

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

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

A For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GLOBAL OPERATIONS & DEVELOPMENT Doing business as GIVING CHILDREN HOPE Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8332 COMMONWEALTH AVENUE City or town, state or province, country, and ZIP or foreign postal code BUENA PARK, CA 90621	D Employer identification number 95-3464287 E Telephone number 714-523-4454
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 25,852,874.
J Website: ▶ GCHOPE.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: CA
F Name and address of principal officer: ROBERT BURNS SAME AS C ABOVE		
H(c) Group exemption number ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: DEDICATED TO ALLEVIATING POVERTY DOMESTICALLY AND ABROAD, THROUGH DISASTER RELIEF, HEALTH AND		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	4000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	26,364,414.	25,190,655.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	442,497.	561,536.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,460.	1,718.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,094.	33,367.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,960,465.	25,787,276.
14	Benefits paid to or for members (Part IX, column (A), line 4)	27,824,098.	24,555,632.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	881,020.	972,967.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 49,985.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,048,287.	801,965.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,753,405.	26,330,564.
19	Revenue less expenses. Subtract line 18 from line 12	-6,792,940.	-543,288.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	6,676,395.	6,118,082.
22	Net assets or fund balances. Subtract line 21 from line 20	2,331,802.	2,316,777.
		4,344,593.	3,801,305.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOE SCHOENINGH, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name BRIAN YACKER	Preparer's signature Date
	Firm's name ▶ YH ADVISORS, INC. Firm's address ▶ 5882 BOLSA AVENUE, SUITE 100 HUNTINGTON BEACH, CA 92649	Check <input type="checkbox"/> if self-employed PTIN P00401346 Firm's EIN ▶ 45-3269313 Phone no. 310-982-2803

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: DEDICATED TO ALLEVIATING POVERTY DOMESTICALLY AND ABROAD, THROUGH DISASTER RELIEF, HEALTH AND COMMUNITY DEVELOPMENT, VOCATIONAL TRAINING AND ADVOCACY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 14,144,151. including grants of \$ 13,902,066.) (Revenue \$ 145,772.) DISASTER RELIEF: THE DISASTER RELIEF PROGRAM RESPONDS TO DISASTERS BOTH INTERNATIONALLY AND NATIONWIDE. GCH GATHERS, STAGES, AND DELIVERS RELIEF SUPPLIES SUCH AS NON-PERISHABLE FOOD, MEDICAL SUPPLIES, AND BASIC NECESSITIES TO RESPOND QUICKLY TO THOSE AFFECTED BY NATURAL AND MANMADE DISASTERS. GCH SUPPLIES LOCAL PARTNERS WITH ESSENTIAL DONATIONS THAT HELP TO SUSTAIN VULNERABLE POPULATIONS IN THE MIDST OF THE INSTABILITY THAT THESE DISASTERS CAUSE. OUR GOAL IS TO MOVE PEOPLE FROM TEMPORARY RELIEF TO SUSTAINABLE HOPE BY GIVING LOCAL EXPERTS THE TOOLS THEY NEED TO RESTORE AREAS THAT HAVE BEEN AFFECTED BY DISASTERS.

OVER THE PAST YEAR GCH HAS PROVIDED BASIC NECESSITIES TO SYRIAN REFUGEES IN LEBANON AND JORDAN, MEDICAL AID TO VENEZUELANAS IN ECONOMIC

4b (Code:) (Expenses \$ 8,394,160. including grants of \$ 8,074,942.) (Revenue \$ 415,764.) GIVING FOR LIVING: THROUGH A NETWORK OF PARTNER ORGANIZATIONS THE GIVING FOR LIVING PROGRAM PROVIDES LOCAL AND INTERNATIONAL COMMUNITIES WITH BASIC NECESSITIES TO MEET THE NEEDS OF THEIR COMMUNITIES. CURRENT PARTNERS THAT BENEFIT FROM THE PROGRAM INCLUDE NONPROFIT AGENCIES, CHURCHES AND MISSIONARIES, PREGNANCY CENTERS, HOMELESS SHELTERS, DRUG REHABILITATION PROGRAMS, AND YOUTH PROGRAMS.

4c (Code:) (Expenses \$ 2,981,846. including grants of \$ 2,578,624.) (Revenue \$) WGYB: THE WE'VE GOT YOUR BACK (WGYB) PROGRAM PARTNERS WITH LOCAL ORANGE AND LOS ANGELES COUNTY SCHOOLS TO IDENTIFY CHILDREN IN CRISIS, BRINGS THEM TO STABILITY BY MEETING THEIR NUTRITIONAL NEEDS AND BUILDS THEIR PARENT'S CAPACITY TO EMPOWER THEM TO CREATE STRONG FUTURES FOR THEIR FAMILY. SCHOOL STAFF MEMBERS REFER THE STUDENTS MOST IN NEED WITHIN THEIR SCHOOLS TO WGYB WHERE THEY BEGIN RECEIVING A BACKPACK FULL OF FOOD THAT WILL LAST A FAMILY OF FOUR FOR AT LEAST THREE DAYS. PARENTS WHO SIGN UP FOR THE PROGRAM ARE ENCOURAGED TO PARTICIPATE IN CLASSES OR VOLUNTEER AT THEIR SCHOOL SITE. THIS PROGRAM STRATEGY HELPS TO BUILD SKILLS FOR PARENTS IN AREAS SUCH AS FINANCIAL MANAGEMENT, NUTRITION, AND PARENTING, WHILE ALSO INCREASING THEIR ENGAGEMENT, A KEY FACTOR IN IMPROVING ACADEMIC SUCCESS FOR LOW-INCOME STUDENTS. EACH WEEK, WGYB

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 25,520,157.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, DC, FL, GA, IL, KY, MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 714-523-4454
8332 COMMONWEALTH AVENUE, BUENA PARK, CA 90621

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT BURNS CHAIRMAN	2.00	X		X				0.	0.	0.
(2) SANDRA AGUILAR SECRETARY	1.00	X		X				0.	0.	0.
(3) WILLIAM BARTA DIRECTOR	1.00	X						0.	0.	0.
(4) JEFF WHITE DIRECTOR	1.00	X						0.	0.	0.
(5) ROBERT LICHTSINN DIRECTOR	1.00	X						0.	0.	0.
(6) RICHARD DARNELL DIRECTOR	1.00	X						0.	0.	0.
(7) VIRGINIA VAUGHN DIRECTOR	1.00	X						0.	0.	0.
(8) VANCE GARDNER DIRECTOR	1.00	X						0.	0.	0.
(9) JAMES WILCOX DIRECTOR	1.00	X						0.	0.	0.
(10) KWAME ANOCHIE DIRECTOR	1.00	X						0.	0.	0.
(11) AUDRA DAVIES DIRECTOR	1.00	X						0.	0.	0.
(12) VICTOR PERRIN DIRECTOR	1.00	X						0.	0.	0.
(13) DAVE STUART DIRECTOR	1.00	X						0.	0.	0.
(14) DON GILBERT TREASURER	1.00			X				0.	0.	0.
(15) SEAN LAWRENCE EXECUTIVE DIRECTOR	40.00			X				86,043.	0.	2,581.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							86,043.	0.	2,581.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							86,043.	0.	2,581.	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	115,277.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,075,378.				
	g Noncash contributions included in lines 1a-1f: \$		24,147,913.				
	h Total. Add lines 1a-1f		25,190,655.				
	Program Service Revenue	2 a GIVING FOR LIVING	Business Code 900099	415,764.	415,764.		
b DISASTER RELIEF		900099	145,772.	145,772.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			561,536.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		1,718.			1,718.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	44,265.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	44,265.				
	d Net rental income or (loss)		44,265.			44,265.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 115,277. of contributions reported on line 1c). See Part IV, line 18	a	10,974.				
		b Less: direct expenses	65,598.				
c Net income or (loss) from fundraising events			-54,624.			-54,624.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	20,460.					
	b Less: cost of goods sold	0.					
	c Net income or (loss) from sales of inventory		20,460.			20,460.	
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	23,266.			23,266.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			23,266.			
12 Total revenue. See instructions.			25,787,276.	561,536.	0.	35,085.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,332,860.	23,332,860.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,222,772.	1,222,772.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80,215.	56,150.	20,054.	4,011.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	759,748.	531,824.	189,937.	37,987.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	62,204.	43,543.	15,550.	3,111.
10 Payroll taxes	70,800.	49,560.	17,700.	3,540.
11 Fees for services (non-employees):				
a Management				
b Legal	77,670.		77,670.	
c Accounting	4,000.		4,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	40,126.	25,600.	14,526.	
12 Advertising and promotion	6,410.		6,410.	
13 Office expenses	80,891.	9,436.	71,455.	
14 Information technology				
15 Royalties				
16 Occupancy	56,424.	42,318.	14,106.	
17 Travel	63,693.	42,620.	21,073.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	123,083.		123,083.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,742.	51,068.	5,674.	
23 Insurance	11,998.		11,998.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHIPPING	109,444.	33,928.	75,516.	
b PROGRAM EXPENSES	50,926.	50,926.		
c MISCELLANEOUS	21,655.		21,655.	
d WAREHOUSE SUPPLIES	20,771.	20,771.		
e All other expenses	78,132.	6,781.	70,015.	1,336.
25 Total functional expenses. Add lines 1 through 24e	26,330,564.	25,520,157.	760,422.	49,985.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	357,251.	1	329,663.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	38,771.	4	8,110.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,245,305.	8	3,801,983.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,825,600.		
	b Less: accumulated depreciation	10b 847,274.	2,035,068.	10c 1,978,326.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		6,676,395.	16	6,118,082.
Liabilities	17 Accounts payable and accrued expenses	55,523.	17	90,367.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,259,000.	23	2,209,131.
	24 Unsecured notes and loans payable to unrelated third parties	12,279.	24	12,279.
	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	5,000.	25	5,000.
	26 Total liabilities. Add lines 17 through 25		2,331,802.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,344,593.	27	3,801,305.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		4,344,593.	33	3,801,305.
34 Total liabilities and net assets/fund balances		6,676,395.	34	6,118,082.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,787,276.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,330,564.
3	Revenue less expenses. Subtract line 2 from line 1	3	-543,288.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,344,593.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,801,305.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,539,200.	12,108,338.	17,990,386.	26,364,414.	25,190,655.	95,192,993.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,539,200.	12,108,338.	17,990,386.	26,364,414.	25,190,655.	95,192,993.
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)						36,984,605.
6 Public support. Subtract line 5 from line 4.						58,208,388.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	13,539,200.	12,108,338.	17,990,386.	26,364,414.	25,190,655.	95,192,993.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	75,188.	80,441.	91,426.	91,460.	45,983.	384,498.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	100,196.	52,252.	43,637.	76,113.	20,460.	292,658.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,664.	25,729.	8,717.	32,582.	23,266.	100,958.
11 Total support. Add lines 7 through 10						95,971,107.
12 Gross receipts from related activities, etc. (see instructions)					12	1,459,731.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	60.65 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	56.53 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

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?		
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).		
3 By reason of the relationship described in (2), 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 supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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.	Yes	No
b Did the activities described in (a) 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 (a) and (b) 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? 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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

GLOBAL OPERATIONS & DEVELOPMENT

Employer identification number

95-3464287

Organization type (check one):

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

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 7,803,314.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 2,565,671.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 2,328,921.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 1,729,380.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 1,446,710.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/> <hr/>	\$ 1,146,445.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 842,130.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 737,892.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 568,637.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD, HOUSEHOLD ITEMS, MEDICAL SUPPLIES	\$ 7,803,314.	06/30/18
2	MEDICAL SUPPLIES	\$ 2,565,671.	06/30/18
3	FOOD, CLOTHING & HOUSEHOLD GOODS	\$ 2,328,921.	06/30/18
4	CLOTHING	\$ 1,729,380.	06/30/18
5	MEDICAL SUPPLIES	\$ 1,446,710.	06/30/18
6	FOOD	\$ 1,146,445.	06/30/18

Name of organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	CLOTHING _____ _____ _____	\$ 842,130.	06/30/18
8	FOOD _____ _____ _____	\$ 737,892.	06/30/18
9	FOOD _____ _____ _____	\$ 568,637.	06/30/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization GLOBAL OPERATIONS & DEVELOPMENT **Employer identification number** 95-3464287

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 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

Part IV Escrow and Custodial Arrangements. 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		690,569.		690,569.
b Buildings		1,780,576.	578,143.	1,202,433.
c Leasehold improvements		153,557.	80,019.	73,538.
d Equipment		91,871.	91,846.	25.
e Other		109,027.	97,266.	11,761.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,978,326.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	5,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	25,852,874.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
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	0.
3	Subtract line 2e from line 1	3	25,852,874.
4	Amounts 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	4a	
b	Other (Describe in Part XIII.)	4b	-65,598.
c	Add lines 4a and 4b	4c	-65,598.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,787,276.

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	26,396,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	65,598.
e	Add lines 2a through 2d	2e	65,598.
3	Subtract line 2e from line 1	3	26,330,564.
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.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,330,564.

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME AND STATE FRANCHISE TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF

THE CALIFORNIA REVENUE AND TAXATION CODE, RESPECTIVELY. THE ORGANIZATION

HAS BEEN CLASSIFIED AS "OTHER THAN A PRIVATE FOUNDATION" BY THE INTERNAL

REVENUE SERVICE.

THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF

THE UNCERTAINTY WOULD BE RECORDED IF THE TAX POSITIONS WILL MORE LIKELY

THAN NOT BE SUSTAINED UPON EXAMINATION. AS OF JUNE 30, 2018, MANAGEMENT

DOES NOT BELIEVE THE ORGANIZATION HAS ANY UNCERTAIN TAX POSITIONS

REQUIRING ACCRUAL OR DISCLOSURES. THE ORGANIZATION IS SUBJECT TO POTENTIAL

Part XIII Supplemental Information (continued)

INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT

OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE

PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -65,598.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 65,598.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
---	--

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	MEDICAL SUPPLIES		533,725.
RUSSIA AND NEIGHBORING STATES	0	0	MEDICAL SUPPLIES		435,269.
NORTH AMERICA	0	0	CLOTHING, HOUSEHOLD GOODS, MEDICAL SUPPLIES		138,329.
SUB-SAHARAN AFRICA	0	0	HOUSEHOLD GOODS, MEDICAL SUPPLIES		96,995.
SOUTH AMERICA	0	0	MEDICAL SUPPLIES		10,000.
EAST ASIA AND THE PACIFIC	0	0	FOOD, HOUSEHOLD GOODS, MEDICAL SUPPLIES		8,454.
3 a Sub-total	0	0			1,222,772.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,222,772.

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

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANITARIAN AID	0.		533,725.	MEDICAL SUPPLIES	FMV
		RUSSIA AND NEIGHBORING STATES	HUMANITARIAN AID	0.		435,269.	MEDICAL SUPPLIES	FMV
		NORTH AMERICA	HUMANITARIAN AID	0.		138,329.	CLOTHING, HOUSEHOLD GOODS, MEDICAL SUPPLIES	FMV
		SUB-SAHARAN AFRICA	HUMANITARIAN AID	0.		96,995.	HOUSEHOLD GOODS, MEDICAL SUPPLIES	FMV
		SOUTH AMERICA	HUMANITARIAN AID	0.		10,000.	MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	HUMANITARIAN AID	0.		8,454.	FOOD, HOUSEHOLD GOODS, MEDICAL SUPPLIES	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION DOCUMENTS AND RETAINS ALL TRANSACTIONS WITH PARTNERING

ORGANIZATIONS AND CONTINUALLY MONITORS THE USE OF RESOURCES PROVIDED TO

THE PARTNERING ORGANIZATIONS. THE ORGANIZATION MAINTAINS STRONG

RELATIONSHIPS WITH PARTNERING ORGANIZATIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization <p align="center">GLOBAL OPERATIONS & DEVELOPMENT</p>	Employer identification number 95-3464287
---	--

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA 2017 (event type)	GALA 2018 (event type)	1 (total number)	
Revenue	1 Gross receipts	98,594.	22,496.	5,161.	126,251.
	2 Less: Contributions	87,620.	22,496.	5,161.	115,277.
	3 Gross income (line 1 minus line 2)	10,974.			10,974.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	27,399.			27,399.
	6 Rent/facility costs				
	7 Food and beverages	22,837.			22,837.
	8 Entertainment	500.			500.
	9 Other direct expenses	11,552.	3,310.		14,862.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				65,598.
11 Net income summary. Subtract line 10 from line 3, column (d)				-54,624.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a		%
b An outside facility	13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART II, COLUMN B

GALA 2018 WAS HELD IN SEPTEMBER 2018.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **GLOBAL OPERATIONS & DEVELOPMENT** Employer identification number **95-3464287**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMBASSADORS AND EMBASSIES 12070 S. RIVIERA TUSTIN, CA 92782	81-2581686	501(C)(3)	0.	112,675.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
AMOR POR CUAJI 718 BIRCH ST. SANTA ANA, CA 92701	81-4820871	501(C)(3)	0.	17,293.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
ANAHEIM ELEMENTARY 1001 S EAST ST ANAHEIM, CA 92805		GOV	0.	5,451.	FMV	FOOD	HUMANITARIAN AID
ANAHEIM FIRST ROMANIAN PENTECOSTAL CHURCH - 1771 W. KATELLA - ANAHEIM, CA 92804	33-0646808	501(C)(3)	0.	48,310.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
ANGELUS MEDICAL AND OPTICAL 13007 S WESTERN AVE GARDENA, CA 90249			0.	6,050.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID
ATHLETES 'N EDUCATION 1044 E. WILSON AVE ORANGE, CA 92867	31-1739576	501(C)(3)	0.	12,195.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **142.**

3 Enter total number of other organizations listed in the line 1 table **30.**

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BADEN POWELL ELEMENTARY 2911 W. STONYBROOK DR ANAHEIM, CA 92804		GOV	0.	60,551.	FMV	FOOD	HUMANITARIAN AID
BALL JR. HIGH 1500 W BALL RD ANAHEIM, CA 92802		GOV	0.	18,844.	FMV	FOOD	HUMANITARIAN AID
BARNABUS GROUP 4740 GREEN RIVER RD STE 217 CORONA, CA 92880	83-1203603	501(C)(3)	0.	60,632.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
BEATTY ELEMENTARY 8201 COUNTRY CLUB DR BUENA PARK, CA 90621		GOV	0.	52,199.	FMV	FOOD	HUMANITARIAN AID
BETHEL BAPTIST CHURCH 310 S LEMON ST ANAHEIM, CA 92805	95-1803685	501(C)(3)	0.	156,749.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
BETHEL ROMANIAN PENTECOSTAL APOSTOLIC - 10801 DALE AVE - STANTON, CA 90680	33-0558923	501(C)(3)	0.	48,546.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
BETSY ROSS ELEMENTARY 535 S. WALNUT ST. ANAHEIM, CA 92806		GOV	0.	8,352.	FMV	FOOD	HUMANITARIAN AID
BRYANT ELEMENTARY 8371 ORANGEWOOD AVE. GARDEN GROVE, CA 92841		GOV	0.	18,792.	FMV	FOOD	HUMANITARIAN AID
BUENA CLINTON YOUTH AND FAMILY CENTER - PO BOX 3070 - GARDEN GROVE, CA 92842	95-6005848		0.	9,581.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUENA PARK COORDINATING COUNCIL 7957 WHITAKER STREET BUENA PARK, CA 90621	93-0823610	501(C)(3)	0.	13,053.	FMV	FOOD	HUMANITARIAN AID
BUENA PARK HIGH SCHOOL 8833 ACADEMY DR. BUENA PARK, CA 92821		GOV	0.	25,056.	FMV	FOOD	HUMANITARIAN AID
BUENA PARK JR. HIGH SCHOOL 6931 ORANGETHORPE AVE. BUENA PARK, CA 90620		GOV	0.	22,968.	FMV	FOOD	HUMANITARIAN AID
BUENA PARK WOMAN'S CLUB PO BOX 17 BUENA PARK, CA 90621	33-0543221	501(C)(3)	0.	57,802.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
CALVARY CHAPEL HOUSTON 3700 FM 528 RD FRIENDSWOOD, TX 77546	76-0353268	501(C)(3)	0.	283,400.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
CALVARY CHAPEL LA HABRA 1370 S EUCLID ST LA HABRA, CA 90631			0.	27,357.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
CALVARY LIFE FELLOWSHIP 2394 N BELLBROOK ORANGE, CA 92821	33-0693388	501(C)(3)	0.	22,344.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
CARITAS SAN VICENTE 9364 ELM AVE FONTANA, CA 92335	27-3168074	501(C)(3)	0.	200,202.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
CASA MISSION CRISTIANA MONTE DE SION - 3082 W. COOLIDGE AVE - ANAHEIM, CA 92801	46-4253774	501(C)(3)	0.	143,604.	FMV	FOOD	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRALIA ELEMENTARY 195 N WESTER AVE ANAHEIM, CA 92801		GOV	0.	38,918.	FMV	FOOD	HUMANITARIAN AID
CENTRO CRISTIANO DE RESTAURACION AMOR AGAPE - 1440 E. FIRST STREET - SANTA ANA, CA 92707	27-2276209	501(C)(3)	0.	24,668.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
CENTRO CRISTIANO LA ROCA 700 W. SOUTH ST ANAHEIM, CA 92805	26-0072453	501(C)(3)	0.	6,390.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
CENTRO EVANGELISTICO RIOS DE AGUA VIVA - 10901 BEACH BLVD - STANTON, CA 90680	33-0951839	501(C)(3)	0.	8,518.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
CHILD ABUSE PREVENTION CENTER 2390 E ORANGEWOOD AVE #300 ANAHEIM, CA 92806	33-0013237	501(C)(3)	0.	57,656.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
CHRISTIAN COMMUNITY CENTER 4 EDUCATION - 12612 BUARO ST - GARDEN GROVE, CA 92840			0.	64,814.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID
CHRIST'S HEART MINISTRIES 1210 S. EUCLID ST LA HABRA, CA 90631		501(C)(3)	0.	72,626.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID
CLARA BARTON ELEMENTARY 1926 W CLEARBROOK LN ANAHEIM, CA 92804		GOV	0.	5,318.	FMV	FOOD	HUMANITARIAN AID
COREY ELEMENTARY 7351 HOLDER ST. BUENA PARK, CA 90620		GOV	0.	27,144.	FMV	FOOD	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO MI ALFARERO 223 SIESTA ANAHEIM, CA 92801	27-1002122	501(C)(3)	0.	6,458.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
CRISTO ROMPE CADENAS 314 S. BROOKHURST ST ANAHEIM, CA 92804	95-6155643		0.	41,946.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
DANBROOK ELEMENTARY 320 S DANBROOK DR ANAHEIM, CA 92804		GOV	0.	83,519.	FMV	FOOD	HUMANITARIAN AID
DAVIS ELEMENTARY 1405 FRENCH ST SANTA ANA, CA 92701		GOV	0.	64,727.	FMV	FOOD	HUMANITARIAN AID
DD JOHNSTON ELEMENTARY 13421 FAIRFORD AVE. NORWALK, CA 90650		GOV	0.	20,880.	FMV	FOOD	HUMANITARIAN AID
DISTRICT DIRECTOR/VETERANS & HOMELESS LIAISON - COUNTY OF LA - 2677 ZOE AVENUE, SECOND FLOOR - HUNTINGTON PARK, CA 90255		GOV	0.	15,687.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
EL SOL NEIGHBORHOOD EDUCATIONAL CENTER - 766 N. WATERMAN AVE - SAN BERNARDINO, CA 92410	33-0552297	501(C)(3)	0.	8,815.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
EMERY ELEMENTARY 8600 SOMERSET ST BUENA PARK, CA 90621		GOV	0.	8,352.	FMV	FOOD	HUMANITARIAN AID
ESQUEDA ELEMENTARY 2240 S MAIN ST. SANTA ANA, CA 92707		GOV	0.	29,232.	FMV	FOOD	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES FORWARD 9221 IRVINE BLVD IRVINE, CA 92618	33-0086043	501(C)(3)	0.	8,583.	FMV	FOOD	HUMANITARIAN AID
FEED MY HUNGRY CHILDREN 20439 N. FLETCHER WAY PEORIA, AZ 85382	81-0455105	501(C)(3)	0.	601,775.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
FEED THE CHILDREN PO BOX 36 OKLAHOMA CITY, OK 73101	73-6108657	501(C)(3)	0.	260,240.	FMV	HOUSEHOLD GOODS & MEDICAL SUPPLIES	HUMANITARIAN AID
FELLOWSHIP OF FUNDAMENTAL EVANGELICAL CHURCH - 2300 S LEWIS ST - ANAHEIM, CA 92802	20-3927291		0.	8,361.	FMV	FOOD	HUMANITARIAN AID
FIELD OUR DREAMS 229 ROSEMONT BLVD SAN GABRIEL, CA 91775	81-2444725	501(C)(3)	0.	5,648.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID
FIRST ASSEMBLY OF GOD OF VICTORVILLE - 15260 HISQUAJI ROAD - VICTORVILLE, CA 92395			0.	7,796.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
FIRST MIDDLE EASTERN BAPTIST CHURCH - 1357 S. LEWIS ST. - SANTA ANA, CA 92805	80-0307584		0.	16,600.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
FIRST ROMANIAN PENTECOSTAL CHURCH 8932 TRACEY AVE GARDEN GROVE, CA 92841			0.	26,982.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
FOCUS NORTH AMERICA 600 N. BELL AVE BLDG 1, SUITE #115 CARNEGIE, PA 15106	26-4427803	501(C)(3)	0.	31,725.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FONTANA SEVENTH DAY ADVENTIST PO BOX 1929 FONTANA, CA 92334			0.	28,489.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
FOOD FOR THE POOR 6401 LYONS RD. COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	0.	4,313,964.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID
FOSTER CARE AUXILIARY 333 SOUTH BROOKHURST ST ANAHEIM, CA 98804	33-0754615	501(C)(3)	0.	25,116.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
FRANKLIN ELEMENTARY 521 W WATER ST ANAHEIM, CA 90805		GOV	0.	24,663.	FMV	FOOD	HUMANITARIAN AID
GARFIELD ELEMENTARY 850 BROWN ST SANTA ANA, CA 92701		GOV	0.	8,352.	FMV	FOOD	HUMANITARIAN AID
GAUER ELEMENTARY 810 N. GILBERT ST. ANAHEIM, CA 92801		GOV	0.	22,968.	FMV	FOOD	HUMANITARIAN AID
GERMAN SHEPHERD RESCUE OF ORANGE COUNTY - 120 TUSTIN AVE. STE C 1111 - NEWPORT BEACH, CA 92663	20-3455479	501(C)(3)	0.	94,695.	FMV	FOOD	HUMANITARIAN AID
GILBERT ELEMENTARY 7255 8TH ST. BUENA PARK, CA 90621		GOV	0.	218,429.	FMV	FOOD	HUMANITARIAN AID
GLENDALE KOREAN S.D.A. CHURCH			0.	7,840.	FMV	HOUSEHOLD GOODS & MEDICAL SUPPLIES	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACIA REDENTORA 11612 STEPHANIE LANE GARDEN GROVE, CA 92840	20-2306747	501(C)(3)	0.	118,678.	FMV	FOOD	HUMANITARIAN AID
GRANDMA'S HOUSE OF HOPE 1505 E 17TH STREET #116 SANTA ANA, CA 92705	26-0391438	501(C)(3)	0.	16,229.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
GRUPO ARCOIRIS PO BOX 755 SAN JOAQUIN, CA 93660	46-4776344	501(C)(3)	0.	98,884.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
HAND IN HAND OUTREACH 626 S. WOODLAND ST ORANGE, CA 92869			0.	52,596.	FMV	TOYS	HUMANITARIAN AID
HANSEN ELEMENTARY 1300 S KNOTT AVE ANAHEIM, CA 92804		GOV	0.	12,528.	FMV	FOOD	HUMANITARIAN AID
HELEN KELLER ELEMENTARY 3521 PALM AVE LYNWOOD, CA 90262		GOV	0.	54,287.	FMV	FOOD	HUMANITARIAN AID
HENINGER ELEMENTARY 417 W. WALNUT ST SANTA ANA, CA 92701		GOV	0.	45,935.	FMV	FOOD	HUMANITARIAN AID
HIGHER GROUND YOUTH & FAMILY SERVICES - 1535 E. BROADWAY - ANAHEIM, CA 92805	46-1455865	501(C)(3)	0.	18,400.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
HIGHLANDS BOXING CLUB PROGRAM 26127 6TH STREET HIGHLAND, CA 92346	27-2787980	501(C)(3)	0.	16,386.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIS HOUSE 907 N. BRADFORD AVE. PLACENTIA, CA 92871			0.	24,736.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
HOLLENBECK POLICE ACTIVITIES LEAGUE - 126 N ST. LOUIS STREET - LOS ANGELES, CA 90033	01-0780689	501(C)(3)	0.	44,721.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
HOMEBOY INDUSTRIES 1916 E. 1ST STREET LOS ANGELES, CA 90033	95-4800735	501(C)(3)	0.	14,602.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
ICNA RELIEF USA 2180 W. CRESCENT AVE. #B ANAHEIM, CA 92801	04-3810161	501(C)(3)	0.	8,271.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
IGLESIA CRISTIANA JUAN 3293 SEQUOIA DR. SOUTH GATE, CA 90280			0.	74,434.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
IGLESIA DE LA COMUNIDAD 424 S. NEWHOPE ST. SANTA ANA, CA 92704			0.	43,381.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
IGLESIA HOREB DE ORANGE 11936 EARLHAM ST ORANGE, CA 92866	20-5585656	501(C)(3)	0.	28,595.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
IGLESIA LA PUERTA 1010 N. TUSTIN AVE SANTA ANA, CA 92705	27-0416436	501(C)(3)	0.	9,285.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
IGLESIA LA VINA SENOR EN ANAHEIM 2219 W. ORANGE AVE. GARDEN GROVE, CA 92802	46-4109311	501(C)(3)	0.	17,995.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IGLESIA RIOS DE VIDA 800 S. LEMON ST ANAHEIM, CA 92805			0.	17,026.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
IGLESIA WESLEYANA FUENTE DE AMOR 631 N WARD ST #2 LA HABRA, CA 90631			0.	7,092.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
ILLUMINATION FOUNDATION 1091 BATAVIA ST ORANGE, CA 92867	71-1047686	501(C)(3)	0.	9,120.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
INLAND CONGREGATION UNITED FOR CHANGE - 1441 N D STREET SUITE 214 - SAN BERNARDINO, CA 92405	33-0480298	501(C)(3)	0.	12,581.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
INTERNATIONAL CLINIC AID 8332 COMMONWEALTH BUENA PARK, CA 90621	46-5468633	501(C)(3)	5,589.	4,278.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
JAMES MADISON ELEMENTARY 1510 S. NUTWOOD ST ANAHEIM, CA 90806		GOV	0.	48,023.	FMV	FOOD	HUMANITARIAN AID
JULIETTE LOW SCHOOL OF THE ARTS 215 N. VENTURA ANAHEIM, CA 92801		GOV	0.	27,144.	FMV	FOOD	HUMANITARIAN AID
KIDS AROUND THE WORLD 4750 HYDRAULIC ROAD ROCKFORD, IL 61109	36-4007250	501(C)(3)	0.	23,100.	FMV	TOYS	HUMANITARIAN AID
LA GRAN COSECHA SOBRENATURAL 609 N. SPUGEN ST. SANTA ANA, CA 92701	26-4234200	501(C)(3)	0.	15,175.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA HARBOR COLLEGE 1111 FIGUEROA PLACE WILMINGTON, CA 90744		GOV	0.	9,240.	FMV	FOOD	HUMANITARIAN AID
LAKELAND ELEMENTARY 11224 BOMBARDIER AVE NORWALK, CA 90650		GOV	0.	8,352.	FMV	FOOD	HUMANITARIAN AID
LATHORP INTERMEDIATE 1111 S BROADWAY ST, SANTA ANA, CA 92707		GOV	0.	43,847.	FMV	FOOD	HUMANITARIAN AID
LET YOUR LOVE SHINE 2701 W. SAINT ANDREW SANTA ANA, CA 92704			0.	2,717,187.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
LET'S WALK IN THEIR SHOES 2701 W. SAINT ANDREW SANTA ANA, CA 92704			0.	388,583.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
LIGHTHOUSE 1842 N BULLIS RD #F, #P COMPTON, CA 90221	26-2536077	501(C)(3)	0.	82,245.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
LINCOLN ELEMENTARY 11031 STATE ST, LYNWOOD, CA 90262		GOV	0.	22,968.	FMV	FOOD	HUMANITARIAN AID
LOARA ELEMENTARY 1601 W BROADWAY ANAHEIM, CA 92802		GOV	0.	18,682.	FMV	FOOD	HUMANITARIAN AID
LOVE COMMUNITY OUTREACH 1920 W CHESTNUT ST. SANTA ANA, CA 92703	95-4575842	501(C)(3)	0.	395,103.	FMV	HOUSEHOLD GOODS & FOOD	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNWOOD SCHOOL DISTRICT 11321 BULLIS RD LYNWOOD, CA 90262		GOV	0.	37,583.	FMV	FOOD	HUMANITARIAN AID
MADISON ELEMENTARY 1124 E HOBART STREET, SANTA ANA, CA 92707		GOV	0.	112,750.	FMV	FOOD	HUMANITARIAN AID
MAPLE ELEMENTARY 244 E. VALENCIA DR. FULLERTON, CA 92832		GOV	0.	54,287.	FMV	FOOD	HUMANITARIAN AID
MARANATA DV CHAPEL 15414 LEMON DRIVE LA MIRADA, CA 90638			0.	130,161.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID
MARSHALL ELEMENTARY 1010 SOUTH HARBOR BLVD ANAHEIM, CA 92805		GOV	0.	25,056.	FMV	FOOD	HUMANITARIAN AID
MAXWELL ELEMENTARY 2613 WEST ORANGE AVE ANAHEIM, CA 92804		GOV	0.	63,842.	FMV	FOOD	HUMANITARIAN AID
MEDICAL SOLUTIONS 8406 N. MAGNOLIA STE A SANTEE, CA 92071			0.	1,630,648.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID
MELROSE ELEMENTARY 974 MELROSE ST PLACENTIA, CA 92870		GOV	0.	169,125.	FMV	FOOD	HUMANITARIAN AID
MI CRISTO MANANTIAL DE VIDA 2045 W. BALL ROAD ANAHEIM, CA 92804			0.	10,713.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINISTERIO CRISTIANO CAMINANDO EN FE - 828 E. WALNUT AVE #C - FULLERTON, CA 92831	81-4028849	501(C)(3)	0.	259,939.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
MINISTERIO JESUS REY DE REYES 7190 EL VIENTO WAY BUENA PARK, CA 90620	27-4322915	501(C)(3)	0.	45,595.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
MINISTERIOS CASA DEL BANQUETE 273 E. GELID CT ANAHEIM, CA 92806	20-0644772	501(C)(3)	0.	21,192.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
MISSION OF FAITH PO BOX 3793 ANAHEIM, CA 92805	33-0447366	501(C)(3)	0.	17,761.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
MONTE SION CENTER 4405 E. OLYMPIC BLVD LOS ANGELES, CA 90023	95-4603541	501(C)(3)	0.	95,614.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
MONTE VISTA ELEMENTARY 2116 MONTE VISTA AVE SANTA ANA, CA 92704		GOV	0.	39,671.	FMV	FOOD	HUMANITARIAN AID
MORRISON ELEMENTARY 13510 S. MAIDSTONE AVE NORWALK, CA 90650		GOV	0.	25,056.	FMV	FOOD	HUMANITARIAN AID
MY SAFE HARBOR 819 S. HARBOR BLVD ANAHEIM, CA 92805	26-3001119	501(C)(3)	0.	5,831.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
NUFFER ELEMENTARY 14821 S. JERSEY AVE. NORWALK, CA 90650		GOV	0.	79,343.	FMV	FOOD	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OC UNITED 418 COMMONWEALTH AVE FULLERTON, CA 92832	46-3761517	501(C)(3)	0.	22,725.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
OLIVE CREST 2130 EAST FOURTH ST, SUITE 200 SANTA ANA, CA 92705	95-2877102	501(C)(3)	0.	11,834.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
ONTARIO HISPANIC CHAMBER OF COMMERCE - 214 S. EUCLID AVE - ONTARIO, CA 91762	82-3143243	501(C)(3)	0.	330,435.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
OPERATION 2911 11792 FAUN LANE GARDEN GROVE, CA 92841	27-2568118	501(C)(3)	0.	45,942.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
OPERATION BIG BLESSING 11152 GARDENHURST CT RIVERSIDE, CA 92505			0.	103,069.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
ORANGETHORPE ELEMENTARY 1401 W. VALENCIA DR. FULLERTON, CA 92833		GOV	0.	8,352.	FMV	FOOD	HUMANITARIAN AID
PADDISON ELEMENTARY 12100 CREWE ST., NORWALK, CA 90650		GOV	0.	22,968.	FMV	FOOD	HUMANITARIAN AID
PALM LANE CHARTER SCHOOL 1646 W PALM LN ANAHEIM, CA 92802		GOV	0.	41,759.	FMV	FOOD	HUMANITARIAN AID
PALMS ELEMENTARY 12445 207TH ST, LAKEWOOD, CA 90715		GOV	0.	10,440.	FMV	FOOD	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHWAYS OF HOPE PO BOX 6326 FULLERTON, CA 92834	33-0147739	501(C)(3)	0.	10,181.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
PATRICK HENRY ELEMENTARY 1123 W. ROMNEYA DRIVE ANAHEIM, CA 92801		GOV	0.	70,991.	FMV	FOOD	HUMANITARIAN AID
PAUL REVERE ELEMENTARY SCHOOL 140 W GUINIDA LANE ANAHEIM, CA 92805		GOV	0.	33,407.	FMV	FOOD	HUMANITARIAN AID
PENDLETON ELEMENTARY 7101 STANTON BUENA PARK, CA 90621		GOV	0.	27,144.	FMV	FOOD	HUMANITARIAN AID
PROGRAMA DE AYUDA HUMANITARIA VENEZUELA - 5900 NW 102ND AVE #1007 - DORAL, FL 33178	46-5446892	501(C)(3)	0.	538,442.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID
PROJECT CURE 2100 W 14TH ST TEMPE, AZ 85281			0.	414,169.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID
PYLES ELEMENTARY 10411 DALE ST STANTON, CA 90680		GOV	0.	51,932.	FMV	FOOD	HUMANITARIAN AID
REACHING BEYOND OURSELVES 45 GOLF VIEW DR DOVE CANYON, CA 92679	24-4040001		0.	373,917.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
RED CROSS CLUB, SOUTHEAST ACADEMY 12940 FOSTER RD NORWALK, CA 90650			0.	29,664.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROADS OF SUCCESS 2896 HACIENDA HEIGHTS DR DUARTE, CA 91010	26-0809074	501(C)(3)	0.	8,821.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
ROOSEVELT ELEMENTARY 1600 E. FAIRMONT AVE. ANAHEIM, CA 92805		GOV	0.	33,407.	FMV	FOOD	HUMANITARIAN AID
SABIL USA PO BOX 60473 IRVINE, CA 92602	46-1100276	501(C)(3)	0.	5,839.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
SALK ELEMENTARY 1411 S. GILBERT ST ANAHEIM, CA 92804		GOV	0.	37,583.	FMV	FOOD	HUMANITARIAN AID
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT - 114 S. DEL ROSA DRIVE - SAN BERNARDINO, CA 92408		GOV	0.	18,054.	FMV	FOOD	HUMANITARIAN AID
SAN FRANCISCO CITY IMPACT 230 JONES SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0.	67,292.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID
SAN MARINO ELEMENTARY 6215 SAN ROLANDO BUENA PARK, CA 90620		GOV	0.	18,792.	FMV	FOOD	HUMANITARIAN AID
SANTA ANA FREE METHODIST CHURCH 1600 W. MYRTLE ST SANTA ANA, CA 92703	33-0330391	501(C)(3)	0.	130,593.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
SANTA ANA HIGH SCHOOL 520 W WALNUT ST SANTA ANA, CA 92701		GOV	0.	114,958.	FMV	FOOD	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTUARIO DE GUADALUPE CARSON 2583 E. CARSON ST CARSON, CA 90810	46-2780360	501(C)(3)	0.	104,499.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
SAVANNA HIGH SCHOOL 301 N. GILBER ST ANAHEIM, CA 92804		GOV	0.	5,473.	FMV	FOOD	HUMANITARIAN AID
SCHWEITZER ELEMENTARY 229 S DALE AVE ANAHEIM, CA 92804		GOV	0.	57,722.	FMV	FOOD	HUMANITARIAN AID
SHERMAN INDIAN HIGH SCHOOL 9010 MAGNOLIA AVE RIVERSIDE, CA 92503	94-1622909	501(C)(3)	0.	32,817.	FMV	HOUSEHOLD GOODS & FOOD	HUMANITARIAN AID
SHINING FELLOWSHIP CHURCH 1775 MAIN ST IRVINE, CA 90614	46-1097171	501(C)(3)	0.	14,652.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
SIERRA PREP ELEMENTARY 2021 N GRAND AVE SANTA ANA, CA 92656		GOV	0.	56,375.	FMV	FOOD	HUMANITARIAN AID
SOLES4SOULS 319 MARTINGALE DRIVE OLD HICKORY, TN 37138	20-4023482	501(C)(3)	0.	165,189.	FMV	CLOTHING & HOUSEHOLD GOODS	HUMANITARIAN AID
SOUTH BAY VOCATIONAL CENTER 20706 MAIN ST. CARSON, CA 90745	95-1773303	501(C)(3)	0.	41,539.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
SOUTHERN CALIFORNIA INDIAN CENTER 10175 SLATER AVE #150 FOUNTAIN VALLEY, CA 92708	23-7031625	501(C)(3)	0.	180,915.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE CHURCH OF CHRIST SOUTH BAY 7670 LEMON AVE LEMON GROVE, CA 91945			0.	143,264.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
TANZANIA MISSION FOR JESUS 19200 IVORY WAY ROWLAND HEIGHTS, CA 91748	33-0956814	501(C)(3)	0.	76,799.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
TEEN LEADERSHIP FOUNDATION PO BOX 7342 NEWPORT BEACH, CA 92658	20-8707656	501(C)(3)	0.	11,931.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
THE BRIDGE BUENA PARK 7450 CRESCENT AVE UNIT 201 BUENA PARK, CA 90620	81-1848565	501(C)(3)	0.	9,859.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
THE WAY FELLOWSHIP 7142 THOMAS STREET BUENA PARK, CA 90621			0.	10,083.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
THORMAN ELEMENTARY 300 S. C STREET TUSTIN, CA 92780		GOV	0.	58,463.	FMV	FOOD	HUMANITARIAN AID
TWILA REID ELEMENTARY 720 S WESTERN AVE ANAHEIM, CA 92804		GOV	0.	20,880.	FMV	FOOD	HUMANITARIAN AID
UNIDOS POR LA MUSICA 2101 S. HELLMAN AVE STE E ONTARIO, CA 91761	27-4530036	501(C)(3)	0.	1,227,557.	FMV	HOUSEHOLD GOODS & FOOD	HUMANITARIAN AID
UNITED AMERICAN INDIAN INVOLVEMENT 1125 W 6TH ST. LOS ANGELES, CA 90017	95-2917933	501(C)(3)	0.	10,991.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALENCIA PARK ELEMENTARY SCHOOL 3441 W.VALENCIA DR FULLERTON, CA 92833		GOV	0.	37,583.	FMV	FOOD	HUMANITARIAN AID
VENEZOLANOS EN KENDALL 12426 SW 122 STREET MIAMI, FL 33186	81-3967528	501(C)(3)	0.	177,140.	FMV	FOOD	HUMANITARIAN AID
VIDA LIFE MINISTRIES 11608 CEDAR AVE. BLOOMINGTON, CA 92316	47-1281964	501(C)(3)	0.	851,698.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
VOICE OF REFUGEES 622 N. GILBERT ST ANAHEIM, CA 92801	26-4475822	501(C)(3)	0.	29,828.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
WAM INC. 2272 LAKE AVE. SUITE 6286 ALTADENA, CA 91003	46-2364153	501(C)(3)	0.	663,814.	FMV	CLOTHING & HOUSEHOLD GOODS	HUMANITARIAN AID
WASHINGTON ELEMENTARY 910 W. ANAHURST PLACE SANTA ANA, CA 92707		GOV	0.	93,790.	FMV	FOOD	HUMANITARIAN AID
WESTMONT ELEMENTARY 1525 W. WESTMONT DR. ANAHEIM, CA 92801		GOV	0.	25,056.	FMV	FOOD	HUMANITARIAN AID
WHITAKER ELEMENTARY 8401 MONTANA AVE BUENA PARK, CA 90621		GOV	0.	31,319.	FMV	FOOD	HUMANITARIAN AID
WILLARD ELEMENTARY 1342 N. ROSS STREET SANTA ANA, CA 92706		GOV	0.	27,144.	FMV	FOOD	HUMANITARIAN AID

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGS OF FAITH PO BOX 524 TUSTIN, CA 92781			0.	115,231.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
WOODBURY ELEMENTARY 11362 WOODBURY ROAD GARDEN GROVE, CA 92843		GOV	0.	10,440.	FMV	FOOD	HUMANITARIAN AID
WORLD HARVEST CHARITIES 3100 VENICE BLVD LOS ANGELES, CA 90019	39-2064653	501(C)(3)	0.	21,052.	FMV	HOUSEHOLD GOODS	HUMANITARIAN AID
WORLD MEDICAL MISSION 10338 ZELZAH AVENUE, UNIT #1 NORTHRIDGE, CA 91326			0.	13,788.	FMV	MEDICAL SUPPLY	HUMANITARIAN AID

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOR ANY GRANTS MADE BY GIVING CHILDREN HOPE, WE CONDUCT THE PROPER
PRE-GRANT DUE DILIGENCE TO ENSURE THAT THE GRANT RECIPIENT IS TRULY
CHARITABLE.

SCHEDULE I, PART II

THERE'S ABOUT \$88,000 OF GRANTS TO AN INDIVIDUAL (GARY STANHISER) NOT
LISTED ON SCHEDULE I. GCH GAVE THE DONATIONS TO GARY STANHISER WHO THEN
DIRECTED WHERE TO SHIP THE ITEMS. THE ITEMS WERE SHIPPED DIRECTLY TO

Part IV Supplemental Information

THE DOMESTIC OR FOREIGN ORGANIZATION. THE INDIVIDUAL ACTED AS AN
INTERMEDIARY. GCH DOES NOT HAVE RECORD OF THE FINAL ORGANIZATIONS THAT
RECEIVED THE GRANTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization: **GLOBAL OPERATIONS & DEVELOPMENT** Employer identification number: **95-3464287**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		13,335,788	FMV
6 Cars and other vehicles	X	1	340	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	83	4,381,282	FMV
20 Drugs and medical supplies	X	712	6,272,778	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MEDICAL EQUIP)	X	1,288	90,161	FMV
26 Other (TOYS)	X	1	67,564	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

CARS, MEDICAL SUPPLIES & EQUIPMENT - NUMBER OF CONTRIBUTIONS

FOOD AND TOYS - NUMBER OF CONTRIBUTORS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public
Inspection

Name of the organization

GLOBAL OPERATIONS & DEVELOPMENT

Employer identification number

95-3464287

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY DEVELOPMENT, VOCATIONAL TRAINING AND ADVOCACY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CRISIS, AND MEDICINES TO HURRICANE VICTIMS IN HAITI.

SHIPPING: GIVING CHILDREN HOPE RECEIVES FUNDS TO PROVIDE THE SERVICE OF

SHIPPING RELIEF ITEMS FOR PARTNER ORGANIZATIONS' INTERNATIONAL

SHIPMENTS AND DOMESTIC TRUCKING DELIVERIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTNERS WITH MORE THAN 60 SCHOOLS TO SERVE OVER 4,000 INDIVIDUALS WITH

NEEDED FOOD.

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

A DRAFT OF THE FORM 990 WILL BE REVIEWED BY THE BOARD. THE FINAL COPY OF

THE FORM 990 WILL BE FORWARDED TO ALL MEMBERS OF THE BOARD BEFORE IT IS

FILED WITH THE IRS.

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

PERIODIC REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY.

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

COMPENSATION IS REVIEWED ON AN ANNUAL BASIS OR AS DETERMINED NECESSARY.

Name of the organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
---	--

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, CA, CO, CT, DC, FL, GA, IL, KY, MD, ME, MI, MN, MS, NJ, NH, ND, NC, NM, NY, OH, OK, OR

PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

Name of the organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
---	--

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INTERNATIONAL CLINIC AID - 46-5468633 8332 COMMONWEALTH BUENA PARK, CA 90621-2526	TO PROVIDE MEDICAL SUPPLIES TO IMPOVERISHED PEOPLE OF THE WORLD	CALIFORNIA	501(C)(3)	LINE 7	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Area with multiple horizontal lines for providing supplemental information.