F	99	n		Poturn	of Organiz	ation Exon	npt From Inc	omo	Tav		OMB No. 1545-0047
Form	33	•		Neturn	l ol ol galliz			ome	Ιαλ		2020
			Under	r section 501(c)	, 527, or 4947(a)(1) of the Internal	Revenue Code (exc	cept priv	vate foun	dations	s) 2020
Depart	ment of th	e Treasury		Do not e	nter social secur	ity numbers on t	his form as it may b	be made	public.		Open to Public
	l Revenue			► Go to	www.irs.gov/For	rm990 for instrue	ctions and the lates	st inforr	nation.		Inspection
A F	or the 2	2020 calend	ar y <u>ear, c</u>	or tax year begi	inning		01-01 , 2020 , a	nd endi	ng		12-31 , 20 20
B c	heck if ap	plicable:	C Na	ame of organizatior O	peration Cat	tnip of Gair	nesville, Inc	•		D Em	nployer identification number
A	ddress ch	ange	Do	oing business as							59-3522372
N	ame chan	ige	N	umber and street (or	P.O. box if mail is not de	elivered to street addres	ss)	Room/sui	te	E Tel	lephone number
l Ir	nitial return	ı	ров	141023							(322)380-0940
F	inal return	/terminated	Ci	ity or town, state or p	rovince, country, and ZII	P or foreign postal code	e			G Gr	ross receipts
A	mended re	eturn	Gair	nesville, 1	FL 32614					\$	650,909
A	pplication	pending	F Na	ame and address of p	orincipal officer: Mand	y Reed			H(a) Is this	a group retu	urn for subordinates? Yes X No
				0 NW 36th 1	PL Gainesvil	le FL 32606	i		H(b) Are a	ll subordin	nates included? Yes No
I T	ax-exemp	t status: X	501(c)(3)	501(c) () 🗲 (insert no.)	4947(a)(1) or	527		lf "No	," attach a	a list. See instructions
JV	lebsite:	WWW	. OCGAI	INESVILLE.	DRG		1		H(c) Group	o exemptio	on number
K F	orm of org	anization: X	Corporatio	n 🗌 Trust 🗌 A	ssociation Other	•	L Year of formation	on: 199	м 8	State of	legal domicile: FL
Par	tl	Summar	у								
	1 1	Briefly descri	be the or	rganization's mis	sion or most signif	ficant activities:	Operation Ca	tnip ;	provid	es pr	rograms and
_		services	for c	community c	ats and the	ir caregive:	rs through st	erili	zation	, col	laboration, and
nce		educatio	n.								
rnal											
Governance	2 (Check this bo	ox ► 🗌	if the organization	on discontinued its	operations or dis	posed of more than 2	25% of i	ts net ass	ets.	
ğ	3	Number of v	oting me	mbers of the gov	/erning body (Part	VI, line 1a)				. 3	5
s v	4 1	Number of in	Idepende	ent voting membe	ers of the governin	g body (Part VI, li	ine 1b)			. 4	5
Activities &	5	Total numbe	r of indivi	duals employed	in calendar year 2	020 (Part V, line 2	2a)			. 5	15
ctiv	6	Total numbe	r of volun	iteers (estimate i	f necessary)					. 6	200
∢	7a ⁻	Total unrelat	ed busine	ess revenue fror	n Part VIII, column	(C), line 12				. 7a	0
	bl	Net unrelate	d busines	ss taxable incom	ne from Form 990-	T, Part I, line 11 .				. 7b	0
									Prior Yea	r	Current Year
	8 (Contributions	and gra	nts (Part VIII, lin	e1h)			•	61	9,027	7 586,962
ne	9 1	Program ser	am service revenue (Part VIII, line 2g)							1 63,825	
Revenue	10						122				
Re	11 (Other revenu	e (Part V	/III, column (A),	lines 5, 6d, 8c, 9c,	10c, and 11e) .					0
	12 -	Total revenue	e - add lir	nes 8 through 11	(must equal Part)	VIII, column (A), li	ne 12)		70	0,718	8 650,909
	13 (Grants and s	imilar am	nounts paid (Par	t IX, column (A), lir	nes 1-3)					0
	14 1	Benefits paid	l to or for	members (Part	IX, column (A), lin	e4)					0
	15 \$	Salaries, oth	er compe	ensation, employ	ee benefits (Part I)	K, column (A), line	es 5-10)		22	5,780	0 338,379
Expenses	16a	Professional	fundraisi	ing fees (Part IX	, column (A), line 1	1e)					0
Gen	b ·	Total fundrai	sing expe	enses (Part IX, c	olumn (D), line 25) ►	82,534				
Ä	17 (Other expense	ses (Part	IX, column (A),	lines 11a-11d, 11f-	24e)			25	0,418	8 333,911
	18 -	Total expens	es. Add	lines 13-17 (mu	st equal Part IX, co	olumn (A), line 25)			47	6,198	8 672,290
	19	Revenue les	s expens	es. Subtract lin	e 18 from line 12				22	4,520	0 (21,381)
es es								Begir	nning of Cu	rrent Yea	r End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, I	line 16)					77	1,655	5 838,379
Ass d Ba	21	Total liabilitie	s (Part X	(, line 26) 🔒 🔒					1	3,347	7 98,388
Fund	22	Net assets o	r fund ba	lances. Subtrac	ct line 21 from line	20			75	8,308	8 739,991
Par	t II	Signatu	re Bloo	ck							
							tatements, and to the best parer has any knowledge.	of my knov	vledge and b	elief, it is	
	concet, an	id complete. Det				iormation of which prep	arei has arry knowledge.				
•		Mand	y Reed	l							
Sigr	ן ו	Signatur	e of officer							[Date
Here	e	· · · ·		l, Presiden	t						
		, ,, ,	orint name a								
	_	Print/Type pre	parer's nam	ne	Preparer's signature		Date	_	Chec	k 🗌 i	if PTIN
Paic	ł	Stephen	н. Ка	attell	Stephen H.	Kattell	04-08-20	21	self-e	mployed	P01278226
Pre	oarer	Firm's name	•	Kattell	and Company	y, P.L		F	irm's EIN 🕨	•	
Use	Only	Firm's address	s ►	808-B N	W 16th Ave			P	hone no.	_	
				Gainesv	ille FL 326	01				352	-395-6565
May	the IRS	discuss this	retum wi	th the preparer s	shown above? (se	e instructions)			<u></u> .		Yes 🛛 No
For F	aperwo	ork Reductio	on Act N	otice, see the s	eparate instruction	ons.					Form 990 (2020

Form	1990 (2020) Operation Catnip of Gainesville, Inc.	59-3522372	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Operation Catnip provides programs and services for community cats and their	caregivers	through
	sterilization, collaboration, and education.		
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	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	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 302,826 including grants of \$ (Revenue	\$ 63	3,825)
	Clinical Services - Operation Catnip builds humane communities through the pr	cograms that	t utilize
	clinical services, and these programs continue to reap huge benefits. The Kit		
	Diversion Program was responsible for another decline in kitten admissions at	the open a	admission
	municipal shelter and at our private shelters and rescues. Private shelters a	and rescues	found
	themselves in a position of being able to assist the rest of the region becau		
	over-burdened with kittens. Our Critical Care Program ensures that community	cats with a	severe
	illness or injury receive the medical care needed to allow them to return to		
	free of pain and suffering. The Intake Diversion Program provides expert trap	ping for ca	ats that
	would not otherwise make it to a clinic for spay-neuter-vaccination or treatm	ment and wor	ıld
	otherwise continue to reproduce.		
4b	(Code:) (Expenses \$127,043 including grants of \$) (Revenue	\$)
	Caregiver Community Support - Our services continue to empower individuals to	control th	he
	community cat population through affordable and accessible spay-neuter, vacci		
	services. In 2020 1,064 unique caregivers received help and nearly 5,000 cats	-	
	medical care, including spay-neuter, vaccinations, treatments for various ill		
	including 25 live-saving amputations and 48 enucleations, not to mention dent		
	surgeries and procedures. The caregivers benefit because by mitigating the su		
	their care, we ease their burden. The community benefits through reduced free	-roaming ca	ats'
	populations accomplished via humane community cat management techniques.		
4.	(Order) (Furgerer (* 102.020 including grants of (*)) (Program	<u>.</u>	
4c	(Code:) (Expenses \$ 103,039 including grants of \$) (Revenue	-)
	Vet Student Training Opportunities - We are uniquely positioned to provide ve		
	primarily from the University of Florida, with service-learning opportunities		
	who avail themselves of these opportunities, to graduate as confident and com	-	
	and surgeons. A vet student can graduate with a degree in veterinary medicine license after performing little to no real surgery, certainly not being confi		
	Operation Catnip's emphasis on providing enhanced training opportunities tead		-
	simple, humane solutions to managing community cats and empowers them with the		
	effective. These students take this expertise with them wherever their career		
		.s read the	I. FOI
	several it has led them to careers in shelter medicine.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 532,908	/	
EEA		Forr	m 990 (2020)
			. /

Eorm	000	(2020
	990	(2020

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	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,	•		
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
0	complete Schedule D. Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			x
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	v	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 Id	x	
U		116		v
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		x
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	TIC		x
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	v
f	Did the organization sport an amount of other nabinues in Partx, the 23 in Pes, complete Schedule D, Partx	Tie		x
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
120	Schedule D, Parts XI and XII	12a		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		x
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	126		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
				X
14а ь	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	146		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		x
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		v
16		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	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
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	990 (202	0) Operation Catnip of Gainesville, Inc.	59-35223	72	Р	age 4
Pa	rt IV	Checklist of Required Schedules (continued)				
					Yes	No
22		organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
00		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	••••	22		x
23		brganization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				1
	-	tion's current and former officers, directors, trustees, key employees, and highest compensated es? If "Yes," complete Schedule J		23		v
24a		brganization have a tax-exempt bond issue with an outstanding principal amount of more than	••••	23		<u>x</u>
2-14		0 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				1
		24d and complete Schedule K. If "No," go to line 25a		24a		x
b		organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
с		organization maintain an escrow account other than a refunding escrow at any time during the year		-		
		se any tax-exempt bonds?		24c		1
d		organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		·
25a	Section	501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transacti	on with a disqualified person during the year? If "Yes," complete Schedule L, Part.I		25a		x
b	Is the or	ganization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				1
	lf "Yes,"	" complete Schedule L, Part I		25b		х
26	Did the o	organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				1
	or forme	r officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				1
	controlle	d entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part.II</i>		26		х
27	Did the o	organization provide a grant or other assistance to any current or former officer, director, trustee, key				1
	employe	e, creator or founder, substantial contributor or employee thereof, a grant selection committee				1
	member	or to a 35% controlled entity (including an employee thereof) or family member of any of these				1
		? If "Yes," complete Schedule L, Part III	••••	27		x
28		organization a party to a business transaction with one of the following parties (see Schedule L, Part				
		ctions, for applicable filing thresholds, conditions, and exceptions):				
а		t or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				1
		omplete Schedule L, Part IV	••••	28a		x
b	-	member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
С		ontrolled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
~~				28c		X
29		brganization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		<u>x</u>
30		brganization receive contributions of art, historical treasures, or other similar assets, or qualified ation contributions? If "Yes," complete Schedule M.		30		v
31		brganization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part.I.	•••••	30		<u>x</u>
32		brganization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		31		X
52		e Schedule N, Part II		32		x
33		organization own 100% of an entity disregarded as separate from the organization under Regulations		52		<u> </u>
		301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		x
34		organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
•		d Part V, line 1		34		x
35a		organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b		to line 35a, did the organization receive any payment from or engage in any transaction with a				
		d 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 o	organization?If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the o	organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the c	organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Not	e: All Form 990 filers are required to complete Schedule O.		38	х	
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance				_
		Check if Schedule O contains a response or note to any line in this Part V			• • •	
			,		Yes	No
1a		e number reported in Box 3 of Form 1096. Enter -0- if not applicable	9			
b		e number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С		organization comply with backup withholding rules for reportable payments to vendors and				
	reportab	le gaming (gambling) winnings to prize winners?		1c		

Form	990 (2020) Operation Catnip of Gainesville, Inc. 59-3522	372	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 15	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0		
-	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 goods and services provided to the payor?	70		v
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		x
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		<u> </u>
C	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
4.5	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

	990 (2020) Operation Catnip of Gainesville, Inc. 59-35223		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			_
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
-	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s 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 on Schedule O)			
19	Describe on 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, address, and telephone number of the person who possesses the organization's books and records			
	Audrey Garrison (941)720-4539, POB 141023, Gainesville, FL 32614			

Form 990 (20	20) Operation Catnip of Gainesville, Inc.	59-3522372	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employe	es, and
	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 c	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.

See instructions for the order in which to list the persons above.

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

			-	(C)	-				
(A)	(B)			ositic			(D)	(E)	(F)
Name and title	Average	`			than one is both an		Reportable	Reportable	Estimated amount
	hours				or/trustee)		compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	or Inc	Ing	ç	Ke en Hig	Б	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	direc	stitut	Officer	ghes hploy	Former	(11-2) 1033-10100)	(related organizations
	organizations	Individual trustee or director	Institutional trustee		Highest comp employee Key employee				
	below	ruste	trus		mpe				
	dotted line)	ě	stee		Highest compensated employee Kev employee				
					ed				
(1) Audrey Garrison	40.00								
Executive Director			2	٢			45,378	0	0
(2) Dr. Elizabeth Fitzpatrick	1.00								
Member		X		_			0	0	0
(3) Dr.Brian DiGangi	1.00	~							
Member		x		_			0	0	0
(4) Cassidy Schiefer	1.00								
Secretary		х	3	٢			0	0	0
(5) Mandy Reed	1.00								
President		х	3	٢			0	0	0
(6) Zoe Haraden	1.00								
Treasurer		х	3	٢			0	0	0
(7)									
(8)									
<u>(9)</u>									
(10)									
<u>(11)</u>									
(12)				-					
<u>(13)</u>									
(14)									
	1			_				1	Farm 000 (2020)

Operation Catnip of Gainesville, Inc. Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) per week from the from related compensation organization organizations from the (list any q employee (W-2/1099-MISC) (W-2/1099-MISC) organization and ndividual trustee nstitutional trustee <ey employee Highest compensated -ormei hours for director related organizations related organizations below dotted line) (15) (16) (17) (18) (19)____ (20) (21) (22) (23) (24) (25) Subtotal 1b Total from continuation sheets to Part VII, Section A С d 0 0 •••<u>••••</u>••••••••• 45,378 . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual 3 х 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 х 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Page 8

Form 990 (2020)

Form 9		20) Operation Catnip o	of	<u>Gainesville,</u>	Inc.		59-35223	72 Page S
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a response of	or no	te to any line in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1	1a					
	b		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events 1	1c					
ng G	d	Related organizations	1d					
iffts ar Al	е	Government grants (contributions) 1	1e	50,144				
s, G mila	f	All other contributions, gifts, grants,						
tion r Si		and similar amounts not included above 1	1f	536,818				
othe	g	Noncash contributions included in						
nd 0		lines 1a-1f 1	1g	\$ 1,220				
a C	h	Total. Add lines 1a-1f			586,962			
				Business Code				
n	2a	Program Service Revenue	_ 9	900099	63,825	63,825		
Program Service Revenue	b		_					
Ser	С		_					
eve	d		_					
ßß	е		_					
Å.	f	All other program service revenue	[
	g	Total. Add lines 2a-2f		•••••	63,825			
	3	Investment income (including dividends, interest						
		other similar amounts)			122	122		
		Income from investment of tax-exempt bond pro						
	5	Royalties	•••	· · · · · •				
		(i) Real		(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)	· •					
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
nue		and sales expenses						
Svel	C .	Gain or (loss) 7c						
х Т		Net gain or (loss)	$\mathbf{\mathbf{x}}$	· · · · · ·				
Other Revenue	ðа	Gross income from fundraising						
0		events (not including \$						
		of contributions reported on line 1c). See Part IV, line 18	0					
	h		8a 8b					
		Net income or (loss) from fundraising events		· · · · · ►				
		Gross income from gaming	· ·					
	Ja		9a					
	h	F	9b					
				· · · ·				
		· · · · · · · · · · · · · · · · · · ·						
	10a	Gross sales of inventory, less returns and allowances	10a					
	Ь		10b					
		Net income or (loss) from sales of inventory		· · · · · •				
			· · ·	Business Code				
s	11a		F	24011000 0000				
ue ne	b							
Miscellanous Revenue	c							
Rev		All other revenue						
Z		Total. Add lines 11a-11d						
		Total revenue. See instructions			650.909	63,947	0	0

20) Operation Catnip of Gainesville, Inc. Statement of Functional Expenses

Part IX

	Check if Schedule O contains a response or note to	any line in this Part IX			
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		chponoco	goneral expenses	c.penece
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	45,378	35,040	5,218	5,120
	Compensation not included above, to disgualified		,		-,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	248,314	191,740	28,556	28,018
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	22,218	17,156	2,555	2,507
	Payroll taxes	22,469	17,349	2,585	2,535
	Fees for services (nonemployees):	,		_,	_,
	Management				
	Legal				
	Accounting	585		585	
	Lobbying				
	Professional fundraising services. See Part IV, line 17 .				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	40,037	40,037		
	Advertising and promotion	446	331		115
	Office expenses	73,303	25,627	7,384	40,292
	Information technology	2,308	2,308		- / -
	Royalties		,		
	Occupancy	54,823	51,154	2,446	1,223
	Travel		,	,	,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	3,200	3,200		
23	Insurance				
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Medical Supplies	114,169	114,069	100	
	Supplies	32,521	31,767	754	
	Processing Fees	9,348	114	6,665	2,569
	Other	3,171	3,016		155
	All other expenses	- ,	-,		
	Total functional expenses. Add lines 1 through 24e.	672,290	532,908	56,848	82,534
26	Joint costs. Complete this line only if the		,		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	163,971	1	190,023
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	25,830	4	7,852
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	5		
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	7,549	9	4,764
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 32,000			
	b	Less: accumulated depreciation 10b 4,800	30,400	10c	27,200
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	543,905	15	608,540
	16	Total assets. Add lines 1 through 15 (must equal line 33)	771,655	16	838,379
	17	Accounts payable and accrued expenses	13,347	17	37,858
	18	Grants payable		18	
	19	Deferred revenue		19	60,530
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
ilitie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	13,347	26	98,388
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
ů,	27	Net assets without donor restrictions	431,382	27	396,705
3ala	28	Net assets with donor restrictions	326,926	28	343,286
Б		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	758,308	32	739,991
	33	Total liabilities and net assets/fund balances	771,655	33	838,379

Form 990 (2020) Operation Catnip of Gainesville, Inc.

Part X Balance Sheet

EEA

Form **990** (2020)

Page **11**

	990 (2020) Operation Catnip of Gainesville, Inc.	59-352	2372	P	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)			650	,909
2	2 Total expenses (must equal Part IX, column (A), line 25)				
3	3 Revenue less expenses. Subtract line 2 from line 1				,381)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			758	,308
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments			(39	,071)
9	Other changes in net assets or fund balances (explain on Schedule O)	9		42	,135
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	32, column (B))	10		739	,991
Pai	rt 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?		<u>2a</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	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 of		0.		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	••••	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on				
20	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Ja	Single Audit Act and OMB Circular A-133?		20		v
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	••••	<u>3</u> a		X
b			3b		
EEA		••••		n 990 (2020)
EEA			POI	11 990 (2020)

SCH	EDUL	E A
(Form	990 oi	[,] 990-EZ

Public Charity Status and Public Support

OMB No. 1545-0047

(Foi	m 99	0 or 990-EZ)	Complete if the organia					•	2020
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt Attach to Form 990 or Form 990-EZ.				exempt charitable trust	Open to Public				
		of the Treasury enue Service	► Got		orm990 for instructions		atest info	rmation.	Inspection
Nam	e of th	e organization						Employer identificat	
	-	-	of Gainesvill					59-35223	
	rt I			· · · · · · · · · · · · · · · · · · ·	rganizations must o			t.) See instructior	IS.
	orga		•	,	s 1 through 12, check on	•	,		
1 2					irches described in sect Schedule E (Form 990 d				
3	П				n described in section 1				
4		•	•	•	n with a hospital describ			(1)(A)(iii). Enter the	
		hospital's nam	e, city, and state:						
5		-		-	iniversity owned or operation	ated by a g	jovernmen	tal unit described in	
•		•)(1)(A)(iv). (Complete	,		4-041144			
6 7	x		•	•	nit described in section of its support from a go			m the general nublic	
'		-	ection 170(b)(1)(A)(vi		•••••	verninentai		in the general public	
8			rust described in secti		,				
9		An agricultural	research organization	described in sect	ion 170(b)(1)(A)(ix) ope	erated in co	onjunction	with a land-grant colle	ege
		or university of	r a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, ci	ty, and stat	e of the college or	
		university:		(1) (1) (2)					
10		-	-		1/3% of its support from				3
		•		•	subject to certain excepti siness taxa <u>ble i</u> ncome (I	· ·			
					section 509(a)(2). (Com				
11			-		test for public safety. Se				
12		An organizatio	n organized and opera	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpose	S
				-	bed in section 509(a)(1)				
	•	_	-		e type of supporting org		•		•
	а				ised, or controlled by its appoint or elect a majo		-		ing
					IV, Sections A and B.	ing of the c			
	b		-		ntrolled in connection w	ith its supp	orted orga	anization(s), by having	I
		control or	management of the sup	porting organization	on vested in the same pe	rsons that	control or r	nanage the supported	
			on(s). You must com						
	С				anization operated in co				/ith,
	d	_			u must complete Part I g organization operated				on(s)
	ŭ				enerally must satisfy a d				
					e Part IV, Sections A a		•		
	е	_		· · · · · · · · · · · · · · · · · · ·	determination from the II		a Type I, ⁻	Type II, Type III	
				· ·	ntegrated supporting org				
	f		per of supported organ lowing information abo				••••		••••
	<u>g</u> (i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
	(-	,		(,	(described on lines 1-10	listed in you	ir governing	support (see	other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(0)									
(C)									
(D)									
(E)									
Tota	al								
		rwork Reducti	on Act Notice. see the	Instructions for F	orm 990 or 990-EZ.			Schedule	A (Form 990 or 990-EZ) 2020

ų EEA

Sche	dule A (Form 990 or 990-EZ) 2020 Operation	Catnip of	Gainesville	e, Inc.		59-352237	2 Page 2
Pa	rt II Support Schedule for Organiza)(A)(iv) and	170(b)(1)(A)(v	
	(Complete only if you checked th						
	Part III. If the organization fails to						
Se	ction A. Public Support			· •	•	,	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	319,001	331,444	715,949	619,027	586,962	2,572,383
2	Tax revenues levied for the	,	,	,		,	<u> </u>
	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	319,001	331,444	715,949	619,027	586,962	2,572,383
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)						700,298
6	Public support. Subtract line 5 from line 4						1,872,085
	ction B. Total Support						· · ·
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	319,001	331,444	715,949	619,027	586,962	2,572,383
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	5				122	127
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		*				2,572,510
	Gross receipts from related activities, etc. (se						
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						<u></u> ►□
	ction C. Computation of Public Support				1	1	
	Public support percentage for 2020 (line 6, c					14	72.77 %
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organization						
	box and stop here. The organization qualified						
k	33 1/3% support test - 2019. If the organiza						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.						
	10% or more, and if the organization meets t				-		
	Part VI how the organization meets the facts			-	-	• • • •	
	organization						
k	0 10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac			-	-		
	organization						· · · · ► 🗌
18	Private foundation. If the organization did r						_
		•••••					· · · . ► 📘

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

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

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

Sec	ction A. Public Support	1						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	020	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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							
-	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
500	line 6.)							
_	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(a) 2	020	(f) Total
	Amounts from line 6	(a) 2010	(b) 2017	2010	(u) 2019	(e) 2	020	
9								
TUd	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties, and income from similar sources							
h	Unrelated business taxable income (less							
Ň	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 VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for the orga	nization's first,	second, third,	fourth, or fifth	tax year as a se	ection 5	01(c)(3)	
	organization, check this box and stop here	<u></u> .	<u></u>	<u></u> .	<u></u>	<u></u>	<u></u> .	<u></u> ► []
Sec	ction C. Computation of Public Suppor							
	Public support percentage for 2020 (line 8, c					15		%
	Public support percentage from 2019 Sched					16		%
	ction D. Computation of Investment Inc							
	Investment income percentage for 2020 (line		• •			17		%
	Investment income percentage from 2019 So					18		%
19a	33 1/3% support tests - 2020. If the organiz							
	17 is not more than 33 1/3%, check this box	-	-		• • •	-	-	
b	33 1/3% support tests - 2019. If the organiz							
• -	line 18 is not more than 33 1/3%, check this	-	-	-			-	
20	Private foundation. If the organization did n	ot check a bo	x on line 14, 19	a, or 19b, che	ck this box and	see ins	struction	s ▶ 🗌

Par	t IV Supporting Organizations		
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complet	e Sec	tions A
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part	I, con	nplete
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part \	/.)
ect	ion A. All Supporting Organizations		
			Yes I
	Are all of the organization's supported organizations listed by name in the organization's governing		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
	Did the organization have any supported organization that does not have an IRS determination of status		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		
	organization was described in section 509(a)(1) or (2).	2	
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		
	lines 3b and 3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		
	organization made the determination.	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
а	Was any supported organization not organized in the United States ("foreign supported organization")? If		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b	5 5 5		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
	purposes.	4c	
а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	-	
	was accomplished (such as by amendment to the organizing document).	5a	
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	5 h	
_	designated in the organization's organizing document?	5b	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	0	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	1	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
а	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0	
a	disqualified persons, as defined in section 4946 (other than foundation managers and organizations		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ju	
~	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
а	Was the organization subject to the excess business holdings rules of section 4943 because of section		
~	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		
	supporting organizations)? If "Yes," answer 10b below.	10a	
b			
	determine whether the organization had excess business holdings.)	10b	
			or 990-EZ)

Schedule A (Form 990 or 990-EZ) 2020 Operation Catnip of Gainesville, Inc.

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Page 5

- Part IV Supporting Organizations (continued) No Yes **11** Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in line 11a above? c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 **a** The organization satisfied the Activities Test. Complete line 2 below. **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.* c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
 - the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
 - 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

	ule A (Form 990 or 990-EZ) 2020 Operation Catnip of Gainesville, Inc.		59-352	2372	Page 6
Pa					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr				
	instructions. All other Type III non-functionally integrated supporting organiza	atior	is must complete Sectior		
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Curre (optic	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ction C - Distributable Amount			Curren	t Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally in	nteg	rated Type III supporting	organization	
	(see instructions).	5		-	
EEA			Sched	ule A (Form 990 or	990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(a)(3)) Supporting Organiz	zations (continued	1)		
Sec	tion D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exem			1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	organization is respons	ive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	S	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required - <i>explain in Part VI</i>). See					
	instructions.					
	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016)		
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
EEA			S	Sched	lule A (Form 990 or 990-EZ) 2020	

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Schedule A (Form 990 or 990-EZ) 2020 Operation Catnip of Gainesville, Inc.

Schedule A (Forn	1 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2020

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

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

Employer identification number 59-3522372

Operation	Catnip	of	Gainesville,	Inc.

Organization	type	(check one):
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Filers of:	Section:
Form 990 or 990-EZ	■ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

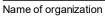
General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Employer identification number

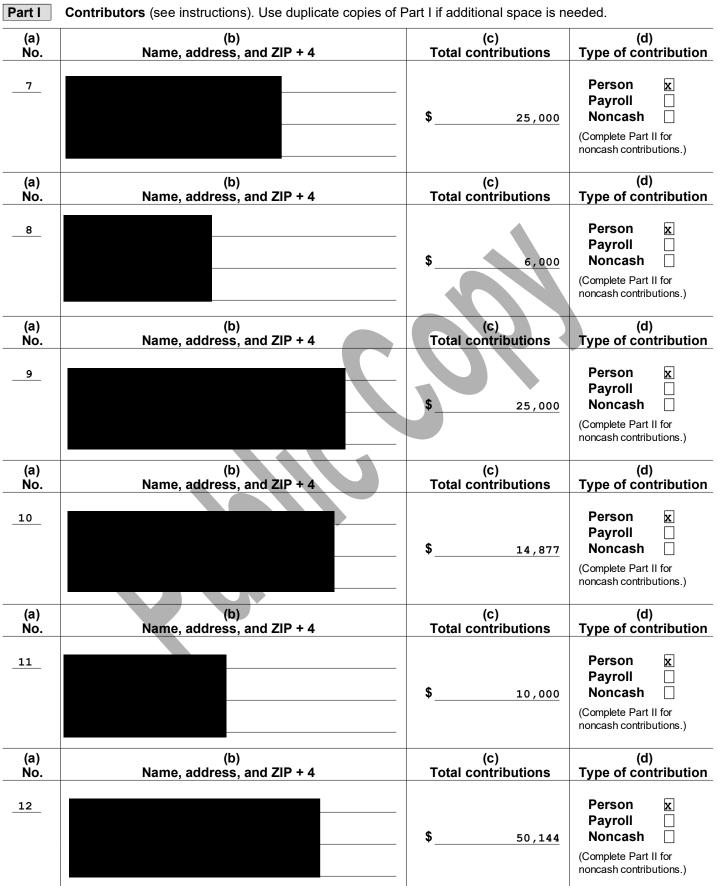
Operation Catnip of Gainesville, Inc.

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$13,100	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>89,485</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$65,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>20,000</u>	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$21,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Name of organization

Page 2 Employer identification number

Operation Catnip of Gainesville, Inc.



	Schedule B (F	[:] orm 990,	990-EZ, or	990-PF)	(2020)
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Name of organization

Page 2
Employer identification number

Operation Catnip of Gainesville, Inc.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
13		\$51,072	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior Person □
		\$	Payroll 🗌 Noncash 🗌
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash

SCHEI	DULE D	
(Form	990)	

Supplemental Financial Statements

SC	HEDULE D	Supplemen	tal Financial Statements		OMB No. 1545-0047	
(Form 990)		 Complete if the organization answered "Yes" on Form 990, 			2020	
Part IV, line 6, 7, 8, 9,		Part IV, line 6, 7, 8, 9, ⁷	- 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2020	
Department of the Treasury		▶	Attach to Form 990.		Open to Public	
	Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information.		ition.	Inspection		
Name	e of the organization			Employer identification	number	
Ope		o of Gainesville, Inc.		59-3522372	2	
Pa		•	unds or Other Similar Funds or Acco	unts.		
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line 6.			
			(a) Donor advised funds	(b) Funds a	nd other accounts	
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	•	on inform all donors and donor advisors in w	0			
~	-	nization's property, subject to the organizati	-	•••••	. 🗌 Yes 📋 No	
6	-	purposes and not for the benefit of the dono	visors in writing that grant funds can be used			
					. 🗌 Yes 🗌 No	
Pa	<u> </u>	vation Easements.	· · · · · · · · · · · · · · · · · · ·			
10		e if the organization answered "Yes" o	n Form 990 Part IV line 7			
1		servation easements held by the organization				
•		of land for public use (e.g., recreation or edu		a historically import	ant land area	
	Protection of n			a certified historic s		
	Preservation o	of open space				
2	Complete lines 2a th	hrough 2d if the organization held a qualified	l conservation contribution in the form of a co	nservation		
		ast day of the tax year.			the End of the Tax Year	
а	Total number of co	onservation easements		. 2a		
b	Total acreage rest	ricted by conservation easements		. 2b		
С	Number of conserv	vation easements on a certified historic strue	cture included in (a)	. 2c		
d	Number of conserv	vation easements included in (c) acquired a	fter 7/25/06, and not on a			
		sted in the National Register		. 2d		
3	Number of conserv	vation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	anization during the		
	tax year ►					
4		where property subject to conservation ease				
5	-	tion have a written policy regarding the period				
•	,	procement of the conservation easements it h		• • • • • • • • •	. 📋 Yes 📋 No	
6	Staff and volunteer	nours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservation	on easements during	g the year	
7	Amount of owner -4	a incurred in monitoring increating has dis	ng of violations, and enforcing conservation e	acomonto durina the	woor	
1	Amount of expense ► \$	es incurred in monitoring, inspecting, nandin	ig of violations, and emorcing conservation e	asements during the	e year	
8		vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	.)(B)(i)		
5	and section 170(h)				. 🗌 Yes 🗌 No	
9	· ,		n easements in its revenue and expense stat			
•			e to the organization's financial statements th			
		ounting for conservation easements.	5			
Pa			of Art, Historical Treasures, or O	ther Similar As	sets.	
		te if the organization answered "Yes" o				
1a			3, not to report in its revenue statement and b	alance sheet works		
	of art, historical tre	asures, or other similar assets held for publi	c exhibition, education, or research in further	ance of public		
	service, provide, in	Part XIII the text of the footnote to its finan	cial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 958	, to report in its revenue statement and balar	nce sheet works of		
	art, historical treas	ures, or other similar assets held for public e	exhibition, education, or research in furtheran	ce of public service,		
	•	ng amounts relating to these items:				
	(ii) Assets include		· · · · · · · · · · · · · · · · · · ·	▶\$		
•	If the second second second second		anna an atlan aindlan ana ta fan fir!-!!!	ممائل ماري من من		

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	е	
	following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	►	\$
b	Assets included in Form 990, Part X	►	\$

Schedule D (Form 990) 2020 Operation Catnip of Gainesville, Inc. 59-3522372	Page 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	s (continued)
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its	
collection items (check all that apply):	
a 🗌 Public exhibition d 🗌 Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	
 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 	
XIII.	
 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Yes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount	on Form
990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not	
included on Form 990, Part X?	Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
Amount	
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
	Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
) Four years back
1a Beginning of year balance 86,369	
b Contributions	
c Net investment earnings, gains, and	
losses	
d Grants or scholarships	
e Other expenditures for facilities and	
programs	
f Administrative expenses	
g End of year balance 119,434 86,369	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment > 97.06 %	
b Permanent endowment > 2.94 %	
c Term endowment > %	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
organization by:	Yes No
	Ba(ii) X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part	X, line 10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (c) (investment) (other) depreciation	I) Book value
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment	27,200
e Other	21,200
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	27,200
	ule D (Form 990) 202

Schedule	D (Form	990) 2	2020

· · · ·	ation answered "Yes" on Fe			
(a) Description of security (including name of s		(b) Book value		(c) Method of valuation: or end-of-year market value
1) Financial derivatives				
(2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Entel (Optimum (h) must enuel Form 2020 Port				
Total. (Column (b) must equal Form 990, Part Part VIII Investments - Program				
	ation answered "Yes" on Fo	orm 000 Part IV lin	e 11e See Forr	n 000 Part X line 13
(a) Description of inve	estment	(b) Book value		(c) Method of valuation: or end-of-year market value
(1)			0031	
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part	X, col. (B) line 13.).			
Part IX Other Assets.				
	ation answered "Yes" on Fe	orm 990. Part IV. lin	e 11d. See Forr	n 990. Part X. line 15.
	(a) Description	, ,		(b) Book value
(1)Assets Held In Trust - Rese				145,82
(2)Assets Held In Trust - Endor				119,43
(3)Assets Held In Trust - Capi				343,28
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part	X, col. (B) line 15.).		.	608,54
Part X Other Liabilities.				
	ation answered "Yes" on Fo	orm 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
line 25.				
1. (a) Description of liability	(b) Boo	ok value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(B) line 25)			
Total. (Column (b) must equal Form 990, Part X, col.				
Total. (Column (b) must equal Form 990, Part X, col. 2. Liability for uncertain tax positions. In Part X organization's liability for uncertain tax positions	(III, provide the text of the footnote			

990) 2020 Operation Catnip of Gainesville, Inc. Investments - Other Securities.

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Schedule D (Form 990) 2020

Part VII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1	Schedu	ule D (Form 990) 2020 Operation Catnip of Gainesville, Inc.	59-3522372	Page 4
1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>). 5 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements	Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) f Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) f Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
a Net unrealized gains (losses) on investments. 2a	1	Total revenue, gains, and other support per audited financial statements	1	
b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3d 3d 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1	а	Net unrealized gains (losses) on investments		
d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1	b	Donated services and use of facilities		
e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	С	Recoveries of prior year grants		
3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	d	Other (Describe in Part XIII.)		
 A mounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) C Add lines 4a and 4b C Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 	е	Add lines 2a through 2d	2e	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 4b 4b c Add lines 4a and 4b 4c 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1	3	Subtract line 2e from line 1	3	
b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5 1 Total expenses and losses per audited financial statements 1	b	Other (Describe in Part XIII.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1	С			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements				
1 Total expenses and losses per audited financial statements 1	Par		es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
2 Amounts included on line 1 but not on Form 990 Part IX line 25	1	Total expenses and losses per audited financial statements	1	
	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	а			
b Prior year adjustments	b			
c Other losses	С			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d	е			
3 Subtract line 2e from line 1	3	Subtract line 2e from line 1	3	
4 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 4a				
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b 4c				
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5			5	
Part XIII Supplemental Information.	-			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line			1; 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.				
01. Endowment funds intended uses (Part V, line 4)	01.	Endowment funds intended uses (Part V, line 4)		
Part V, Line 4 - Intended Uses for Endowment Funds	Part	z V, Line 4 - Intended Uses for Endowment Funds		
Purpose of the endowment fund is to provide earnings to support general	Purp	pose of the endowment fund is to provide earnings to support general		
operating activities	oper	cating activities		

Schedule D (Form 990) 2020 Operation Catnip of Gainesville, Inc. Part XIII Supplemental Information (continued)	59-3522372	Page 5
02. Other expenses included on Form 990 (Part XII, line 4b)		
Part XIII - Supplemental Financial Information		
Part IX - Other Assets		
Amounts are held at the Community Foundation of North Central Florida and		
are reported at fair value using the net asset value practical expedient.		
	3	

SCH	ΞDL	JLI	EC	C
(Form	990	or	99()-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

Employer identification number

59-3522372

Operation Catnip of Gainesville, Inc.

01. Committee meeting documentation (Part VI, line 8b)

Documentation by Committee Explanation

There are no committees with the authority to act on behalf of the

governing body

02. Form 990 governing body review (Part VI, line 11)

Organization's Process to Review Form 990

The Form is prepared with the assistance of an independent CPA. The form

is reviewed by the board and signed by the President prior to filing.

03. Conflict of interest policy compliance (Part VI, line 12c)

Enforcement of Conflicts Policy

The Organization's conflict of interest policy states that a Board Member

must identify any conflicts of interest upon entering into a relationship

with the Organization. If at any time a new conflict of interest arises,

the individual is responsible for notifying the organization.

04. CEO, executive director, top management comp (Part VI, line 15a)

Proposed compensation for executive director or other top management

officials is based upon data as to comparable compensation for similarly

qualified person in comparable positions at similar organizations. Proposed

rate is reviewed and approved by a governing body and documented in meeting

minutes with respect to deliberations and decisions regarding compensation

arrangement.

Schedule O (Form 990 or 990-EZ) (2020)	Page 2
Name of the organization Operation Catnip of Gainesville, Inc.	Employer identification number 59-3522372
05. Other officer or key employee compensation (Part VI, line 15b	
Compensation Process for Top Official	
Proposed compensation for executive director or other top management	
officials is based upon data as to comparable compensation for similarly	
qualified person in comparable positions at similar organizations. Proposed	
rate is reviewed and approved by a governing body and documented in meeting	
minutes with respect to deliberations and decisions regarding compensation	
arrangement.	
06. Governing documents, etc, available to public (Part VI, line 19)	
Governing Documents Disclosure Explanation	
Governing documents are made available to the public upon request.	
07. Explanation of other changes in net assets or fund balances (Part XI, line 9)	
Change in value of assets held in trust	