

Form **990**

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2018 calendar year, or tax year beginning JUL 1, 2018 **and ending** JUN 30, 2019

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 F Name and address of principal officer: ROBERT BURNS SAME AS C ABOVE	D Employer identification number 95-3464287 E Telephone number 714-523-4454 G Gross receipts \$ 19,369,434. 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) H(c) Group exemption number ▶
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		
J Website: ▶ GCHOPE.ORG		
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

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PROVIDES SUSTAINABLE HOPE THROUGH WELLNESS PROGRAMS AND DISASTER RESPONSE IN COLLABORATION		
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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	3500
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 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	25,190,655.	19,238,307.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	561,536.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,718.	2,081.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,367.	52,482.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,787,276.	19,292,870.
14	Benefits paid to or for members (Part IX, column (A), line 4)	24,555,632.	23,425,490.
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)	972,967.	947,801.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 65,836.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	801,965.	862,281.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,330,564.	25,235,572.
19	Revenue less expenses. Subtract line 18 from line 12	-543,288.	-5,942,702.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	6,118,082.	8,311,177.
22	Net assets or fund balances. Subtract line 21 from line 20	2,316,777.	2,292,534.
22	Net assets or fund balances. Subtract line 21 from line 20	3,801,305.	6,018,643.

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 JOSEPH 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: PROVIDES SUSTAINABLE HOPE THROUGH WELLNESS PROGRAMS AND DISASTER RESPONSE IN COLLABORATION WITH LOCAL AND GLOBAL COMMUNITIES.

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 \$ 17,123,564. including grants of \$ 16,608,160.) (Revenue \$) PARTNER SUPPORT: THROUGH A NETWORK OF PARTNER ORGANIZATIONS THE PARTNER SUPPORT 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 CLINICS, HOMELESS SHELTERS, DRUG REHABILITATION PROGRAMS, AND YOUTH PROGRAMS.

4b (Code:) (Expenses \$ 3,737,012. including grants of \$ 3,309,388.) (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

4c (Code:) (Expenses \$ 3,645,269. including grants of \$ 3,507,942.) (Revenue \$ 37,959.) 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 VENEZUELAN IN ECONOMIC

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

4e Total program service expenses 24,505,845.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

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	1.00	X		X				0.	0.	0.
(2) SANDRA AGUILAR SECRETARY	1.00	X		X				0.	0.	0.
(3) RON MUKAI DIRECTOR	1.00	X						0.	0.	0.
(4) PETER BOWEN 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) VICTOR PERRIN DIRECTOR	1.00	X						0.	0.	0.
(12) AUDRA DAVIES DIRECTOR	1.00	X						0.	0.	0.
(13) DAVE STUART DIRECTOR	1.00	X						0.	0.	0.
(14) CARRIE BUCK DIRECTOR	1.00	X						0.	0.	0.
(15) DON GILBERT TREASURER	1.00			X				0.	0.	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	233,111.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,005,196.				
	g Noncash contributions included in lines 1a-1f: \$		17,721,769.				
	h Total. Add lines 1a-1f		19,238,307.				
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,081.			2,081.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	54,000.				
		(ii) Personal					
		Less: rental expenses	0.				
	c Rental income or (loss)		54,000.				
	d Net rental income or (loss)		54,000.			54,000.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		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 \$ 233,111. of contributions reported on line 1c). See Part IV, line 18	a	16,000.				
		b Less: direct expenses	76,564.				
c Net income or (loss) from fundraising events			-60,564.			-60,564.	
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	16,571.					
	b Less: cost of goods sold	0.					
	c Net income or (loss) from sales of inventory		16,571.			16,571.	
Miscellaneous Revenue		Business Code					
11 a SHIPPING/HANDLING		900099	37,959.			37,959.	
b MISCELLANEOUS		900099	4,516.			4,516.	
c							
d All other revenue							
e Total. Add lines 11a-11d			42,475.				
12 Total revenue. See instructions			19,292,870.	0.	0.	54,563.	

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 ...	17,303,023.	17,303,023.		
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	6,122,467.	6,122,467.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	848,119.	593,683.	212,030.	42,406.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	27,236.	19,065.	6,809.	1,362.
10 Payroll taxes	72,446.	50,712.	18,112.	3,622.
11 Fees for services (non-employees):				
a Management				
b Legal	33,079.		33,079.	
c Accounting	166,460.		166,460.	
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.)	32,259.	16,129.	16,130.	
12 Advertising and promotion	2,649.		256.	2,393.
13 Office expenses	110,708.	53,141.	46,020.	11,547.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	57,500.	54,163.	2,955.	382.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	84,125.		84,125.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,603.	50,943.	5,660.	
23 Insurance	69,699.	46,340.	21,099.	2,260.
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	154,058.	152,878.	1,180.	
b PROGRAM EXPENSES	20,120.	20,120.		
c DUES & SUBSCRIPTIONS	19,407.		19,407.	
d TRAINING	17,954.	8,977.	8,977.	
e All other expenses	37,660.	14,204.	21,592.	1,864.
25 Total functional expenses. Add lines 1 through 24e	25,235,572.	24,505,845.	663,891.	65,836.
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	329,663.	1	102,049.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,110.	4	
	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	3,801,983.	8	6,288,654.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,824,352.		
	b Less: accumulated depreciation	10b 903,878.	1,978,326.	10c 1,920,474.
	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)	6,118,082.	16	8,311,177.	
Liabilities	17 Accounts payable and accrued expenses	90,367.	17	130,317.
	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	2,209,131.	23	2,162,217.
	24 Unsecured notes and loans payable to unrelated third parties	12,279.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,000.	25	0.
	26 Total liabilities. Add lines 17 through 25	2,316,777.	26	2,292,534.
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	3,801,305.	27	6,018,643.
	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	3,801,305.	33	6,018,643.	
34 Total liabilities and net assets/fund balances	6,118,082.	34	8,311,177.	

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	19,292,870.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,235,572.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,942,702.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,801,305.
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	8,160,040.
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	6,018,643.

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** (2018)

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

2018

Open to Public Inspection

Name of the organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,108,338.	17,990,386.	26,364,414.	25,190,655.	19,251,532.	100,905,325.
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	12,108,338.	17,990,386.	26,364,414.	25,190,655.	19,251,532.	100,905,325.
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)						35,054,051.
6 Public support. Subtract line 5 from line 4.						65,851,274.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	12,108,338.	17,990,386.	26,364,414.	25,190,655.	19,251,532.	100,905,325.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	80,441.	91,426.	91,460.	45,983.	56,081.	365,391.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	52,252.	43,637.	76,113.	20,460.	16,571.	209,033.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,729.	8,717.	32,582.	23,266.	42,475.	132,769.
11 Total support. Add lines 7 through 10						101,612,518.
12 Gross receipts from related activities, etc. (see instructions)					12	1,415,900.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	64.81 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	60.65 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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.		
11a		
11b		
11c		

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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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.		
1		
2		
3		

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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (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.			
2a			
2b			
3a			
3b			

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

Horizontal lines for supplemental information.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2018

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
BED BATH & BEYOND	8,666,452.	6,634,202.
CONAGRA FOODS	3,481,981.	1,449,731.
OWENS MINOR	5,042,087.	3,009,837.
PINK BLUSH	2,111,970.	79,720.
PROFESSIONAL HOSPITAL SUPPLY	25,912,811.	23,880,561.
Total Excess Contributions to Schedule A, Part II, Line 5		35,054,051.

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

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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	WORLD VISION 4200 INDUSTRY DR, SUITE E FIFE, WA 98424	\$ 8,856,308.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	PROFESSIONAL HOSPITAL SUPPLY 42500 WINCHESTER TEMECULA, CA 92590	\$ 2,299,987.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	PORTO'S BAKERY 7640 BEACH BLVD BUENA PARK, CA 90620	\$ 754,164.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	OWENS AND MINOR P.O. BOX 27626 RICHMOND, VA 23261	\$ 725,126.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	CVS 777 S. HARBOR BLVD LA HABRA, CA 90631	\$ 424,795.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	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	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT, MEDICAL SUPPLIES, NUTRITIOUS FOODS	\$ 8,856,308.	06/30/19
2	BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES	\$ 2,299,987.	06/30/19
3	NUTRITIOUS FOODS	\$ 754,164.	06/30/19
4	MEDICAL SUPPLIES	\$ 725,126.	06/30/19
5	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	\$ 424,795.	06/30/19
		\$	

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

2018

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?

Yes No

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)?

Yes No

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) 2018

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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		690,569.		690,569.
b Buildings		1,780,576.	623,799.	1,156,777.
c Leasehold improvements		153,558.	88,983.	64,575.
d Equipment		91,622.	91,622.	0.
e Other		108,027.	99,474.	8,553.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,920,474.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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	19,292,870.
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	19,292,870.
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		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	19,292,870.

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	25,235,572.
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		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	25,235,572.
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	25,235,572.

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, 2019, 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.

Multiple horizontal lines for supplemental information.

**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

2018

Open to Public Inspection

Name of the organization GLOBAL OPERATIONS & DEVELOPMENT	Employer identification number 95-3464287
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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	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT, MEDICAL SUPPLIES		3,060,007.
NORTH AMERICA	0	0	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT, MEDICAL SUPPLIES, NUTRITIOUS FOODS		1,883,133.
SOUTH AMERICA	0	0	BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES, NUTRITIOUS FOODS		992,426.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	BASIC NEEDS SUPPLIES		123,374.
EAST ASIA AND THE PACIFIC	0	0	BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES, NUTRITIOUS FOODS		56,750.
SUB-SAHARAN AFRICA	0	0	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS		6,777.
3 a Subtotal	0	0			6,122,467.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			6,122,467.

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.		3,060,007.	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT, MEDICAL SUPPLIES	FMV
		NORTH AMERICA	HUMANITARIAN AID	0.		1,883,133.	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT, MEDICAL SUPPLIES,	FMV
		SOUTH AMERICA	HUMANITARIAN AID	0.		992,426.	BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES, NUTRITIOUS FOODS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HUMANITARIAN AID	0.		123,374.	BASIC NEEDS SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	HUMANITARIAN AID	0.		56,750.	BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES, NUTRITIOUS FOODS	FMV
		SUB-SAHARAN AFRICA	HUMANITARIAN AID	0.		6,777.	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	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 ▶ 24

3 Enter total number of other organizations or entities ▶ 0

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.

PART II, COLUMN (H):

REGION: NORTH AMERICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT, MEDICAL SUPPLIES, NUTRITIOUS FOODS

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 (event type)	HOUSE PARTIES (event type)	NONE (total number)	
Revenue	1 Gross receipts	191,650.	57,461.		249,111.
	2 Less: Contributions	175,650.	57,461.		233,111.
	3 Gross income (line 1 minus line 2)	16,000.			16,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	47,813.			47,813.
	8 Entertainment	800.			800.
	9 Other direct expenses	27,599.	352.		27,951.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				76,564.
11 Net income summary. Subtract line 10 from line 3, column (d)				-60,564.	

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: _____

**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

2018

**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
A.C. GREEN YOUTH FOUNDATION 904 SILVER SPUR RD., STE. # 416 ROLLING HILLS, CA 90274	95-4288507	501(C)(3)	0.	139,492.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
ALZHEIMER'S ORANGE COUNTY 2515 MCCABE WAY IRVINE, CA 92614	95-3702013	501(C)(3)	0.	6,814.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
AMOR POR CUAJI 718 BIRCH ST. SANTA ANA, CA 92701	81-4820871	501(C)(3)	0.	101,929.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
ANAHEIM ALANA CLUB 202 W BROADWAY ANAHEIM, CA 92805	95-2210743	501(C)(3)	0.	6,712.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
ANAHEIM ELEMENTARY 1001 S EAST ST ANAHEIM, CA 92805		GOV	0.	5,605.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
ANAHEIM FIRST ROMANIAN PENTECOSTAL CHURCH - 1771 W. KATELLA - ANAHEIM, CA 92804	33-0646808	501(C)(3)	0.	244,425.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **175.**

3 Enter total number of other organizations listed in the line 1 table **11.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) (2018)

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
ASSOCIATED STUDENTS CALIFORNIA STATE LONG - 1212 N. BELLFLOWER BLVD. - LONG BEACH, CA 90815	95-1810426	501(C)(3)	0.	13,881.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
ATHLETES 'N EDUCATION 1044 E. WILSON ORANGE, CA 92867	31-1739576	501(C)(3)	0.	40,053.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
BADEN POWELL ELEMENTARY 2911 W. STONYBROOK DR ANAHEIM, CA 92804		GOV	0.	54,742.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
BALL JUNIOR HIGH SCHOOL 1500 W BALL RD ANAHEIM, CA 92802		GOV	0.	31,269.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
BEATTY ELEMENTARY 8201 COUNTRY CLUB DR BUENA PARK, CA 90621		GOV	0.	40,144.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
BETHEL BAPTIST CHURCH 310 S LEMON ST. ANAHEIM, CA 92805	95-1803685	501(C)(3)	0.	153,392.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
BETHEL ROMANIAN PENTACOSTAL CHURCH 10801 DALE AVE. STANTON, CA 90680	33-0558923	501(C)(3)	0.	26,041.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
BETSY ROSS ELEMENTARY 535 S. WALNUT ST. ANAHEIM, CA 92806		GOV	0.	18,247.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
BREATH OF THE SPIRIT MINISTRIES 1531 S. SINCLAIR ST ANAHEIM, CA 92808	95-3474693	501(C)(3)	0.	13,828.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	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
BRIDGES OUT OF POVERTY 33408 WARWICK HILLS RD. YUCAIPA, CA 92399	83-0863415	501(C)(3)	0.	6,164.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
BRYANT ELEMENTARY 8371 ORANGEWOOD AVE. GARDEN GROVE, CA 92841		GOV	0.	21,897.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
BUENA CLINTON YOUTH AND FAMILY CENTER - P.O. BOX 3070 - GARDEN GROVE, CA 92842	95-6005848	GOV	0.	10,602.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
BUENA PARK HIGH SCHOOL 8833 ACADEMY DR. BUENA PARK, CA 92821		GOV	0.	51,093.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
BUENA PARK JR. HIGH SCHOOL 6931 ORANGETHORPE AVE. BUENA PARK, CA 90620		GOV	0.	29,196.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
BUENA PARK WOMAN'S CLUB PO BOX 17 BUENA PARK, CA 90621	33-0543221	501(C)(3)	0.	111,445.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CALVARY CHAPEL - LA HABRA 1370 S EUCLID ST LA HABRA, CA 90631		501(C)(3)	0.	21,027.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
CALVARY LIFE FELLOWSHIP 2394 N BELLBROOK ORANGE, CA 92821	33-0693388	501(C)(3)	0.	13,355.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CARITAS SAN VICENTE 9364 ELM AVE. FONTANA, CA 92335	27-3168074	501(C)(3)	0.	207,745.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

Schedule I (Form 990)

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(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
CARMELA ELEMENTARY 13300 LAKE LAND ROAD WHITTIER, CA 90605		GOV	0.	25,546.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
CASA MISION CRISTIANA MONTE DE SION - 3082 W. COOLIDGE AVE. - ANAHEIM, CA 92801	46-4253774	501(C)(3)	0.	246,006.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CATARINA'S CLUB 125 W. VERMONT AVE. ANAHEIM, CA 92833	30-0751934	501(C)(3)	0.	6,730.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CENTRALIA ELEMENTARY 195 N WESTER AVE ANAHEIM, CA 92801		GOV	0.	42,615.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
CENTRO CRISTIANO DE RESTAURACION AMOR AGA - 1440 E. FIRST STREET - SANTA ANA, CA 92707	27-2276209	501(C)(3)	0.	12,387.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CENTRO CRISTIANO LA ROCA 700 W. SOUTH ST. ANAHEIM, CA 92805	26-0072453	501(C)(3)	0.	16,501.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CENTRO EVANGELISTICO RIOS DE AGUA VIVA - 10901 BEACH BLVD - STANTON, CA 90680	33-0951839	501(C)(3)	0.	33,260.	FMV	BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES,	HUMANITARIAN AID
CENTRO FAMILIAR CRISTIANO LAKE FOREST - 23166 LOS ALISOS BLVD., SUITE #238 - MISSION VIEJO, CA 92691	81-3945414	501(C)(3)	0.	7,408.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CHILDREN'S BUREAU OF SO CAL 50 S. ANAHEIM BLVD. ANAHEIM, CA 92705	95-1690975	501(C)(3)	0.	13,118.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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CHRISTIAN COMMUNITY CENTER 4 EDUCATION - 12612 BUARO ST - GARDEN GROVE, CA 92840			0.	57,003.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CHRIST'S HEART MINISTRIES 1210 S. EUCLID ST LA HABRA, CA 90631			0.	22,672.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CHURCH OF GOD DIVINE COMMANDMENTS 2615 W COMPTON BLVD COMPTON, CA 90220			0.	6,422.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
CLARA BARTON ELEMENTARY 1926 W. CLEARBROOK LN ANAHEIM, CA 92804		GOV	0.	37,524.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
COREY ELEMENTARY 7351 HOLDER ST. BUENA PARK, CA 90620		GOV	0.	25,546.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
CRISTO MI ALFARERO 223 SIESTA ANAHEIM, CA 92801	27-1002122	501(C)(3)	0.	15,299.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CRISTO ROMPE CADENAS 314 S. BROOKHURST ST ANAHEIM, CA 92804	95-6155643	501(C)(3)	0.	95,306.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
CSULB 1250 BELLFLOWER BLVD LONG BEACH, CA 90840		GOV	0.	36,495.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
DANBROOK ELEMENTARY 320 S DANBROOK DR ANAHEIM, CA 92804		GOV	0.	131,381.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID

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DAVE AND MARGARET HOME 1350 THIRD STREET LA VERNE, CA 91750	95-1660346	501(C)(3)	0.	14,097.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
DAVIS ELEMENTARY 1405 FRENCH ST SANTA ANA, CA 92701		GOV	0.	79,022.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
DR. PETER MARSHALL ELEMENTARY 2627 CRESCENT AVE ANAHEIM, CA 92801		GOV	0.	7,299.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
EAST WHITTIER SCHOOL DISTRICT 14535 E. WHITTIER BLVD WHITTIER, CA 90605		GOV	0.	15,720.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
EASTSIDE CHRISTIAN CHURCH 3370 E. MIRALOMA AVE. ANAHEIM, CA 92835	95-2312232	501(C)(3)	0.	21,502.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
EMERY ELEMENTARY 8600 SOMERSET ST BUENA PARK, CA 90621		GOV	0.	40,144.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
FAMILIES FORWARD 9221 IRVINE BLVD. IRVINE, CA 92618	33-0086043	501(C)(3)	0.	5,279.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
FEED MY HUNGRY CHILDREN 20439 N. FLETCHER WAY PEORIA, AZ 85382	81-0455105	501(C)(3)	0.	850,952.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
FEED THE CHILDREN PO BOX 36 OKLAHOMA CITY, OK 73101	73-6108657	501(C)(3)	0.	650,172.	FMV	MEDICAL EQUIPMENT, MEDICAL SUPPLIES	HUMANITARIAN AID

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FIELD OUR DREAMS 229 ROSEMONT BLVD. SAN GABRIEL, CA 91775	81-2444725	501(C)(3)	0.	13,640.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
FIRST MIDDLE EASTERN BAPTIST CHURCH - 1357 S. LEWIS ST. - SANTA ANA, CA 92805	80-0307584	501(C)(3)	0.	52,480.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
FIRST ROMANIAN PENTECOSTAL CHURCH 8932 TRACEY AVE GARDEN GROVE, CA 92841		501(C)(3)	0.	11,247.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
FLOCK 1038 E. BASTANCHURY RDS., #265 FULLERTON, CA 92831	81-0702990	501(C)(3)	0.	15,293.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
FOCUS OC 600 N. BELL AVE. CARNEGIE, PA 15106	26-4427803	501(C)(3)	0.	70,486.	FMV	BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES,	HUMANITARIAN AID
FONTANA SEVENTH DAY ADVENTIST CHURCH - PO BOX 1929 - FONTANA, CA 92334		501(C)(3)	0.	15,967.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
FOSTER CARE AUXILIARY 333 SOUTH BROOKHURST ST. ANAHEIM, CA 98804	33-0754615	501(C)(3)	0.	37,921.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
FRANKLIN ELEMENTARY 521 W WATER ST ANAHEIM, CA 90805		GOV	0.	25,623.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
GARFIELD ELEMENTARY 850 BROWN ST SANTA ANA, CA 92701		GOV	0.	43,794.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID

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GAUER ELEMENTARY 810 N. GILBERT ST. ANAHEIM, CA 92801		GOV	0.	32,352.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
GERMAN SHEPHERD RESCUE OF ORANGE COUNTY - 120 TUSTIN AVE. STE. C 1111 - NEWPORT BEACH, CA 92663	20-3455479	501(C)(3)	0.	41,548.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
GILBERT ELEMENTARY 7255 8TH ST. BUENA PARK, CA 90621		GOV	0.	209,287.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
GRACE UNLIMITED INTERNATIONAL CHURCH - P.O. BOX 1206 - NATIONAL CITY, CA 91950		501(C)(3)	0.	12,541.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
HAND IN HAND OUTREACH 626 S. WOODLAND ST. ORANGE, CA 92869			0.	40,192.	FMV	BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES,	HUMANITARIAN AID
HANSEN ELEMENTARY 1300 S KNOTT AVE ANAHEIM, CA 92804		GOV	0.	21,897.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
HEART OF COMPASSION 600 S. MAPLE ST. MONTEBELLO, CA 90640	42-1573926	501(C)(3)	0.	26,187.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
HELEN KELLER ELEMENTARY 3521 PALM AVE LYNWOOD, CA 90262		GOV	0.	94,886.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
HENINGER ELEMENTARY 417 W. WALNUT ST SANTA ANA, CA 92701		GOV	0.	51,093.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID

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HEROES ELEMENTARY 1111 CIVIC CENTER DRIVE, SANTA ANA, CA 92703		GOV	0.	131,381.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
HIGHER GROUND YOUTH & FAMILY SERVICES - 1535 E. BROADWAY - ANAHEIM, CA 92805	46-1455865	501(C)(3)	0.	23,409.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
HIGHLANDS BOXING CLUB PROGRAM 26127 6TH STREET HIGHLAND, CA 92346	27-2787980	501(C)(3)	0.	6,757.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
HIS HOUSE 907 N. BRADFORD AVE. PLACENTIA, CA 92871	23-6393377	501(C)(3)	0.	7,830.	FMV	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT,	HUMANITARIAN AID
HOLDER ELEMENTARY 9550 HOLDER ST. BUENA PARK, CA 90621		GOV	0.	10,948.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
HOLLENBECK POLICE ACTIVITIES LEAGUE - 126 N ST. LOUIS STREET - LOS ANGELES, CA 90033	01-0780689	501(C)(3)	0.	17,591.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
HOMEBOY INDUSTRIES 1916 E. 1ST STREET LOS ANGELES, CA 90033	95-4800735	501(C)(3)	0.	26,492.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
HOWARD J. MCKIBBEN ELEMENTARY 10550 MILLS AVE. WHITTIER, CA 90604		GOV	0.	32,845.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
I LIVE 2 GIVE 2701 W ST ANDREW PL SANTA ANA, CA 92704	83-1873658	501(C)(3)	0.	343,209.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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ICNA RELIEF 2180 W. CRESCENT AVE. #B ANAHEIM, CA 92801	04-3810161	501(C)(3)	0.	14,529.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
ICUC 1441 N D STREET SUITE 214 SAN BERNADINO, CA 92405-4738	33-0480298	501(C)(3)	0.	65,766.	FMV	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT	HUMANITARIAN AID
IGLESIA CRISTIANO JUAN 14 6 164 N. ALLEN STREET SAN BERNADINO, CA 92410	90-0210460	501(C)(3)	0.	73,460.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
IGLESIA DE LA COMUNIDAD 424 S. NEWHOPE ST. SANTA ANA, CA 92704			0.	47,973.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
IGLESIA HOREB DE ORANGE 11936 EARLHAM ST ORANGE, CA 92866	20-5585656	501(C)(3)	0.	95,066.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
IGLESIA JESUS ES AMOR 15875 AMAR RD. LA PUENTE, CA 91744	20-0219564	501(C)(3)	0.	8,673.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
IGLESIA LA PUERTA 1010 N. TUSTIN AVE. SANTA ANA, CA 92705	27-0416436	501(C)(3)	0.	57,249.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
IGLESIA LA VINA SENOR EN ANAHEIM 2219 W. ORANGE AVE. GARDEN GROVE, CA 92802	46-4109311	501(C)(3)	0.	26,266.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
ILLUMINATION FOUNDATION 1091 BATAVIA ST. ORANGE, CA 92867	71-1047686	501(C)(3)	0.	28,749.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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JAMES MADISON ELEMENTARY 1510 S. NUTWOOD ST ANAHEIM, CA 90806		GOV	0.	65,691.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
JULIETTE LOW SCHOOL OF THE ARTS 215 N. VENTURA ANAHEIM, CA 92801		GOV	0.	18,247.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
KCS HEALTH CENTER 8633 KNOTT AVE. BUENA PARK, CA 90620	95-3245254	501(C)(3)	0.	8,434.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
KENNEDY HIGH SCHOOL 8281 WALKER ST LA PALMA, CA 90623		GOV	0.	21,897.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
KIDS AROUND THE WORLD 4750 HYDRAULIC ROAD ROCKFORD, IL 61109	36-4007250	501(C)(3)	0.	40,425.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
LA GRAN COSECHA SOBRENATURAL 609 N. SPUGEN ST. SANTA ANA, CA 92701	26-4234200	501(C)(3)	0.	59,608.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
LA HABRA FAMILY RESOURCE CENTER 501 S. IDAHO STREET LA HABRA, CA 90631	33-0483197	501(C)(3)	0.	36,107.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
LAKELAND ELEMENTARY 11224 BOMBARDIER AVE NORWALK, CA 90650		GOV	0.	36,495.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
LATHORP INTERMEDIATE 1111 S BROADWAY ST SANTA ANA, CA 92707		GOV	0.	51,093.	FMV	NUTRITIOUS FOODS	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
LIGHTHOUSE; A TRAINING & EDUCATIONAL CORP - 1842 N BULLIS RD #F, #P - COMPTON, CA 90221	26-2536077	501(C)(3)	0.	74,861.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
LINCOLN ELEMENTARY 11031 STATE ST LYNWOOD, CA 90262		GOV	0.	21,897.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
LITTLE LAKE SCHOOL DISTRICT 10515 S. PIONEER BLVD SANTE FE SPRNG, CA 90670		GOV	0.	47,443.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
LOARA ELEMENTARY 1601 W BROADWAY ANAHEIM, CA 92802		GOV	0.	7,299.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
LOARA HIGH SCHOOL 1765 W. CERRITOS ANAHEIM, CA 92804		GOV	0.	12,616.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
LOMA VISTA ELEMENTARY 13463 E. MEYER RD WHITTIER, CA 90605	95-6220897	501(C)(3)	0.	51,093.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
LORD BADEN-POWELL 2911 STONYBROOK DR ANAHEIM, CA 92804		GOV	0.	17,550.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
LOS ALTOS ELEMENTARY 12001 BONAVISTA LN WHITTIER, CA 90604		GOV	0.	10,948.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
LOVE HOPE TOGETHER 13321 ALONDRA BLVD SANTA FE SPRINGS, CA 90670	46-4347670	501(C)(3)	0.	6,683.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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

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LYNWOOD SCHOOL DISTRICT 11321 BULLIS RD LYNWOOD, CA 90262		GOV	0.	51,093.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
MADISON ELEMENTARY 1124 E HOBART STREET SANTA ANA, CA 92707		GOV	0.	169,285.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
MALIBU FOUNDATION FOR YOUTH AND FAMILIES - 11766 WILSHIRE BLVD STE 500 - LOS ANGELES, CA 90025	95-4774844	501(C)(3)	0.	71,513.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
MANN 600 W. LA PALMA AVE ANAHEIM, CA 92801		GOV	0.	6,530.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
MAPLE ELEMENTARY 244 E. VALENCIA DR. FULLERTON, CA 92832		GOV	0.	47,443.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
MARANATA DV CHAPEL 15414 LEMON DRIVE LA MIRADA, CA 90638			0.	50,420.	FMV	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT,	HUMANITARIAN AID
MARANATA MISSIONARY SOCIETY 5914 CANARY DR NORTH HIGHLANDS, CA 95660	33-0628919	501(C)(3)	0.	105,329.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
MARSHALL ELEMENTARY 1010 SOUTH HARBOR BLVD ANAHEIM, CA 92805		GOV	0.	14,598.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
MAXWELL ELEMENTARY 2613 WEST ORANGE AVE ANAHEIM, CA 92804		GOV	0.	88,025.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID

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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
MELROSE ELEMENTARY 974 MELROSE ST PLACENTIA, CA 92870		GOV	0.	182,474.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
MINISTERIO CHRISTIANO CAMINANDO EN FE - 828 E. WALNUT AVE. #C - FULLERTON, CA 92831	81-4028849	501(C)(3)	0.	728,218.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
MINISTERIO JESUS REY DE REYES 7190 EL VIENTO WAY BUENA PARK, CA 90620	27-4322915	501(C)(3)	0.	34,928.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
MINISTERIO UNIDOS POR CRISTO 545 W. CALIFORNIA ST. ONTARIO, CA 91762	47-3906290	501(C)(3)	0.	31,897.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
MINISTERIO YO SOY LA PUERTA 12651 MONROE ST. GARDEN GROVE, CA 92841	47-1616884	501(C)(3)	0.	50,945.	FMV	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT,	HUMANITARIAN AID
MINISTERIOS AGAPE AD 651 SUNFLOWER AVE. SANTA ANA, CA 92707	82-4503216		0.	77,644.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
MINISTERIOS CASA DEL BANQUETE 273 E. GELID CT. ANAHEIM, CA 92806	20-0644772	501(C)(3)	0.	39,365.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
MISSION GO GLOBAL 20679 HILLSDALE RD. RIVERSIDE, CA 92508	81-2701123	501(C)(3)	0.	11,772.	FMV	BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES,	HUMANITARIAN AID
MISSION OF FAITH PO BOX 3793 ANAHEIM, CA 92805	33-0447366	501(C)(3)	0.	51,661.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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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
MONTE SION CENTER 4405 E. OLYMPIC BLVD. LOS ANGELES, CA 90023	95-4603541	501(C)(3)	0.	30,187.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
MONTE VISTA ELEMENTARY 2116 MONTE VISTA AVE SANTA ANA, CA 92704		GOV	0.	54,742.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
MORRISON ELEMENTARY 13510 S. MAIDSTONE AVE NORWALK, CA 90650		GOV	0.	36,495.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
MY SAFE HARBOR 819 S. HARBOR BOULEVARD ANAHEIM, CA 92805	26-3001119	501(C)(3)	0.	9,304.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
NICARAGUAN MEDICAL RELIEF 2621 HONOLULU AVE. MONTROSE, CA 91020	83-1380793		0.	6,546.	FMV	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT,	HUMANITARIAN AID
NICOLAS JUNIOR HIGH 1100 W OLIVE AVE FULLERTON, CA 92833		GOV	0.	25,546.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
NUFFER ELEMENTARY 14821 S. JERSEY AVE. NORWALK, CA 90650		GOV	0.	98,536.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
OC UNITED 418 COMMONWEALTH AVE. FULLERTON, CA 92832	46-3761517	501(C)(3)	0.	27,244.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
ONE HARBOR CHURCH, INC. 1605 FISHER ST MOREHEAD CITY, NC 28557	27-1968751	501(C)(3)	0.	111,947.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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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
ONTARIO HISPANIC CHAMBER OF COMMERCE - 123 W. B STREET ST. F - ONTARIO, CA 91762	33-0924071	501(C)(6)	0.	366,652.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
OPERATION 2911 11792 FAUN LANE GARDEN GROVE, CA 92841-2413	27-2568118	501(C)(3)	0.	90,017.	FMV	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT,	HUMANITARIAN AID
ORANGETHORPE ELEMENTARY 1401 W. VALENCIA DR. FULLERTON, CA 92833		GOV	0.	43,794.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
PADDISON ELEMENTARY 12100 CREWE ST. NORWALK, CA 90650		GOV	0.	10,948.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
PATHWAYS OF HOPE P.O. BOX 6326 FULLERTON, CA 92834	33-0147739	501(C)(3)	0.	40,399.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
PATRICK HENRY ELEMENTARY 1123 W. ROMNEYA DRIVE ANAHEIM, CA 92801		GOV	0.	76,639.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
PAUL REVERE ELEMENTARY SCHOOL 140 W GUINIDA LANE ANAHEIM, CA 92805		GOV	0.	51,394.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
PENDLETON ELEMENTARY 7101 STANTON BUENA PARK, CA 90621		GOV	0.	26,542.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
P-LUVZ HELPING HANDS 16655 FOOTHILL BLVD FONTANA, CA 92335	46-5020951	501(C)(3)	0.	5,114.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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

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PYLES ELEMENTARY 10411 DALE ST STANTON, CA 90680		GOV	0.	51,776.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
RAYMOND ELEMENTARY 517 N. RAYMOND AVE. FULLERTON, CA 92831		GOV	0.	65,691.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
REACH ACADEMY 1512 W. SANTA ANA BLVD SANTA ANA, CA 92703		GOV	0.	25,546.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
REACHING BEYOND OURSELVES 45 GOLF VIEW DR DOVE CANYON, CA 92679	20-4040001	501(C)(3)	0.	155,381.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
RED CROSS CLUB, SOUTHEAST ACADEMY 12940 FOSTER RD NORWALK, CA 90650			0.	46,772.	FMV	BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT,	HUMANITARIAN AID
REDEEMED CHRISTIAN CHURCH OF GOD 706 E. FOOTHILL BLVD. RIALTO, CA 92376	30-0713230	501(C)(3)	0.	16,979.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
REUNION CHURCH PO BOX 4164 SANTA ANA, CA 92702	61-1811897	501(C)(3)	0.	11,504.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
ROADS OF SUCCESS 8618 MISSION DR. ROSEMEAD, CA 91770	26-0809074	501(C)(3)	0.	6,055.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
ROOSEVELT ELEMENTARY 1600 E. FAIRMONT AVE. ANAHEIM, CA 92805		GOV	0.	32,845.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID

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SALK ELEMENTARY 1411 S. GILBERT ST ANAHEIM, CA 92804		GOV	0.	43,794.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
SAN MARINO ELEMENTARY 6215 SAN ROLANDO BUENA PARK, CA 90620		GOV	0.	32,845.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
SANTA ANA FREE METHODIST CHURCH 1600 W. MYRTLE ST SANTA ANA, CA 92703	33-0330391	501(C)(3)	0.	112,268.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
SANTA ANA HIGH SCHOOL 520 W. WALNUT ST SANTA ANA, CA 92701		GOV	0.	133,684.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
SANTA ANA SCHOOL DISTRICT 1601 EAST CHESTNUT AVE. SANTA ANA, CA 92701		GOV	0.	7,407.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
SANTUARIO DE GUADALUPE CARSON INC. 2583 E. CARSON ST. CARSON, CA 90810	46-2780360	501(C)(3)	0.	720,646.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
SCHWEITZER ELEMENTARY 229 S DALE AVE ANAHEIM, CA 92804		GOV	0.	79,355.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
SERVE THE PEOPLE 1202 E 17TH STREET STE 104 SANTA ANA, CA 92701	27-0421556	501(C)(3)	0.	11,586.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
SHERMAN INDIAN HIGH SCHOOL 9010 MAGNOLIA AVE RIVERSIDE, CA 92503	94-1622909	501(C)(3)	0.	66,431.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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SHINING FELLOWSHIP CHURCH 1775 MAIN ST IRVINE, CA 90614	46-1097171	501(C)(3)	0.	9,756.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
SIERRA PREP ELEMENTARY 2021 N GRAND AVE SANTA ANA, CA 92656		GOV	0.	103,542.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
SOLIDARITY/SOLID T P.O. BOX 220 PLACENTIA, CA 92871	51-0490821	501(C)(3)	0.	6,343.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
SOUTH BAY VOCATIONAL CENTER 20706 MAIN ST CARSON, CA 90745	95-1773303	501(C)(3)	0.	218,099.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
SOUTHERN CALIFORNIA INDIAN CENTER (SCIC) - 10175 SLATER AVE #150, FOUNTAIN VALLEY, CA 92708	23-7031625	501(C)(3)	0.	208,680.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
SPURGEON INTERMEDIATE 2701 W. FIFTH ST. SANTA ANA, CA 92703		GOV	0.	51,093.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
TANZANIA MISSION FOR JESUS 19200 IVORY WAY ROWLAND HEIGHTS, CA 91748	33-0956814	501(C)(3)	0.	67,332.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
TENDER CARE COMMUNITY OUTREACH 1960 SNEAD ST. LA HABRA, CA 90631			0.	10,549.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
THE BRIDGE BUENA PARK 7450 CRESCENT AVE BUENA PARK, CA 90620	81-1848565	501(C)(3)	0.	6,171.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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THE WAY FELLOWSHIP 7142 THOMAS STREET BUENA PARK, CA 90621		501(C)(3)	0.	13,269.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
THORMAN ELEMENTARY 300 S. C STREET TUSTIN, CA 92780		GOV	0.	51,093.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
TWILA REID ELEMENTARY 720 S WESTERN AVE ANAHEIM, CA 92804		GOV	0.	14,598.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
UNIDOS POR LA MUSICA 2101 S. HELLMAN AVE., STE. E ONTARIO, CA 91761	27-4530036	501(C)(3)	0.	1,758,361.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
UNITED AMERICAN INDIAN INVOLVEMENT 1125 W 6TH ST. LOS ANGELES, CA 90017	95-2917933	501(C)(3)	0.	37,618.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
UPLIFT CHARITY 1205 N. RED GUM ST. STE. B ANAHEIM, CA 92806	20-5421204	501(C)(3)	0.	27,693.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
VALENCIA PARK ELEMENTARY SCHOOL 3441 W.VALENCIA DR FULLERTON, CA 92833		GOV	0.	19,906.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
VIDA LIFE MINISTRIES 11608 CEDAR AVE. BLOOMINGTON, CA 92316	47-1281964	501(C)(3)	0.	865,754.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID
VOICE OF REFUGEES 622 N. GILBERT ST ANAHEIM, CA 92801	26-4475822	501(C)(3)	0.	46,338.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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WALKER ELEMENTARY 811 E. BISHOP SANTA ANA, CA 92701		GOV	0.	40,144.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
WAM INC. 2272 LAKE AVE. SUITE 6286 ALTADENA, CA 91003	46-2364153	501(C)(3)	0.	234,694.	FMV	BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES	HUMANITARIAN AID
WASHINGTON ELEMENTARY 910 W. ANAHURST PLACE SANTA ANA, CA 92707		GOV	0.	74,754.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
WESTMONT ELEMENTARY 1525 W. WESTMONT DR. ANAHEIM, CA 92801		GOV	0.	21,897.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
WHITAKER ELEMENTARY 8401 MONTANA AVE BUENA PARK, CA 90621		GOV	0.	40,554.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
WILD HORSE FOUNDATION 11767 S. DIXIE HIGHWAY, SUITE #327 MIAMI, FL 33156-2944	81-4506011	501(C)(3)	0.	32,926.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
WILLARD ELEMENTARY 1342 N. ROSS STREET SANTA ANA, CA 92706		GOV	0.	47,443.	FMV	NUTRITIOUS FOODS	HUMANITARIAN AID
WORDS OF COMFORT, HOPE & PROMISE 620 CAMINO DE LOS MARES #E470 SAN CLEMENTE, CA 92673	75-3109155	501(C)(3)	0.	29,853.	FMV	BASIC NEEDS SUPPLIES	HUMANITARIAN AID
WORLD HARVEST CHARITIES 3100 VENICE BLVD. LOS ANGELES, CA 90019	39-2064653	501(C)(3)	0.	2,148,401.	FMV	BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	HUMANITARIAN AID

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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.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRO EVANGELISTICO RIOS DE AGUA VIVA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL

Part IV Supplemental Information

SUPPLIES, NUTRITIOUS FOODS

NAME OF ORGANIZATION OR GOVERNMENT: FOCUS OC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL

SUPPLIES, NUTRITIOUS FOODS

NAME OF ORGANIZATION OR GOVERNMENT: HAND IN HAND OUTREACH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL

SUPPLIES, NUTRITIOUS FOODS

NAME OF ORGANIZATION OR GOVERNMENT: HIS HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL

EQUIPMENT, NUTRITIOUS FOODS

NAME OF ORGANIZATION OR GOVERNMENT: MARANATA DV CHAPEL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL

EQUIPMENT, NUTRITIOUS FOODS

NAME OF ORGANIZATION OR GOVERNMENT: MINISTERIO YO SOY LA PUERTA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL

EQUIPMENT, NUTRITIOUS FOODS

NAME OF ORGANIZATION OR GOVERNMENT: MISSION GO GLOBAL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL

SUPPLIES, NUTRITIOUS FOODS

NAME OF ORGANIZATION OR GOVERNMENT: NICARAGUAN MEDICAL RELIEF

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL

Part IV Supplemental Information

EQUIPMENT, MEDICAL SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION 2911

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL

EQUIPMENT, NUTRITIOUS FOODS

NAME OF ORGANIZATION OR GOVERNMENT: RED CROSS CLUB, SOUTHEAST ACADEMY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASIC NEEDS SUPPLIES, MEDICAL

EQUIPMENT, NUTRITIOUS FOODS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GILBERT ASSOCIATION MGMT	DON GILBERT (TREASU	10,706.	CONSULTING		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GILBERT ASSOCIATION MGMT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DON GILBERT (TREASURER) IS THE OWNER OF GILBERT ASSOCIATION MGMT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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 instructions and 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		11,696,936	FMV
6 Cars and other vehicles				
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	633	1,661,078	FMV
20 Drugs and medical supplies	X	242	4,307,820	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MEDICAL EQUIP)	X	63	55,870	FMV
26 Other (TOYS)	X	2	65	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) 2018

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):

NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for data entry.

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

2018

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:

WITH LOCAL AND GLOBAL COMMUNITIES.

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

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

FORM 990, PART III, LINE 4C, 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 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
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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 XI, LINE 8

THE ORGANIZATION'S INVENTORY WAS UNDERSTATED AS OF JUNE 30, 2018 DUE TO

FAILING TO RECORD THE BALANCE OF INVENTORY WITHIN THE GENERAL LEDGER

CORRECTLY. THE ADJUSTMENT IN THE CURRENT YEAR TO CORRECT THIS ERROR WAS

TO INCREASE THE BEGINNING INVENTORY AND INCREASE BEGINNING NET ASSETS

WITHOUT DONOR RESTRICTIONS BY \$8,160,040.

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 <p style="text-align: center;">GLOBAL OPERATIONS & DEVELOPMENT</p>	Employer identification number <p style="text-align: center;">95-3464287</p>
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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 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)			

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2018, and ending (mm/dd/yyyy) 06/30/2019

Corporation/Organization name GLOBAL OPERATIONS & DEVELOPMENT		California corporation number 0969371
Additional information. See instructions.		FEIN 95-3464287
Street address (suite or room) 8332 COMMONWEALTH AVENUE		PMB no.
City BUENA PARK	State CA	ZIP code 90621
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	131,127	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	19,238,307	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	19,369,434	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	19,369,434	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	25,312,136	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-5,942,702	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title CEO	Date	<input type="checkbox"/> Telephone 714-523-4454 <input type="checkbox"/> PTIN P00401346
Paid Preparer's Use Only	Preparer's signature	Firm's name (or yours, if self-employed) and address YH ADVISORS, INC. 5882 BOLSA AVENUE, SUITE 100 HUNTINGTON BEACH, CA 92649	Check if self-employed <input type="checkbox"/>	<input type="checkbox"/> Firm's FEIN 45-3269313 <input type="checkbox"/> Telephone 310-982-2803

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	32,571	00	
	2	Interest	•	2	2,081	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4	54,000	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income SEE STATEMENT 2	•	7	42,475	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	131,127	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	23,425,490	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	•	11	0	00	
	12	Other salaries and wages	•	12	848,119	00	
	Expenses and Disbursements	13	Interest	•	13	84,125	00
		14	Taxes	•	14	72,446	00
		15	Rents	•	15		00
		16	Depreciation and depletion (See instructions)	•	16	56,603	00
		17	Other Expenses and Disbursements SEE STATEMENT 4	•	17	825,353	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	25,312,136	00

	Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)		
Assets						
1 Cash		329,663		•	102,049	
2 Net accounts receivable		8,110		•		
3 Net notes receivable				•		
4 Inventories		3,801,983		•	6,288,654	
5 Federal and state government obligations				•		
6 Investments in other bonds				•		
7 Investments in stock				•		
8 Mortgage loans				•		
9 Other investments				•		
10 a Depreciable assets	2,135,031		2,133,783			
b Less accumulated depreciation	(847,274)	1,287,757	(903,878)		1,229,905	
11 Land		690,569		•	690,569	
12 Other assets				•		
13 Total assets		6,118,082			8,311,177	
Liabilities and net worth						
14 Accounts payable		90,367		•	130,317	
15 Contributions, gifts, or grants payable				•		
16 Bonds and notes payable				•		
17 Mortgages payable		2,209,131		•	2,162,217	
18 Other liabilities STMT 5		17,279				
19 Capital stock or principal fund				•		
20 Paid-in or capital surplus. Attach reconciliation				•		
21 Retained earnings or income fund		3,801,305		•	6,018,643	
22 Total liabilities and net worth		6,118,082			8,311,177	

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-5,942,702
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		-5,942,702
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		-5,942,702

CA 199 NONCASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
WORLD VISION	4200 INDUSTRY DR, SUITE E FIFE, WA 98424		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
BASIC NEEDS SUPPLIES, MEDICAL EQUIPMENT, MEDICAL SUPPLIES, NUTRITIOUS FOODS	06/30/19	8,856,308.	8,856,308.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PROFESSIONAL HOSPITAL SUPPLY	42500 WINCHESTER TEMECULA, CA 92590		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
BASIC NEEDS SUPPLIES, MEDICAL SUPPLIES	06/30/19	2,299,987.	2,299,987.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PORTO'S BAKERY	7640 BEACH BLVD BUENA PARK, CA 90620		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
NUTRITIOUS FOODS	06/30/19	754,164.	754,164.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
OWENS AND MINOR	P.O. BOX 27626 RICHMOND, VA 23261		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MEDICAL SUPPLIES	06/30/19	725,126.	725,126.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CVS	777 S. HARBOR BLVD LA HABRA, CA 90631		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
BASIC NEEDS SUPPLIES, NUTRITIOUS FOODS	06/30/19	424,795.	424,795.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PINK BLUSH	75 DOPPLER ST. IRVINE, CA 92618		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
BASIC NEEDS SUPPLIES	06/30/19	382,590.	382,590.
TOTAL INCLUDED ON LINE 3			13,442,970.

CA 199 OTHER INCOME STATEMENT 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MISCELLANEOUS	4,516.
SHIPPING/HANDLING	37,959.
TOTAL TO FORM 199, PART II, LINE 7	42,475.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
ROBERT BURNS 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	CHAIRMAN 1.00	0.
SANDRA AGUILAR 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	SECRETARY 1.00	0.
RON MUKAI 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
PETER BOWEN 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
ROBERT LICHTSINN 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.

RICHARD DARNELL 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
VIRGINIA VAUGHN 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
VANCE GARDNER 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
JAMES WILCOX 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
KWAME ANOCHIE 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
VICTOR PERRIN 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
AUDRA DAVIES 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
DAVE STUART 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
CARRIE BUCK 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	DIRECTOR 1.00	0.
DON GILBERT 8332 COMMONWEALTH AVENUE BUENA PARK, CA 90621	TREASURER 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
SHIPPING	154,058.
PROGRAM EXPENSES	20,120.
DUES & SUBSCRIPTIONS	19,407.
TRAINING	17,954.
DIRECT EXPENSES OF FUNDRAISING EVENTS	76,564.
OTHER EMPLOYEE BENEFITS	27,236.
LEGAL FEES	33,079.
ACCOUNTING FEES	166,460.
OTHER PROFESSIONAL FEES	32,259.
ADVERTISING AND PROMOTION	2,649.
OFFICE EXPENSES	110,708.
TRAVEL	57,500.
INSURANCE	69,699.
ALL OTHER EXPENSES	37,660.
TOTAL TO FORM 199, PART II, LINE 17	825,353.

CA 199	OTHER LIABILITIES	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER LIABILITIES	5,000.	0.
UNSECURED NOTES AND LOANS PAYABLE	12,279.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	17,279.	0.

CA 199	FUND BALANCES	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	3,801,305.	6,018,643.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	3,801,305.	6,018,643.

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**
 Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p>GLOBAL OPERATIONS & DEVELOPMENT Name of Organization</p> <p>GIVING CHILDREN HOPE List all DBAs and names the organization uses or has used</p> <p>8332 COMMONWEALTH AVENUE Address (Number and Street)</p> <p>BUENA PARK, CA 90621 City or Town, State, and ZIP Code</p> <p>714-523-4454 Telephone Number</p> <p>E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>CT090516</u></p> <p>Corporation or Organization No. <u>0969371</u></p> <p>Federal Employer ID No. <u>95-3464287</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019) list:

Gross Annual Revenue \$ <u>19,292,870</u>	Noncash Contributions \$ <u>17,721,769</u>	Total Assets \$ <u>8,311,177</u>
Program Expenses \$ <u>24,505,845</u>	Total Expenses \$ <u>25,235,572</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 7	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

JOSEPH SCHOENINGH	CEO	
Signature of Authorized Agent	Printed Name	Title
		Date

CA RRF-1	EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1	STATEMENT	7
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THERE WAS A \$10,706 FINANCIAL TRANSACTION FOR CONSULTING SERVICES BETWEEN GILBERT ASSOCIATION MGMT AND GIVING CHILDREN HOPE. GILBERT ASSOCIATION MGMT IS OWNED BY BOARD MEMBER DON GILBERT.