusively for the benefit of, t | o perform | the function | ons of, o | r to carr | y out th | е | | | |
| | purposes of | one or more publicly suppor | ted organizations described in | section 50 | 9(a)(1) or | section | 509(a)(| 2). See | section | า | | |
| | 509(a)(3). C | heck the box that describes | the type of supporting organiza | ation and c | omplete li | nes 11e | through | 11h. | | | | |
| | а Тур | el b Typell | c Type III-Function | nally integ | rated | d | Тур | e III–N | on-funct | tionally integr | ated | |
| е | By checking | this box, I certify that the org | ganization is not controlled dire | ectly or indi | rectly by | one or m | ore disc | qualified | persor | ns | | |
| | (Table 1) | | er than one or more publicly su | | | | | | | | | |
| | or section 5 | 09(a)(2). | | | | | | | | | | |
| f | If the organi | zation received a written dete | ermination from the IRS that it | is a Type I | , Type II, | or Type | III supp | orting | | | | |
| | | , check this box | | | • • | | | | | | | |
| g | Since Augus | st 17, 2006, has the organiza | tion accepted any gift or contr | ibution fror | n any of the | he | 557.5 | EU/ANS | 121 1553 | | C15-00-00 | |
| • | following pe | | | | - | | | | | | | |
| | | | ontrols, either alone or togethe | r with pers | ons descr | ibed in (| ii) and | | | | Yes | No |
| | | | supported organization? | - | | | | | | 11g(i) | | |
| | | member of a person descri | | | | | | | | | _ | |
| | | | described in (i) or (ii) above? | alean a anneal | | | | | | 11g(ii | | \vdash |
| h | | | he supported organization(s). | | | | | | ******* | 100000 | // | - |
| (i) | Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Did y | ou notify | (vi) | ls the | (vii) Amount | of mone | larv |
| | organization | | (described on lines 1-9 | in col. (i) I | isled in your | the organ | nization in | | ion in col. | | port | , |
| | | | above or IRC section | governing | document? | | of your port? | | zed in the S.? | | | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| (A) | | | | | | | | | | | | |
| ` ′ | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | |
| \- / | | | | | l | | | | | | | |
| (C) | | | | † | | | | | | | | |
| (0) | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | |
| (-) | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | |
| \- / | | | | | | | | | | | | |
| | | | | | | | | | | | | _ |
| | | | | | 1 | | | 300000000000000000000000000000000000000 | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

| Se | ction A. Public Support | | | | | | | | | |
|------|--|---------------------------------------|---------------------|------------------------|----------------------------|---|--|--|--|--|
| Cale | endar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 257,107 | 266,177 | 232,154 | 237,307 | 266,742 | 1,259,487 | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 257,107 | 266,177 | 232,154 | 237,307 | 266,742 | 1,259,487 | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | Backer 1 | | | | | 25 722 | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | 10 | | | 35,733 1,223,754 | | | |
| | ction B. Total Support | | | | I | | 1,223,754 | | | |
| _ | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total | | | |
| 7 | Amounts from line 4 | 257,107 | 266,177 | 232,154 | 237,307 | 266,742 | The same of the same of | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 251,101 | 200,177 | 232;134 | 231;301 | 200,742 | 1,259,487 | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1,259,487 | | | |
| 12 | Gross receipts from related activities, etc. | (see instructions) | | | wasastatatang | 12 | | | | |
| 13 | First five years. If the Form 990 is for the | organization's first, | second, third, fou | rth, or fifth tax year | r as a section 501 | (c)(3) | | | | |
| | organization, check this box and stop here | | | | ******** | | | | | |
| Sec | tion C. Computation of Public Su | | | | | | | | | |
| 14 | Public support percentage for 2013 (line 6, | column (f) divided | by line 11, column | ı (f)) | ******** | 14 | 97.16% | | | |
| 15 | Public support percentage from 2012 Sche | dule A, Part II, line | 14 | | ******* | 15 | 95.83% | | | |
| 16a | 33 1/3% support test—2013. If the organic | zation did not check | k the box on line 1 | 3, and line 14 is 3 | 3 1/3% or more, cl | neck this | | | | |
| | box and stop here. The organization qualit | | | | | | ▶ X | | | |
| b | 33 1/3% support test—2012. If the organization | | | | | | | | | |
| | check this box and stop here. The organiz | ation qualifies as a | publicly supported | d organization | | | 30.00.00.00.00.00.00.00.00.00.00.00.00.0 | | | |
| 17a | 10%-facts-and-circumstances test—2013 | If the organization | n did not check a l | box on line 13, 16a | a, or 16b, and line | 14 is | | | | |
| | 10% or more, and if the organization meets | the "facts-and-circ | cumstances" test, | check this box and | l stop here . Expla | in in | | | | |
| b | Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly | | | | | | | | | |
| 18 | supported organization Private foundation. If the organization did | not check a box on | n line 13, 16a, 16b | , 17a, or 17b, chec | ck this box and see | 3 122 1 · · · · · · · · · · · · · · · · · | | | | |
| | instructions | ************ | | ****** | | | | | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | quality arraor | the teste heteu | bolow, ploado | somplete i air i | | |
|----------|--|--------------------------|---------------------|---------------------------------------|--------------------|-----------|--------------------------|
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | .34 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | 2,000,000 | |
| <u> </u> | line 6.) | | | | | | |
| | tion B. Total Support ndar year (or fiscal year beginning in) ▶ | (-) 2000 | (I-) 0040 | 1-1 0044 | (4) 0040 | () 0040 | /n = |
| 9 | | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in 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 IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | 30 | 7,0 |
| | and 12.) | | | | | 1(.)(0) | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | • | | • | | , | . [] |
| Sec | ion C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2013 (line 8, | | | n (f)) | | 15 | % |
| 16 | Public support percentage from 2012 Sche | dule A. Part III. lir | ne 15 | | *************** | 16 | % |
| | ion D. Computation of Investmen | nt Income Per | centage | | | | |
| 17 | Investment income percentage for 2013 (lin | | | , column (f)) | | 17 | % |
| 18 | Investment income percentage from 2012 | Schedule A, Part | III I: 17 | · · · · · · · · · · · · · · · · · · · | | 40 | % |
| 19a | 33 1/3% support tests—2013. If the organ | | 55755 | | | | |
| | 17 is not more than 33 1/3%, check this bo | x and stop here . | The organization o | ualifies as a public | cly supported orga | nization | > |
| | 33 1/3% support tests—2012. If the organ | | | | | | |
| | line 18 is not more than 33 1/3%, check this | | | | | | |
| 20 | Private foundation. If the organization did | not check a box of | on line 14, 19a, or | 19b, check this bo | x and see instruct | ions | MINISTRACTOR AND A NO. 1 |

| Part IV | Supplemental | Information. Pr | ovide the explanat | tions required by Pa | art II, line 10; Part II, line 17a (See instructions). | Page 4 or 17b; and |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

2013

| The Operation | Andrew Group, Inc. | 62-1799192 | | | | | |
|---|---|------------------|--|--|--|--|--|
| Organization type (check one | a): | | | | | | |
| 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 | | | | | | |
| | | | | | | | |
| | overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule | . See | | | | | |
| General Rule | | | | | | | |
| | ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon- contributor. Complete Parts I and II. | ey or | | | | | |
| Special Rules | | | | | | | |
| under sections 509(a)(| organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulating and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. | | | | | | |
| during the year, total co | , (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribu- ontributions of more than \$1,000 for use exclusively for religious, charitable, scientific, lits, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year | | | | | | | |
| 990-EZ, or 990-PF), but it must | s not covered by the General Rule and/or the Special Rules does not file Schedule B (F answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9 ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or | 990-EZ or on its | | | | | |

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

Name of organization
The Operation Andrew Group, Inc.

Employer identification number 62-1799192

| Part | Contributors (see instructions). Use duplicate copies of P | Part I if additional space is ne | eeded. |
|----------------|--|----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Churchill Mortgage Corporation 761 Old Hickory Blvd, #400 Brentwood TN 37027 | \$ 21,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Regions Bank 601 Lakeshore Parkway Birmingham AL 35209 | \$ 7,850 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Beaman Foundation P.O Box 2408 Brentwood TN 37024 | \$ 20,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Forest Hills Baptist Church 2101 Old Hickory Blvd Nashville TN 37215 | \$ 8,200 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| (****** | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|) in the state | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

| Th | ne Operation Andrew Group, Inc. | | 62-1799192 |
|--|--|--|--------------------------------|
| THE RESERVE OF THE PARTY OF THE | rt I Organizations Maintaining Donor Advised Complete if the organization answered "Yes" to | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| | Did the organization inform all donors and donor advisors in writing | | |
| | funds are the organization's property, subject to the organization's e | | Yes N |
| | Did the organization inform all grantees, donors, and donor advisors | | management les N |
| | only for charitable purposes and not for the benefit of the donor or d | | |
| | | onor advisor, or for any other purpose | Yes No |
| | rt II Conservation Easements. | | Yes No |
| | Complete if the organization answered "Yes" to | Form 990. Part IV. line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (che | | |
| . 1 | Preservation of land for public use (e.g., recreation or education | | ortant land area |
| 1 | Protection of natural habitat | Preservation of a certified historic | |
| 1 | Preservation of open space | Treservation of a certified historic | structure |
| 2 | | consistion contribution in the form of a concer- | rotin- |
| | Complete lines 2a through 2d if the organization held a qualified cor easement on the last day of the tax year. | servation contribution in the form of a conserv | |
| | • | | Held at the End of the Tax Yea |
| | Total number of conservation easements | | |
| ь | Total acreage restricted by conservation easements | ******************************* | 2b |
| C | Number of conservation easements on a certified historic structure i | ncluded in (a) | 2c |
| | Number of conservation easements included in (c) acquired after 8/ | 17/06, and not on a | |
| | | ********************* | 2d |
| 3 1 | Number of conservation easements modified, transferred, released, | extinguished, or terminated by the organization | on during the |
| | tax year | | |
| | Number of states where property subject to conservation easement | | |
| | Does the organization have a written policy regarding the periodic m | | 2-1 |
| \ | violations, and enforcement of the conservation easements it holds? | PERSONAL PROPERTY OF THE PROPERTY OF THE PERSONAL PROPERTY OF THE PERSO | Yes No |
| 6 9 | Staff and volunteer hours devoted to monitoring, inspecting, and enf | orcing conservation easements during the year | ar |
|) | \$46.00.60 (200.000.000.000.000.) | | |
| 7 / | Amount of expenses incurred in monitoring, inspecting, and enforcin | g conservation easements during the year | |
| | ►\$ | | |
| 8 [| Does each conservation easement reported on line 2(d) above satisf | y the requirements of section 170(h)(4)(B) | |
| (| i) and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 li | n Part XIII, describe how the organization reports conservation ease | ments in its revenue and expense statement, | |
| b | palance sheet, and include, if applicable, the text of the footnote to the | ne organization's financial statements that des | scribes the |
| О | organization's accounting for conservation easements. | | |
| Pari | Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" to | | imilar Assets. |
| 12 14 | | | Janes sheet |
| | f the organization elected, as permitted under SFAS 116 (ASC 958) vorks of art, historical treasures, or other similar assets held for publ | | |
| | | | ance of |
| | public service, provide, in Part XIII, the text of the footnote to its finar | | no about |
| | f the organization elected, as permitted under SFAS 116 (ASC 958), | | |
| | vorks of art, historical treasures, or other similar assets held for public | ic exhibition, education, or research in further | ance of |
| | ublic service, provide the following amounts relating to these items: | | |
| (i | Revenues included in Form 990, Part VIII, line 1 | | \$ |
| (i | ii) Assets included in Form 990, Part X | | • \$ |
| | the organization received or held works of art, historical treasures, | | ide the |
| | ollowing amounts required to be reported under SFAS 116 (ASC 95 | | |
| a R | evenues included in Form 990, Part VIII, line 1 | ., | **** |
| h A | seats included in Form 990 Part Y | | |

| | edule D (Form 990) 2013 The Opera | | | | | | | | Page |
|--------|---|----------------------|------------|---|----------------|---|--------------------|----------------|-----------|
| P | art III Organizations Maintaining | | | | | | | sets (continu | ed) |
| 3 | Using the organization's acquisition, accessic collection items (check all that apply): | ion, and other reco | rds, che | ck any of the f | ollowing that | are a signif | icant use of its | | |
| а | Public exhibition | d [| Loan | or exchange pi | rograms | | | | |
| b | Scholarly research | e | (| | • | | | | |
| С | | | , | | | ********* | ********* | | |
| 4 | Provide a description of the organization's co | allections and expla | ain how i | they further the | e organization | n's exempt i | nurnose in Part | | |
| | XIII. | | | | | o oxompt | parpood in rait | | |
| 5 | During the year, did the organization solicit o | r receive donations | ofart | historical treas | ures or othe | r similar | | | |
| Ū | assets to be sold to raise funds rather than to | | | | | | | ☐ Yes | No. |
| Pa | art IV Escrow and Custodial Arra | | parto | the organization | in a conection | ****** | | Tes | 141 |
| 20000 | Complete if the organization 990, Part X, line 21. | _ | s" to F | orm 990, Pa | art IV, line | 9, or repo | orted an amou | int on Form | |
| 1a | Is the organization an agent, trustee, custodi | an or other interme | diary fo | r contributions | or other ass | ets not | | | |
| | included on Form 990, Part X? | | | | | | | Yes | i □ No |
| ь | If "Yes," explain the arrangement in Part XIII | and complete the f | ollowing | table | | | | escaces: | |
| | | and complete the t | 0110111119 | , tubio. | | | | Amount | |
| С | Beginning balance | | | | | | 1c | randane | |
| 4 | | | | | | | 1d | | |
| e | Additions during the year | | | | | | 10 | | _ |
| • | Distributions during the year | | | | | | 1e | | |
| 30 | Ending balance | 000 Dad V lin | - 040 | | | 57.052.553.5153 | 1f | | |
| 40 | Did the organization include an amount on Fo | Ohaalahara Kabal | ezir | 000000000000000000000000000000000000000 | | | | Yes | |
| | If "Yes," explain the arrangement in Part XIII. If V Endowment Funds. | Check here if the | explanat | ion has been i | provided in P | ar XIII | | | |
| га | | anautored "Vee | | 000 D- | | 40 | | | |
| | Complete if the organization | | | | | | | | |
| | | (a) Current year | - | (b) Prior year | (c) Two ye | ears back | (d) Three years ba | ick (e) Four y | ears back |
| | Beginning of year balance | | - | | | | | | |
| | Contributions | | | | | | | | |
| | Net investment earnings, gains, and | | | | | 1 | | | |
| | losses | | 1 | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| e | Other expenditures for facilities and | | | | l'i | | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| | Provide the estimated percentage of the curre | ent year end baland | e (line 1 | lg, column (a) |) held as: | | | | |
| | Board designated or quasi-endowment | | • | - , , | | | | | |
| | Permanent endowment ▶ % | | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shoul | | | | | | | | |
| | Are there endowment funds not in the posses | | ation the | at are held and | l administere | d for the | | | |
| | organization by: | oron or the organiza | ation the | at are rield and | daministore | d for the | | T. | es No |
| | , | | | | | | | | es No |
| | (ii) unrelated organizations (iii) related organizations | THE SET SESSESSES | esentes. | · (6) · (6) · · · · · · · · · · · · · · · · · · · | .33.63 | 88 · · 88 88 · 88 88 | | 3a(i) | |
| , h | If "Yes" to 3a(ii), are the related organizations | listed on required | exercise | dula DO | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3a(ii) | |
| у 2 | Describe to Sa(ii), are the related organizations | listed as required t | on Sche | dule K? | | ********* | | 3b | |
| | Describe in Part XIII the intended uses of the | | wment | runas. | | | | | |
| raf | t VI Land, Buildings, and Equip | | | 000 | | (4. 0 ! | Farma 000 F | | |
| _ | Complete if the organization | | | | | | | | |
| | Description of property | (a) Cost or other I | | (b) Cost or | | 1 '' | cumulated | (d) Book va | ue |
| _ | | (investment) | | (oth | ier) | dep | reciation | | |
| | Land | | | | | | | | |
| b E | Buildings | | | | | | | | |
| c l | _easehold improvements | | | | | | | | |

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

Schedule D (Form 990) 2013

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2,060

11,590

13,650

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| | Complete if the organization answered "Yes" to (a) Description of security or category | (b) Book value | (c) Method of valuation: |
|----------------------------------|---|-------------------------|---|
| | (including name of security) | | Cost or end-of-year market value |
| 1) Financial | derivatives | | |
| 2) Closely-h | eld equity interests | 10. | |
| 3) Other | | 930 | |
| (A) | *************************************** | | |
| | | | |
| (C) | | | |
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| (G) | | | |
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| otal. (Colum | n (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |
| Part VIII | Investments—Program Related. | | |
| | Complete if the organization answered "Yes" to | Form 990, Part IV, line | e 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) | | | |
| 7) | | | |
| 8) | | | |
| 9) | | | |
| Part IX | Other Assets. Complete if the organization answered "Yes" to | Form 990, Part IV, line | |
| 4) | (a) Description | | (b) Book value |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 3) | | | |
| ") | | | |
| 3) | | | |
| 9) | (b) must equal Form 990, Part X, col. (B) line 15.) | | |
| Part X | Other Liabilities. Complete if the organization answered "Yes" to line 25. | Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, |
| | (a) Description of liability | (b) Book value | 200 C 100 C |
|) Federal in | ncome taxes | | - 1755 - 1755 - 1755 |
| | ll taxes payable | 65 | |
|) | * | | |
| 90 | | | |
|) | | _1 | |
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| i) | | | |
| 5) 5) | | | |
| 5) 6) 7) | | | |
| 5) 6) 7) 3) | | | |
| 4) 5) 6) 7) 8) 9) | (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 65 | |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

232,247

4a

Supplemental Information

c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

Part X - FIN 48 Footnote

The Organization has adopted ASC Topic 740-10, Accounting for Uncertainty in Income Taxes, which prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, including the position that the Organization continues to qualify to be treated as a tax-exempt entity for both federal and state income tax purposes. For those benefits to be recognized, a tax position must be more-likely-thannot to be sustained upon examination by taxing authorities. For the year ended December 31, 2013, the Organization has no material uncertain tax positions to be accounted for in the financial statements under these rules. The Organization's Forms 990, Return of Organization Exempt from Income Tax, are subject to examination by the IRS generally, for three years after they filed. Annual filings with the State of Tennessee are, similarly, subject to examination.

| Schedule D (F | orm 990) 2013 | The | Operat | ion An | drew | Group, | Inc. | 62-1799192 | Page 5 |
|--|---|--|----------------------|--|---------------------------------------|-------------------------|--------------|---|------------------------|
| Part XIII | Suppleme | ntal Info | rmation (c | ontinued) | | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

The Operation Andrew Group, Inc. 62-1799192 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Operation Andrew Group's Independent Search committee, appointed by the chairmen of OAG, reviewed, discussed and were responsible for determining the compensation level of our top officials and the OAG Board of Trustees approved their recommendation. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All documents referenced are in the Organization's office and are available for review upon request. Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Contributions 46,400 Net assets released from donor restrictions 69,277

Form **4562**

Depreciation and Amortization

- (Including Information on Listed Property)

OMB No. 1545-0172

2013

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

hment ence No. 17

| Name | e(s) shown on relurn The | Operation And | drew Group, | Inc. | | | ying num · 179 | 9192 |
|------|--|--|--|--|-------------------|--|-------------------|----------------------------|
| | ess or activity to which this form relates | | | | | | | |
| | ndirect Deprecia | | | | | | | |
| P | | pense Certain Prop | | | | | | |
| | | e any listed property | , complete Part V b | efore you o | complete Pa | ş | | 0-1-0-1 |
| 1 | Maximum amount (see instruc | | | | | 444405555 | 1 | 500,00 |
| 2 | Total cost of section 179 prop | erty placed in service (se | e instructions) | | | | 2 | |
| 3 | Threshold cost of section 179 | property before reduction | n in limitation (see instru | ctions) | | | 3 | 2,000,00 |
| 4 | Reduction in limitation. Subtra | | 1 11 11 11 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 4 | |
| _5 | Dollar limitation for tax year. Subtra | | | | | | 5 | |
| 6 | (a) Descr | riplion of properly | (b) (| Cost (business use | only) (c) | Elected cost | | |
| - | | | | | | | | |
| | | | | | | | | |
| 7 | Listed property. Enter the amo | ount from line 29 | | | 7 | | | |
| 8 | Total elected cost of section 1 | | | and 7 | Madel Programme | | 8 | |
| 9 | Tentative deduction. Enter the | | | | | | 9 | |
| 10 | Carryover of disallowed deduc | tion from line 13 of your | 2012 Form 4562 | | | ***** | 10 | |
| 11 | Business income limitation. Er | nter the smaller of busine | ss income (not less than | n zero) or line | 5 (see instructio | ns) | 11 | |
| 12 | Section 179 expense deduction | | | | | | 12 | |
| 13 | Carryover of disallowed deduc | | | | 13 | | | |
| | : Do not use Part II or Part III be | | | The state of the s | | | | |
| Pa | rt II Special Deprec | <u>iation Allowance a</u> | nd Other Deprecia | tion (Do no | ot include liste | ed prope | rty.) (| See instructions.) |
| 14 | Special depreciation allowance | e for qualified property (of | ther than listed property) | placed in ser | vice | | | |
| | during the tax year (see instruc | | | | | | 14 | |
| 15 | Property subject to section 168 | B(f)(1) election | | | | B-000000000000000000000000000000000000 | 15 | |
| 16 | Other depreciation (including A | (CRS) | | | | | 16 | 712 |
| Pa | rt III MACRS Deprec | iation (Do not inclu | de listed property.) | (See instru | ctions.) | | | |
| | | | Section A | | | | | |
| 17 | MACRS deductions for assets | placed in service in tax y | ears beginning before 2 | 013 | | ******** <u>***</u> | 17 | (|
| 18 | If you are electing to group any assets pla | aced in service during the tax ye | ar into one or more general asse | et accounts, check | here | > | | |
| | Section B- | -Assets Placed in Ser | vice During 2013 Tax Y | ear Using the | e General Depre | eciation S | ystem | |
| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Meth | od | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | | |
| b | 5-year property | 100 | | | | | | |
| С | 7-year property | | | | | | | |
| d | 10-year property | | | | | | | |
| | 15-year property | | | | | | | |
| f | 20-year property | | | | | | | |
| q | 25-year property | | | 25 yrs. | | S/L | | |
| | Residential rental | | | 27.5 yrs. | MM | S/L | | |
| | property | | | 27.5 yrs. | MM | S/L | | |
| · · | Nonresidential real | | | 39 yrs. | MM | S/L | _ | |
| • | property | | | Jo yrs. | MM | S/L | | |
| | | Assets Placed in Service | e During 2013 Tay Ve | r Using the | | | System | |
| 202 | Class life | 10000 | oo baring 2010 Tax Tee | ar coming the r | atomative Dep | | Joseph | <u>'</u> |
| | 12-year | \dashv | | 12 yrs. | | S/L | - | |
| | 40-year | | | | 6.46.4 | S/L | - | |
| | t IV Summary (See in | netructions \ | | 40 yrs. | MM | S/L | | |
| | | | | | | | 24 | |
| | Listed property. Enter amount fi | ********* | | | 04 Futer bee | ******* | 21 | |
| | Total. Add amounts from line 1: | _ | | , | | | | 510 |
| | and on the appropriate lines of y | | | | <u> </u> | ****** | 22 | 712 |
| | For assets shown above and planer of the basis attributable. | • | e current year, enter the | | 23 | | | |



THE OPERATION ANDREW GROUP, INC. Audited Financial Statements December 31, 2013 and 2012

Table of Contents

| <u>Page</u> |
|--|
| Independent Auditor's Report1 |
| Statements of Financial Position |
| Statements of Activities and Changes in Net Assets |
| Statements of Cash Flows6 |
| Notes to the Financial Statements |



Independent Auditor's Report

To the Board of Directors of The Operation Andrew Group, Inc.

We have audited the accompanying financial statements of The Operation Andrew Group, Inc. (a nonprofit organization) which comprise the statements of financial position as of December 31, 2013 and 2012, and the related statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financials statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide the basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Operation Andrew Group, Inc. as of December 31, 2013 and 2012 and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Price CPAs, PLLC September 23, 2014

Statements of Financial Position December 31, 2013 and 2012

ASSETS

| | | 2013 | | 2012 |
|----------------------------------|----|----------|----|----------|
| CURRENT ASSETS | | | | |
| Cash | \$ | 127,925 | \$ | 118,281 |
| PROPERTY AND EQUIPMENT | | | | |
| Equipment | | 3,909 | | 3,909 |
| Furniture and fixtures | | 8,422 | | 7,645 |
| Leasehold improvements | | 1,318 | | 1,318 |
| Accumulated depreciation | | (11,589) | | (10,878) |
| | | 2,060 | 7 | 1,994 |
| | | | | |
| TOTAL ASSETS | \$ | 129,985 | \$ | 120,275 |
| LIABILITIES AND NET ASSETS | | | | |
| CURRENT LIABILITIES | | | | |
| Payroll taxes payable | \$ | 65 | \$ | 1,973 |
| NET ASSETS | | | | |
| Unrestricted | | 92,176 | | 57,681 |
| Temporarily Restricted | | 37,744 | | 60,621 |
| Total net assets | | 129,920 | | 118,302 |
| | | | | |
| TOTAL LIABILITIES AND NET ASSETS | \$ | 129,985 | \$ | 120,275 |
| | _ | | | |

THE OPERATION ANDREW GROUP, INC. Statements of Activities and Changes in Net Assets For the Years Ended December 31, 2013 and 2012

| CHANGES IN UNRESTRICTED NET ASSETS | 2013 | 2012 |
|---------------------------------------|------------|---------|
| REVENUE | | |
| Contributions | \$ 216,290 | • |
| Net assets released from restrictions | 69,277 | |
| Total unrestricted revenues | 285,567 | 248,098 |
| EXPENSES | | |
| Program services | | |
| Salaries | 90,076 | 56,415 |
| Rent | 13,096 | 12,711 |
| Telephone | 4,010 | 4,491 |
| Payroll tax | 6,891 | 4,316 |
| Contract labor | 1,679 | 90 |
| Insurance | 1,755 | 1,098 |
| Supplies/Postage | 669 | 770 |
| Miscellaneous | 699 | 904 |
| Dues and subscriptions | 1,866 | 788 |
| Taxes and licenses | 242 | 258 |
| Gifts and flowers | 157 | 63 |
| Marketing | 1,188 | #: |
| Employee reimbursements | 455 | 1,409 |
| Auto expense | 1,802 | 2,026 |
| Meals and entertainment | 1,439 | 1,671 |
| Board meeting expense | 242 | 408 |
| Depreciation | 533 | 536 |
| Clergy seminars | ≅ | (42) |
| Honor banquet | 6,517 | 4,829 |
| NAP/GDP | 2,300 | 3,445 |
| Professional fees | 14,119 | 8,094 |
| Office expense | 8,974 | 10,494 |
| Partnership fund | :=: | (300) |
| Pastor Leadership Academy | 6,564 | 5,833 |
| Prayer events | | 3,034 |
| United 4 Hope | 7,390 | 11,653 |
| Total program services | 172,663 | 134,904 |

Statements of Activities and Changes in Net Assets (continued) For the Years Ended December 31, 2013 and 2012

| | 2013 | 2012 |
|---|--------------|----------------|
| Support services | | |
| Salaries | 30,025 | 18,805 |
| Rent | 4,365 | 4,237 |
| Telephone | 1,337 | 1,497 |
| Payroll tax | 2,297 | 1,439 |
| Contract labor | 560 | 9 2 |
| Insurance | 585 | 366 |
| Supplies/Postage | 223 | 257 |
| Miscellaneous | 234 | 297 |
| Dues and subscriptions | 622 | 263 |
| Taxes and licenses | 81 | 86 |
| Gifts and flowers | 52 | 21 |
| Marketing | 396 | <u>.</u> |
| Employee reimbursements | 152 | 470 |
| Auto expense | 601 | 675 |
| Meals and entertainment | 480 | 557 |
| Board meeting expense | 81 | 136 |
| Depreciation | 178 | 178 |
| Clergy seminars | : €0: | (14) |
| Honor banquet | 2,172 | 1,610 |
| Professional fees | 4,706 | 2,698 |
| Office expense | 2,991 | 3,498 |
| • | 52,138 | 37,076 |
| Fundraising services | 26,271 | 33,154 |
| Total support services | 78,409 | 70,230 |
| Total expenses | 251,072 | 205,134 |
| Net increase in unrestricted net assets | 34,495 | 42,964 |
| CHANGES IN TEMPORARILY RESTRICTED NET ASSETS | | |
| Contributions | 46,400 | 61,172 |
| Net assets released from donor restrictions | (69,277) | (17,514) |
| Net change in temporarily restricted net assets | (22,877) | 43,658 |
| ncrease in net assets | 11,618 | 86,622 |
| NET ASSETS AT BEGINNING OF YEAR | 118,302 | 31,680 |
| NET ASSETS AT END OF YEAR | \$ 129,920 | \$ 118,302 |

See Independent Auditor's Report and Notes to Financial Statements

Statements of Cash Flows

For the Years Ended December 31, 2013 and 2012

| | 2013 | | | 2012 | |
|--|------|---------|----|---------|--|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | | | |
| Increase in net assets | \$ | 11,618 | \$ | 86,622 | |
| Adjustments to reconcile increase in net assets to | | | | | |
| Net cash provided by operating activities | | | | | |
| Depreciation | | 711 | | 714 | |
| Change in assets and liabilities: | | | | | |
| Payroll taxes payable | 2 | (1,908) | | 17 | |
| Net cash provided by operating activities | | 10,421 | | 87,353 | |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | | | |
| Purchase of property and equipment | | (777) | | (1,091) | |
| Net cash used by investing activities | | (777) | | (1,091) | |
| Net increase in cash | | 9,644 | | 86,262 | |
| Cash at beginning of year | | 118,281 | - | 32,019 | |
| Cash at end of year | \$ | 127,925 | \$ | 118,281 | |

Notes to Financial Statements December 31, 2013 and 2012

Note 1 – Nature of Entity

The Operation Andrew Group, Inc. (the "Organization") is an organization that seeks to unite believers through hands-on ministries that tear down walls and build connections so that believers may present one loving face of Christ to those who do not know Him. The Organization accomplishes its mission by partnering with churches of varying ethnic and denominational groups. The Organization helps churches go around, above or through whatever separates them to focus on their common mission of showing love and truth to each other and to people in need in their communities.

Note 2 – Summary of Significant Accounting Policies

This summary of significant accounting policies of The Operation Andrew Group, Inc. is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management, who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Presentation and Net Assets

The financial statements of The Operation Andrew Group, Inc. are prepared in conformity with the standards promulgated by the Financial Accounting Standards Board in FASB ASC 958-605 (formerly SFAS No. 116), Accounting for Contributions Received and Contributions Made and FASB ASC 958-225 (formerly SFAS No. 117), Financial Statements of Not-for-Profit Organizations.

The financial statements are prepared in accordance with generally accepted accounting principles promulgated in the Unites States of America for not-for-profit organizations. The Organization therefore reports information about its financial position and activities using three classes of net assets that recognize the existence and nature of restrictions on its net assets.

Unrestricted net assets represent resources over which the Board of Directors has unlimited discretionary control to carry out the activities of the organization in accordance with the Articles of Incorporation and Bylaws. The Board of Directors may designate portions of its unrestricted net assets as board designated for various purposes.

Temporarily restricted net assets represent resources whose use is limited by donor-imposed restrictions that will be met either by actions of the organization or by the passage of time. See Note 4.

Permanently restricted net assets represent resources whose use is limited by donor-imposed restrictions that require the net assets to be maintained permanently. The Organization currently has no permanently restricted net assets.

Revenue Recognition

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Notes to Financial Statements December 31, 2013 and 2012

Note 2 - Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents

Cash equivalents consist of short-term highly liquid investments that are readily convertible into cash within ninety days of purchase.

Fair Value of Financial Instruments

The following methods and assumptions were used by the Organization in estimating its fair value disclosures for financial instruments:

• Current Assets and Liabilities: The carrying values of these items approximate their fair values due to the short maturities of these instruments.

Concentration of Credit Risks

The Organization maintains its cash in bank deposit accounts at regional financial institutions, which at times, may exceed the FDIC limit. The Organization has not experienced any losses in such accounts; therefore management believes it is not exposed to any significant credit risk related to cash and cash equivalents. The Organization's operations are located in Middle Tennessee, which may be subject to risks associated with local economic conditions.

Property and Equipment

Property and equipment are carried at cost, or if donated, at the approximate fair value at the date of donation. Depreciation expense for the years ended 2013 and 2012 was \$711 and \$714, respectively. Routine repairs and maintenance are expensed as incurred. Depreciation is calculated on the straight-line method over the estimated useful lives of the assets as follows:

Dading at a

| | Estimated |
|------------------------|-------------|
| Description | Useful Life |
| Equipment | 5 years |
| Furniture and Fixtures | 7 years |
| Leasehold Improvements | 2 years |
| | |

Long-lived assets held and used by the Organization are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. In the event that facts and circumstances indicate that the cost of any long-lived assets may be impaired, an evaluation of recoverability would be performed.

Donated Materials and Services

Donated services are reported as contributions when the services create or enhance nonfinancial assets or require specialized skills provided by individuals possessing these skills and would typically need to be purchased if not provided by contribution. Donated equipment or materials, if significant, are included in contributions at fair value. Donated services and materials of \$18,825 and \$10,791 have been reflected at fair value in the financial statements for the years ended December 31, 2013 and 2012, respectively. Donated services and materials consist of accounting and auditing.

Notes to Financial Statements December 31, 2013 and 2012

Note 4 - Temporarily Restricted Net Assets

As of December 31, 2013, temporarily restricted net assets consist of amounts restricted for use in the following areas:

| Partnership Fund United 4 Hope | \$ 1,769 35,975 |
|-----------------------------------|-----------------------|
| | \$ 37,744 |

Note 5 – Commitments and Contingencies *Leases*

On April 13, 2012, the Organization signed a lease agreement for a new copier. Lease expense totaled \$2,316 for the year ended December 31, 2013. For years ending December 31, future minimum lease payments under this lease are as follows:

| Year Ending | |
|--------------|-----------|
| December 31, | Amount |
| 2014 | \$ 3,020 |
| 2015 | 3,020 |
| 2016 | 3,020 |
| 2017 | 1,132 |
| | \$ 10,192 |