	000
Form	330

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

Do not enter social security numbers on this form as it may be made public.



						Open to Public
Interr	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest					Inspection
AF	For the	e 2018 calend	ar year, or tax year beginning OCT 1, 2018	and ending	SEP 30, 2019	
Ba	Check if Ipplicabl	e: C Name o	organization		D Employer identifie	cation number
	Addre	SS OPER	ATION FOOD SEARCH, INC.			
	Name	and the second s	usiness as		43-1	241854
-	_ chang	Contractor of Co	and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	_Ireturn Final return/		LOTSIE BLVD	1100m/suite	(314	
L	Jreturn/ termin ated		own, state or province, country, and ZIP or foreign postal c	ode	G Gross receipts \$	39,351,106.
	Amen	ded Cm	LOUIS, MO 63132	oue	H(a) Is this a group re	
-	_lreturn _Applic _tion		nd address of principal officer:KRISTEN WILD		for subordinates	
L	pendir		AS C ABOVE		H(b) Are all subordinates in	·····
		empt status:		47(a)(1) or 527	-	list. (see instructions)
	Ax-exe		OPERATIONFOODSEARCH.ORG		H(c) Group exemption	
-		organization:		NON-PL Vear		State of legal domicile: MO
(Contraction of the	art I	Summary				I State of legal dominine, 110
L			e the organization's mission or most significant activities:	TONOURTSE	AND EDUCAT	E OUR
Ce		NETCHBO	RS IN NEED TO HEAL THE HURT O	F HINGER		
nan	· ·				a then OEN/ of its pat as	
veri	1		★ ↓ if the organization discontinued its operations of the severation had (Part )(Line 1a)		1.1	12
ĝ				·····		12
õ	1		ependent voting members of the governing body (Part VI, I		······	37
ties			of individuals employed in calendar year 2018 (Part V, line 2			6735
Activities & Governance			of volunteers (estimate if necessary)			
Aci			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 38		1	
Ъ					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		35,633,414.	38,581,318.
Revenue	1	0	ce revenue (Part VIII, line 2g)		70,190.	92,175.
sev.	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		18,321.	37,759.
<u>L</u>	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		85,692.	107,519.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), li	ne 12)	35,807,617.	38,818,771.
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		30,835,942.	33,265,429.
	1				0.	0.
တ္ဆ	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), line	es 5-10)	1,792,319.	2,291,189.
Expenses	16a	Professional f	ndraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)		210,201.	236,758.
be	Ь	Total fundrais	ng expenses (Part IX, column (D), line 25)	02,815.		
ŵ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,832,589.	2,499,392.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,671,051.	38,292,768.
		•	expenses. Subtract line 18 from line 12		1,136,566.	526,003.
or					eginning of Current Year	End of Year
ets lanc	20	Total assets (F	Part X, line 16)		10,258,915.	10,915,632.
Ass Ba	21		(Part X, line 26)		493,095.	603,096.
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20		9,765,820.	10,312,536.
	art II	Signature				
-	the second second second		declare that I have examined this return, including accompanying	schedules and statem	nents and to the best of m	knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information			
	001100		his Carl V A A A		2/7	120
Ciar	_	Signature	of officer		Date	pa
Sig		P 5 1	TEN WILD, EXECUTIVE DIRECTOR			
Her	e		rint name and title			
				Т	Date Check	I PTIN
Date	,	Print/Type prep ד ד כי איד			UNCOK	
Paid	1		EMPERT, CPA	ľ	02/17/20 self-employe	$\frac{1}{4}$ P00665684
Prep	1	Firm's name	SFW PARTNERS, LLC	0	Firm's EIN 🕨	43-1764273
use	Only	Firm's address		U		4 5 6 0 0 0 0 0
			SAINT LOUIS, MO 63131-1891		Phone no. 31	4-569-3333
May	the IF	RS discuss this	return with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 832001 12-31-18

	990 (2018) OPERATION FOOD SEARCH, INC. 43-1241854 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO NOURISH AND EDUCATE OUR NEIGHBORS IN NEED TO HEAL THE HURT OF HUNGER
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 34,454,401. including grants of \$ 33,265,429.) (Revenue \$ 1,500.
	FOUNDED IN 1981, OPERATION FOOD SEARCH (OFS) IS A HUNGER RELIEF
	ORGANIZATION THAT PROVIDES FREE FOOD, NUTRITION EDUCATION AND
	INNOVATIVE PROGRAMS PROVEN TO REDUCE FOOD INSECURITY. WITH A STRATEGIC
	FOCUS AIMED AT ENDING CHILDHOOD HUNGER, OFS EMPOWERS FAMILIES AND INCREASES ACCESS TO HEALTHY AND AFFORDABLE FOOD. THE AGENCY PROVIDES
	FOOD AND SERVICES TO NEARLY 200,000 INDIVIDUALS ON A MONTHLY BASIS -
	ONE-THIRD OF WHOM ARE CHILDREN - THROUGH A NETWORK OF 330 COMMUNITY
	PARTNERS IN 30 MISSOURI AND ILLINOIS COUNTIES.
44	(Code: ) (Expenses \$ 831,133 · including grants of \$ ) (Revenue \$
4b	(Code:) (Expenses \$) (Revenue
	RECEIVE NUTRITIOUS MEALS WHEN SCHOOL IS NOT IN SESSION. OUR SUMMER
	MEALS PROGRAM PROVIDES THOUSANDS OF CHILDREN WITH MEALS THROUGH
	STATIONARY AND MOBILE SITES THROUGHOUT THE ST. LOUIS REGION DURING THE
	SUMMER MONTHS. OUR AFTERSCHOOL REFUEL PROVIDES CHILDREN WITH A MEAL
	AFTER THE BELL RINGS, EITHER AT SCHOOL OR AT PARTNER LOCATIONS SUCH AS LIBRARIES. THESE MEALS PROVIDE THE FUEL NEEDED FOR CHILDREN TO BE
	SUCCESSFUL FOR THE REMAINDER OF THE DAY.
	700.200
4c	(Code: ) (Expenses \$ 709,360. including grants of \$ ) (Revenue \$ FRESH RX IS A PROGRAM DESIGNED BY OPERATION FOOD SEARCH TO CONNECT
	QUALIFYING FAMILIES WITH FRESH, LOCAL FOOD AND PROVIDE RESOURCES FOR A
	HEALTHY HOUSEHOLD. WE PARTNER WITH DOCTORS AND SCHOOLS TO PROVIDE
	PRESCRIPTIONS FOR HEALTHY FOOD, HELPING FAMILIES THRIVE FROM BETTER
	NUTRITION, REDUCING HEALTHCARE COSTS, AND BENEFITING LOCAL FARMERS. OUR
	PROGRAM FOCUSES ON TWO GROUPS: (1) NOURISHING HEALTHY STARTS: FOOD AND
	RESOURCES FOR EXPECTANT MOMS & THEIR FAMILIES (2) PRESCRIBING HEALTHY
	FUTURES: NOURISHING AND ENGAGING KIDS WHERE THEY LEARN & PLAY
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,115,985. including grants of \$ ) (Revenue \$ 90,675.)
4e	Total program service expenses ► 37,110,879.
	Form <b>990</b> (201
83200	2 12-31-18

Form	990	(2018)

 Form 990 (2018)
 OPERATION FOOD SEARCH, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-		
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form **990** (2018)

	Form 990 (2	2018)	OPERATION	FOOD	SEA
Ì	Part IV	Checklist	of Required Schedu	lles (cont	inued)

OPERATION FOOD SEARCH, INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	06		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		- 23
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>.</u> _
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	Х	
				1

Form 990	
Part V	Sta

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 37						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
5a							
b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		x			
	any contributions that were not tax deductible as charitable contributions?	6a		~			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	~					
-	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	7-	х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7h	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x			
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70					
e e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X			
9 h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h					
-	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.	8					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
	Enter the amount of reserves on hand			v			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<b> </b>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v			
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.			v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2018)

20	State the name, KRISTEN	,			person wł	no possesses t	he organization's	s books and re
	1644 LOT	SIE BL	VD, ST.	LOUIS,	MO	63132		

544	LOTSIE	BLVD.	ST.	LOUTS.	MO	63132
7 = =	TOIDID	, עיום	DT.	HOOTD,	110	03132

Form 990 (2018)

X

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			<u> </u>
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	12.0		
U	in Schedule O how this was done	12c	x	
13		13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
h	Other officers or key employees of the organization	15a		x
D.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
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)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	y)	a, unc	
	X       Own website       X       Another's website       X       Upon request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.	ail		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KRISTEN WILD - 314-726-5355			

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	mployees, 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 is 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>				1		from the	from related	other
	(list any hours for	direct				Ρ		organization	organizations (W-2/1099-MISC)	compensation from the
	related	tee or	Istee			en sate		(W-2/1099-MISC)	()	organization
	organizations	l trus	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUNNY SCHAEFER	line)	Ind	lns	ŧ	Key	en Hig	P E			
EXECUTIVE DIRECTOR	50.00	x		x				186,539.	0.	10,977.
(2) DR. KELVIN ADAMS	1.00						<u> </u>	100,339.	0.	10,977.
DIRECTOR	1.00	x						0.	0.	0.
(3) ERIN BROOKS	1.00									<b>0.</b>
DIRECTOR		x						0.	0.	0.
(4) LISA PELIKAN	2.00									
CHAIRMAN		x		x				0.	0.	0.
(5) AMY ALTHOLZ	1.00									
TREASURER		X		X				0.	0.	0.
(6) RYAN CUBA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JIM GOEBEL	1.00									
DIRECTOR		X						0.	0.	0.
(8) SKIP SPIELBERG	1.00									
VICE CHAIRMAN		X		Х				0.	0.	0.
(9) ROBERT KESSLER	1.00									<u> </u>
SECRETARY	1 00	X		X				0.	0.	0.
(10) JULIE HOFF	1.00	.,								0
DIRECTOR	1 0 0	X						0.	0.	0.
(11) RICK STEVENS	1.00	x						0.	0.	0
DIRECTOR (12) ALAN SCHULTZ	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(13) JOHN NATIONS	1.00					-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) KRISTEN WILD	50.00									<b>0.</b>
EXECUTIVE DIRECTOR				x				0.	0.	0.
		1								

	990 (2018) OPERATIO									43-12	241	854	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	ss pe	ition more rson	than o than o is both pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org and	pensa om the anizat d relat anizatie	e ion ed
									186,539.		0.	- 1	0,9	
с	Sub-total Total from continuation sheets to Part V	II, Section A							186,539. 0. 186,539.		0.		0,9	0.
-	Total (add lines 1b and 1c)								-	,000 of reportab	-	<u> </u>	0,9	//. 1
	compensation from the organization												Yes	⊥ No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	,		,		•			highest compensated e			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$15		le co	omp	ensa	atior	n and	d ot	her compensation from			4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>					-			•			5		х
-	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		ipensa			
	(A) Name and business	address	N	ONE	3				(B) Description of s	services	C	(C ompei		n
								_						
2	Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot li	mite	d to		se lis )	stec	d above) who received n	nore than				

Form 990 (20	
Part VIII	

B) OPERATION FOOD SEARCH, INC. Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
				,	<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
and Other Similar Amounts	1 a	Federated campaigns	1a					
no	b	Membership dues	1b					
A B B		Fundraising events		122,267.				
ar		Related organizations						
Ē		Government grants (contributi		514,135.				
ŝ		All other contributions, gifts, grant						
the		similar amounts not included abov		37,944,916.				
Ò	a	Noncash contributions included in lines		33,103,443.				
ano	-	Total. Add lines 1a-1f	-		38,581,318.			
				Business Code				
	2 a	NUTRITION EDUCATION CL	ASSES	624210	90,675.	90,675.		
		HEALING HUNGER		624210	1,500.	1,500.		
anu	c							
ŠVē	d							
Revenue	e							
	f	All other program service reve	nue					
	י מ	Total. Add lines 2a-2f			92,175.			
_	3	Investment income (including			52,275.			
	3	· •			36,023.			36,02
	4	other similar amounts)			50,025.			50,02
	4							
	5	Royalties						
	•		(i) Real	(ii) Personal				
		Gross rents	115,575.					
		Less: rental expenses	84,650.					
		Rental income or (loss)	30,925.					
		Net rental income or (loss)			30,925.			30,92
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	410,466.	6,375.				
	b	Less: cost or other basis						
		and sales expenses	415,105.					
	с	Gain or (loss)	-4,639.	6,375.				
	d	Net gain or (loss)		🕨	1,736.			1,73
e	8 a	Gross income from fundraising	g events (not					
Uther Kevenu		including \$ 122	,267. of					
Ĕ		contributions reported on line	1c). See					
r r		Part IV, line 18	a	81,511.				
	b	Less: direct expenses		32,580.				
ן כ		Net income or (loss) from fund			48,931.			48,93
		Gross income from gaming ac	•					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	.5 a	and allowances						
	h	Less: cost of goods sold						
ł	C	Net income or (loss) from sale						
ł	44 -	Miscellaneous Revenu	e	Business Code 900099	27 662			27 66
				300033	27,663.			27,66
	b			<b>├</b> ──── <b>├</b>				
	c			<b>├</b> ──── <b>│</b>				
	d	All other revenue		L				
	е	Total. Add lines 11a-11d			27,663.			
	12	Total revenue. See instructions		🕨 📔	38,818,771.	92,175.	0	145,27

OPERATION FOOD SEARCH, INC.

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 respor	poo or poto to any lino in	this Dort IV		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	33,265,429.	33,265,429.		
0	Grants and other assistance to domestic	55,205,425.	55,205,425.		
2					
	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		CO 100	CO 100	CO 100
	trustees, and key employees	186,540.	62,180.	62,180.	62,180.
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	1,717,792.	1,289,896.	128,253.	299,643.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	258,231.	197,703.	21,508.	39,020.
10	Payroll taxes	128,626.	91,324.	12,863.	24,439.
11	Fees for services (non-employees):				
а	Management	394,308.	249,500.	11,594.	133,214.
	Legal				
	Accounting	13,000.		13,000.	
	Lobbying	30,500.	30,500.		
	Professional fundraising services. See Part IV, line 17	236,758.			236,758.
f	Investment management fees				
g					
-	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	225,128.	190,829.	15,216.	19,083.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	54,424.	52,247.	544.	1,633.
18	Payments of travel or entertainment expenses				•
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	281,739.	266,087.		15,652.
22		66,418.	59,276.		7,142.
23 24	Other expenses. Itemize expenses not covered	,			.,===
27	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 0.)				
а	FOOD PURCHASES	945,518.	945,518.	0.	0.
a b	SHIPPING	113,355.	113,355.	0.	0.
	PROGRAM EXPENSES	97,577.	97,577.	0.	0.
c d	COMMUNICATION	85,451.	57,252.	9,400.	18,799.
		191,974.	142,206.	4,516.	45,252.
	All other expenses	38,292,768.	37,110,879.	279,074.	902,815.
25	Total functional expenses. Add lines 1 through 24e	50,252,100.	57,110,079.	217,0140	JU4,01J.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	0.	0.	0.	Λ
	Check here 🕨 🗴 if following SOP 98-2 (ASC 958-720)	0.	υ.	υ.	

OPERATION FOOD SEARCH, INC.
-----------------------------

43-1241854 Page 11

			a to ony line in this Dart V				
		Check if Schedule O contains a response or not	e to any line in this Part X	<u></u>			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	4	Cash - non-interest-bearing			206,044.	1	37,128.
		Savings and temporary cash investments		1,550,243.	2	1,560,852.	
		Pledges and grants receivable, net			1,209,857.	3	1,218,437.
Fund Balances         Liabilities         Assets           1         5         9           1         5         6           1         5         6           1         15         16           10         11         15           10         11         15           10         11         16           11         15         16           12         13         14           12         13         14           12         13         14           15         16         27           26         27         26           27         26         27           28         29         20           29         20         21           20         21         22           26         27         26           27         26         27           28         29         20           29         20         20           20         20         20           21         25         26           22         25         26           24         25					14,050.	4	28,050.
		Accounts receivable, net Loans and other receivables from current and for		····· -	11,050.	4	20,050.
	5						
		trustees, key employees, and highest compense Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persons (as defined u			5	
		section 4958(f)(1)), persons described in section					
Tiabilities Line		employers and sponsoring organizations of sec		uung			
		employees' beneficiary organizations (see instr).				6	
	7	Notes and loans receivable, net					
		Inventories for sale or use			1 111 945.	-	860,685.
		Prepaid expenses and deferred charges					15,938.
					10,0100	9	1375301
		basis Complete Part VI of Schedule D	6.378.0	23.			
	h	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a 0,0,0,0	98.	5.552.081.	100	5,427,925.
		Investments - publicly traded securities			604,077.		1,766,617.
		Investments - other securities. See Part IV, line			,	12	
		Investments - program-related. See Part IV, line					
		Intangible assets					
		Other assets. See Part IV, line 11				15	
		Total assets. Add lines 1 through 15 (must equ			10,258,915.	16	10,915,632.
		Accounts payable and accrued expenses			13 14 15 10,258,915.16 493,095.17 18 19 20 21 21 21 22 23 24 24 25	17	603,096.
		Grants payable				18	, ,
		Deferred revenue				19	
						20	
		Escrow or custodial account liability. Complete		-		21	
ŝ		Loans and other payables to current and former					
Net Assets or Fund Balances Liabilities		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
E	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate		-		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Complete Part X o	of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			493,095.	26	603,096.
		Organizations that follow SFAS 117 (ASC 958	i), check here 🕨 🛛 🐰	and			
es		complete lines 27 through 29, and lines 33 ar					
Net Assets or Fund Balances Liabilities Li	27	Unrestricted net assets		8,556,115.	27	7,715,410.	
	28	Temporarily restricted net assets		1,209,705.	28	1,431,918.	
	29	Permanently restricted net assets			29	1,165,208.	
		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨				
o		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
Ast		Paid-in or capital surplus, or land, building, or ed		-		31	
Vet		Retained earnings, endowment, accumulated in				32	
~		Total net assets or fund balances			9,765,820.	33	10,312,536.
	34	Total liabilities and net assets/fund balances			10,258,915.	34	10,915,632.

Form 990 (2018)

# Part X | Balance Sheet

<b>F</b>	000	1004	<b>^</b>
Form	990	(201	8)

	1990 (2018) OPERATION FOOD SEARCH, INC.	43-1	24185	54	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
			20 (	010		71
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,8 38,2			
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3				03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,			20.
5	Net unrealized gains (losses) on investments	5				13.
6	Donated services and use of facilities	6		52	ά, Ι	12.
7	Investment expenses	7				
8	Prior period adjustments	8		~ ~ ~	<u> </u>	10
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-32	ά, Ι	12.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					~ ~
_	column (B))	10	10,3	312	2,5	36.
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	:			
	Act and OMB Circular A-133?	-		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

Зb

SCHEDULE A	
------------	--

Department of the Treasury

Internal Revenue Service

(	Form	990	or	990-EZ	)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name o	of the organization							identification number		
Part			SEARCH, INC		ic part ) S	oo instruction		3-1241854		
							5.			
	anization is not a private found									
	A church, convention of ch					I)(A)(I).				
2	A school described in <b>sect</b>					,				
3	A hospital or a cooperative					•		Ale - Is		
4 🗆	A medical research organiz	ation operated in co	njunction with a nospita	described	a in sectio	A)(1)(d)(1)(A	)(III). Enter	the hospital's name,		
	city, and state:									
5 🗆	An organization operated for		bliege or university owned	a or opera	ted by a g	overnmental l	unit descrit	bed in		
•	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 L	<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in</li> </ul>									
7 <u>X</u>			antial part of its support i	rom a gov	ernmental	l unit or from t	ne general	public described in		
<b>o</b> [	section 170(b)(1)(A)(vi). (C									
8	A community trust describe						11			
9 🗆	An agricultural research or									
	or university or a non-land-	grant college of agric	culture (see instructions).	Enterthe	name, cit	y, and state o	r the collec	je or		
10	university:		than 22 1/20/ of its our	nort from	oontributi	ana mambar	hin face of	and grace receipte from		
	An organization that norma									
	activities related to its exer									
	income and unrelated busi See <b>section 509(a)(2).</b> (Co		(less section 511 tax) in	om busine	esses acqu	lifed by the of	gamzation	alter Julie 30, 1975.		
11	An organization organized	• •	ively to test for public so	foty Soo	caction 5(	$\Omega(a)(4)$				
12	An organization organized	•					arry out the	a nurnoses of one or		
	more publicly supported or									
	lines 12a through 12d that	-								
a	Type I. A supporting orga				-		-	<i>i</i> aivina		
ŭ	the supported organization	-	-	•						
	organization. You must o		• • • •	a majority .				supporting		
b	Type II. A supporting org	-		tion with it	ts sunnort	ed organizatio	n(s) by ha	avina		
	control or management of	-				-		-		
	organization(s). You mus						.gee eur			
с	Type III functionally inte	•		in connec	tion with	and functiona	llv integrat	ed with		
• -	its supported organizatio									
d [	Type III non-functionally	. , .	· ·	-			rted organ	ization(s)		
	that is not functionally inf		• •				-			
	requirement (see instruct	0	0 1	•		•				
<b>e</b> [	Check this box if the orga						II, Type III			
	functionally integrated, o					, , , , , , , , , , , , , , , , , , ,	, <b>,</b>			
f Ei	nter the number of supported	organizations	, , ,							
	rovide the following information							·		
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of		(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
								1		

## Schedule A (Form 990 or 990-EZ) 2018 OPERATION FOOD SEARCH, INC. Part II Support Schedule for Organizations Described in Sections 17

43-1241854 Page 2

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 failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	37,262,983.	34,818,640.	34,755,032.	35,677,221.	38,491,163.	181,005,039.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	37,262,983.	34,818,640.	34,755,032.	35,677,221.	38 /01 163	181,005,039.
		57,202,903.	54,010,040.	54,755,052.	55,077,221.	30,491,103.	101,005,055.
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)						81,644,590.
	Public support. Subtract line 5 from line 4.						99,360,449.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	37,262,983.	34,818,640.	34,755,032.	35,677,221.	38,491,163.	181,005,039.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27,095.	42,369.	123,294.	125,194.	151,598.	469,550.
9	Net income from unrelated business	-	-				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	28,373.	92 477.	169 828.	131 382.	168,769.	590 829.
44	Total support. Add lines 7 through 10	2070701	5272770	105,0101	101/0010	20071050	182,065,418.
	Gross receipts from related activities,		200			12	,,
	First five years. If the Form 990 is for	,	,	d fourth or fifth to			
13	-	-	inst, second, trii	u, iourtii, or iiitii ta	ax year as a sectio	11 50 1(0)(5)	
Sec	organization, check this box and stop ction C. Computation of Public		rcentage				
-				volumon (f))		14	54.57 %
	Public support percentage for 2018 (I					14	F C 01
	Public support percentage from 2017						
108	<b>33 1/3% support test - 2018.</b> If the c	-					
	stop here. The organization qualifies						
	<b>33 1/3% support test - 2017.</b> If the c						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	t - 2017. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2018

# Schedule A (Form 990 or 990-EZ) 2018 OPERATION FOOD SEARCH, INC. 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.)

Se	ction A. Public Support		_				_
Cal	endar 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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(a) 2014	(b) 2013	(0) 2010	(u) 2017	(e) 2010	
	a Gross income from interest,						
101	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	(less section 511 taxes) from businesses						
	anguired offer June 20, 1075						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b.						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organi	zation,
_							
-	ction C. Computation of Publ						
	Public support percentage for 2018 (I			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from		· · · ·			18	%
19;	a 33 1/3% support tests - 2018. If the						17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	fies as a publicly	supported organization	ation	▶∟
I	<b>33 1/3% support tests - 2017.</b> If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶∟

# Schedule A (Form 990 or 990-EZ) 2018 OPERATION FOOD SEARCH, INC.

# 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? *If "Yes," provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

# Schedule A (Form 990 or 990-EZ) 2018 OPERATION FOOD SEARCH, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
	tion 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yeatsee instructions			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	3b		

Schedule A (Form 990 or 990-EZ) 2018

# Schedule A (Form 990 or 990 EZ) 2018 OPERATION FOOD SEARCH, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

Sect	tion A Adjusted Net Income		(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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	v integrate	ed Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

1

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on 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 (reason-			
	able 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			
<u>    i</u>	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: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
-	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 <b>Part VI.</b> 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:			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

# Schedule A (Form 990 or 990-EZ) 2018 OPERATION FOOD SEARCH, INC.

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS	
2014 AMOUNT: \$	28,373.
2015 AMOUNT: \$	29,573.
2016 AMOUNT: \$	76,548.
2017 AMOUNT: \$	28,958.
2018 AMOUNT: \$	48,931.
OTHER	
2015 AMOUNT: \$	62,904.
2016 AMOUNT: \$	93,280.
2017 AMOUNT: \$	102,424.
2018 AMOUNT: \$	119,838.

SCHEDULE C	Pc	OMB No. 1545-0047					
(Form 990 or 990-EZ)		Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527					
	-	if the organization is described					
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for i			- Open to Public Inspection		
If the organization answ	wered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	ne 46 (Political Campaign )	Activities), then		
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Con	nplete Parts I-A and B. Do not com	plete Part I-C.				
		01(c)(3)) organizations: Complete I	Parts I-A and C below.	. Do not complete Part I-B.			
Section 527 organiza	•	•		<i></i>	·		
•		n Form 990, Part IV, line 4, or For	, ,				
		have filed Form 5768 (election und have NOT filed Form 5768 (electio		-	-		
		n Form 990, Part IV, line 5 (Proxy			•		
Tax) (see separate inst		11 of 11 330, P at 14, line 3 (P10Xy			LZ, Fait V, inte SSC (Froxy		
		tions: Complete Part III.					
Name of organization	· · · · ·	·		Emplo	oyer identification number		
		ON FOOD SEARCH, I			43-1241854		
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	rganization.		
		ation's direct and indirect politica		<b>N</b> .			
2 Political campaign a				▶\$			
3 Volunteer hours for	political campai	gn activities					
Part I-B Comple	ete if the ord	anization is exempt unde	r section 501(c)(	3).			
		incurred by the organization unde		-			
2 Enter the amount o	f any excise tax	incurred by organization manager	s under section 4955	▶\$			
		n 4955 tax, did it file Form 4720 fo					
<b>b</b> If "Yes," describe ir	n Part IV.						
Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),		c)(3).		
		d by the filing organization for sect					
		ization's funds contributed to othe					
		. Add lines 1 and 2. Enter here an					
		<b>1120-POL</b> for this year?			Yes No		
00		nployer identification number (EIN		litical organizations to which			
		tion listed, enter the amount paid					
		omptly and directly delivered to a					
political action com	mittee (PAC). If	additional space is needed, provid	le information in Part I	IV.			
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political		
				filing organization's	contributions received and promptly and directly		
				funds. If none, enter -0	delivered to a separate		
					political organization.		
					If none, enter -0		
					· · · · · · · · · · · · · · · · · · ·		

Schedule C (	Form 990 or 990-EZ	2018	OPERATION	FOOD	SEARCH.	
		, 2010		TOOD		

Sch	Schedule C (Form 990 or 990-EZ) 2018 OPERATION FOOD SEARCH, INC. 43-1241854 Page 2							
Pa	rt II-A   Complete if the organizatio	n is exempt u	Inder section	n 501(c)(3) and f	iled Form 5768 (el	ection und	der	
	section 501(h)).							
A C	heck 🕨 🛄 if the filing organization belong	gs to an affiliated g	group (and list in	Part IV each affiliate	d group member's nam	e, address, E	IN,	
	expenses, and share of exces	s lobbying expend	ditures).					
ВC	heck 🕨 🔲 if the filing organization check	ed box A and "limi	ted control" pro	visions apply.				
	Limits on Lobb (The term "expenditures" m	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliatec totals					
1a	Total lobbying expenditures to influence publ	ic opinion (grass r	oots lobbying)					
b	Total lobbying expenditures to influence a leg	islative body (dire	ct lobbying)		30,500.			
c	Total lobbying expenditures (add lines 1a and	11b)			30,500.			
d	Other exempt purpose expenditures				38,157,725.			
е	Total exempt purpose expenditures (add line	s 1c and 1d)			38,188,225.			
f	Lobbying nontaxable amount. Enter the amou	unt from the follow	ing table in bot	h columns.	1,000,000.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying I	nontaxable amo	ount is:				
	Not over \$500,000	20% of the am	ount on line 1e.					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the exc	ess over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the exc	ess over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the exce	ss over \$1,500,000.				
	Over \$17,000,000	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25% of	250,000.						
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-			0.			
i	Subtract line 1f from line 1c. If zero or less, er				0.			
j	If there is an amount other than zero on eithe	r line 1h or line 1i,	did the organiza	ation file Form 4720	F			
	reporting section 4911 tax for this year?				L	Yes	No	
		A-Voor Avoraging	Doriod Under	Section 501/h)				

### 4-Year Averaging Period Under Section 501(h)

# (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					3,000,000.
c Total lobbying expenditures			24,000.	30,500.	54,500.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	(5), or se	ection	
	501(c)(6).				
			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year	? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
	t IV Supplemental Information		•		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE	D
----------	---

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.



Nam	e of the organization		Employer identification number
	OPERATION FOOD SEA		43-1241854
Pa			Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	lonly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education)	ly important land area
	Protection of natural habitat	Preservation of a certified I	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a d	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year ►		
4	Number of states where property subject to conservation east	sement is located 🕨	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	rganization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o		<sup>r</sup> 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 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, each	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

\$ ►

Sche	dule D (Form 990) 2018 OPERATI	ON FOOD SE	ARCH	H, INC.	,		4	3-12	41854	l Pa	age <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, His	storical Tr	reasures, o	or Othe	r Simila	r Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, cheo	ck any of the	following tha	t are a sig	inificant u	se of its	collection	item	s
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how t	they further t	the organizati	on's exem	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	nistorical trea	asures, or oth	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	anization's c	ollection?			L	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if th	e organizatio	on answered '	"Yes" on I	orm 990	, Part IV,	line 9, or		
10			diam ( for	r oontributiou	na ar athar an	aata nat ii	adudad				
1a	Is the organization an agent, trustee, custod		-						Vaa		No
h	on Form 990, Part X?							L	Yes		INO
b	If res, explain the arrangement in Part XIII	and complete the lo	nowing	table.					Amount		
•	Paginning balance						10		Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f 2a	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Par			- · · · · · · · · · · · · · · · · · · ·				 ງ				
		(a) Current year		Prior year	(c) Two year			ars hack	(e) Four	vears	hack
1a	Beginning of year balance	0.	()	i nor your	(0) 1110 your					youro	buon
	Contributions	1,137,767.									
	Net investment earnings, gains, and losses	19,441.									
	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
	End of year balance	1,157,208.									
2	Provide the estimated percentage of the cur	, ,	e (line '	1a. column (	a)) held as:						
	Board designated or quasi-endowment	rent year end balanc	%	rg, column (	a)) noid as.						
	Permanent endowment  98.00	%									
		2.00 %									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		ation th	at are held a	and administe	ared for th	e organiz:	ation			
ou	by:						c organiza			Yes	No
	(i) unrelated organizations									103	X
											x
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	tions listed as requi	rod on l	Schodulo P2	······				3b		
4	Describe in Part XIII the intended uses of the				·				30		
	t VI Land, Buildings, and Equipm		JWITIETT	l lulius.							
	Complete if the organization answere		0. Part I	IV. line 11a. S	See Form 990	). Part X. I	ine 10.				
	Description of property	(a) Cost or o		1	t or other		cumulated	4	(d) Book	value	j
		basis (investr			(other)	• •	reciation	-	(_,		-
1a	Land		,		8,143.				688	3,14	43.
	Buildings				34,267.	3	54,24	1.	4,180		
	Leasehold improvements			1							
	Equipment			93	35,316.	4	88,89	5.	446	5,4	21.
	Other				20,297.		06,96		113		
	Add lines 1a through 1e. (Column (d) must e		X. colu		-		,		5,427		
							<u></u>		D (Form	-	
							-			/	

		Other Securities.		··· · ·	
Schedule D	(Form 990) 2018	OPERATION	FOOD	SEARCH,	INC.

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 X

84,6	50.
Schedule D (Form 990	) 2018

43-1241854	Dogo 4

Sche	dule D (Form 990) 2018 OPERATION FOOD SEARCH, I	NC.		43-	1241854 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With			
	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	38,956,246.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	20,713.		
b	Donated services and use of facilities		32,112.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		84,650.		
е	Add lines 2a through 2d			2e	137,475.
3	Subtract line 2e from line 1			3	38,818,771.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	38,818,771.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	Retu	ırn.
			• •		
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•		
1		12a.		1	38,409,530.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a. <b>2a</b>			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a. 2a 2b	32,112.		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	12a. 			38,409,530.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	12a. 2a 2b 2c 2d	32,112.		38,409,530.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	32,112. 84,650.	1	38,409,530.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	12a. 2a 2b 2c 2d	32,112. 84,650.	1 2e	38,409,530.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	12a. 2a 2b 2c 2d	32,112. 84,650.	1 2e	38,409,530.
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	12a. 2a 2b 2c 2d 2d	32,112. 84,650.	1 2e	38,409,530.
1 2 3 4 8 4 8	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	12a. 2a 2b 2c 2d 2d 4a 4b	32,112. 84,650.	1 2e 3 4c	38,409,530. 116,762. 38,292,768. 0.
1 2 2 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> <i>(This must equal Form 990, Part I, line 18.</i>	12a. 2a 2b 2c 2d 2d 4a 4b	32,112. 84,650.	1 2e 3	38,409,530. 116,762. 38,292,768.
1 2 2 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	12a. 2a 2b 2c 2d 2d 4a 4b	32,112. 84,650.	1 2e 3 4c	38,409,530. 116,762. 38,292,768. 0.
1 2 b c d e 3 4 a b c 5 Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> <i>(This must equal Form 990, Part I, line 18.</i>	12a. 2a 2b 2c 2d 2d 4a 4b	32,112.	1 2e 3 4c 5	38,409,530. 116,762. 38,292,768. 0. 38,292,768.

# PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR ANY UNCERTAIN TAX POSITIONS IN ACCORDANCE
WITH THE INCOME TAXES TOPIC OF THE FASB ASC. THE TOPIC PRESCRIBES A
RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT
RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A
TAX RETURN. IN EVALUATING THE ORGANIZATION'S EXEMPT STATUS,
INTERPRETATIONS AND TAX PLANNING STRATEGIES ARE CONSIDERED. THE
ORGANIZATION BELIEVES IT IS NOT EXPOSED TO ANY MATERIAL CURRENT OR FUTURE
TAX LIABILITY BASED ON ITS CURRENT OPERATIONS.

# PART XI, LINE 2D - OTHER ADJUSTMENTS:

PART	XII,	LINE	2D	_	OTHER	ADJU	STMEN	TS:					
RENTA	L EX	PENSE	S									84,6	50.

SCHEDULE G	Suppleme	ntal Information Regardir	ng Fun	drais	ing or Gaming	Activi	ies	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" o organization entered more than S					if the	2018
Department of the Treasury		Attach to Form 99						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for ins	struction	is and	the latest informat			Inspection ntification number
Name of the organization		ON FOOD SEARCH, I	NC.				3-1241	
Part I Fundrais		Complete if the organization ans		es" o	n Form 990, Part IV,			
required to	complete this par	t.						
<ul> <li>a X Mail solicitati</li> <li>b X Internet and</li> <li>c X Phone solicit</li> <li>d X In-person sol</li> <li>2 a Did the organizatio key employees listed</li> <li>b If "Yes," list the 10</li> </ul>	ions email solicitations ations licitations n have a written o ed in Form 990, P highest paid indiv	s <b>f</b> X Solici <b>g</b> Spector or oral agreement with any individu Part VII) or entity in connection with viduals or entities (fundraisers) put	tation of tation of ial fundra ual (inclue profess	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, o	X Yes	
compensated at lea	ast \$5,000 by the	e organization.						
(i) Name and address or entity (fund		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or r fur	nount paid etained by) Idraiser I in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
GABRIEL GROUP - 319			Yes	No				
TRAIL SOUTH, EARTH	CITY, MO		_	X	713,356.		236,758.	476,598.
			_					
			_					
Total				. 🕨	713,356.		236,758.	476,598.
3 List all states in which or licensing.	ch the organizatio	on is registered or licensed to solic	it contrib	oution	s or has been notifie	d it is ex	empt from re	egistration
MO								

## Schedule G (Form 990 or 990-EZ) 2018 OPERATION FOOD SEARCH, INC.

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 HANDBAGS TO	(b) Event #2 GOLF	(c) Other events	(d) Total events
			END HUNGER	TOURNAMENT	2	(add col. <b>(a)</b> through
л			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Hevenue			02.056	67 105		202 770
	1	Gross receipts	83,056.	67,185.	53,537.	203,778.
	2	Less: Contributions	49,833.	40,311.	32,123.	122,267
	3	Gross income (line 1 minus line 2)	33,223.	26,874.	21,414.	81,511.
Τ						
	4	Cash prizes				
	5	Noncash prizes				
חווברו באחבווסבי	6	Rent/facility costs				
Š	Ū					
	7	Food and beverages				
,	8	Entertainment				
	9	Other direct expenses		10,273.	8,193.	32,580
	10	Direct expense summary. Add lines 4 through			▶	32,580
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	48,931
Pa	rt I	<b>II</b> Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
υ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Hevenue			(u) Billigo	bingo/progressive bingo		col. <b>(a)</b> through col. <b>(c</b> )
é						
-	1	Gross revenue				
s	2	Cash prizes				
2						
Ž X	3	Noncash prizes				
חווברו באחבוואבא	4	Rent/facility costs				
<u> </u>	•					
	5	Other direct expenses				
			Yes%	└── Yes %	└── Yes %	
	6	Volunteer labor	No No	└── No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•	
	•				····· ·	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		▶	
			, , , , , , , , , , , , , , , , , , , ,			
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
	_					
0a	We	re any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990 EZ) 2018 OPERATION FOOD SEARCH, INC.	43-1241854 Page 3
<ul><li>11 Does the organization conduct gaming activities with nonmembers?</li><li>12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed</li></ul>	Yes No
<ul><li>to administer charitable gaming?</li><li>Indicate the percentage of gaming activity conducted in:</li></ul>	Yes
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name	
Address	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization ▶ \$ and the gaming revenue received by the organization by the or	iount
of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided	
Director/officer Employee Independent contractor	
<ul> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen organization's own exempt activities during the tax year ► \$</li> </ul>	
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	/); and Part III, lines 9, 9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDR	AISERS:
(I) NAME OF FUNDRAISER: GABRIEL GROUP	
(I) ADDRESS OF FUNDRAISER: 3190 RIDER TRAIL SOUTH, EARTH CI	TY, MO 63045
PART I, LINE 2B, COLUMN (V):	
THE AMOUNT SHOWN ON SCHEDULE G, PART I, LINE 2B, COLUMN (V)	REPRESENTS
THE GROSS AMOUNT PAID TO THE FUNDRAISER, GABRIEL GROUP. THE WITH GABRIEL GROUP PROVIDES FOR THE PAYMENT OF FEES AND ALS	
	e G (Form 990 or 990-EZ) 2018
	. ,

Schedule G (Form 990 or 990-EZ) OI	PERATION FOOD SE	ARCH, INC.	43-1241854 Page 4
Part IV Supplemental Informat	ion (continued)		
PAYMENT OF FUNDRAISING	EXPENSES. HOW	EVER, THE AGREEMENT	DOES NOT
DISTINGUISH BETWEEN TH	IE FEES FOR PROF	ESSIONAL FUNDRAISIN	G SERVICES AND
PAYMENT OF FUNDRAISING	EXPENSES, THUS	, THE GROSS AMOUNT	PAID IS REPORTED.
FEES ARE FOR A DIRECT	MAIL PROGRAM.	FEES PAID BY THE OR	GANIZATION TO
GABRIEL GROUP ARE NOT	CONTINGENT UPON	REVENUE FROM THE M	AILINGS BUT ARE
BASED ON A RATE PER PI	ECE MAILED.		

\_

\_

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	arants and Oth vernments, an ete if the organizatio	nd Individual n answered "Yes" Attach to For	<b>ls in the Ŭn</b> ' on Form 990, Pa m 990.	ited States art IV, line 21 or 22.		OMB No. 1545-0047 <b>2018</b> Open to Public
Name of the organization		Go to www.ir	s.gov/Form990 fo	r the latest infori	mation.		Inspection Employer identification number
OPERATION	FOOD SEA	RCH, INC.					43-1241854
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?				, ,		
Part II Grants and Other Assistance to					anization answered "	/es" on Form 990. Par	IV. line 21. for any
recipient that received more than							,
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	( <b>h)</b> Purpose of grant or assistance
205 AGENCIES - DETAIL AVAILABLE UPON REOUEST		501(C)(3)	0.	33,265,429.	EST RETAIL OR	FOOD AND HOUSEHOLD ITEMS	FOOD DISTRIBUTION PROGRAM
		501(0)(3)		33,203,423.			TOOD DIDIKIDUTION TROGRAM
2 Enter total number of section 501(c)(3) a			ne line 1 table				·
3 Enter total number of other organization LHA For Paperwork Reduction Act Notice					<u></u>		 Schedule I (Form 990) (2018)

43-1241854

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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.

	HEDULE J rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			
(. 0	Compensated Employees	20	18	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to	Public	:
	tment of the Treasury       Attach to Form 990.         al Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.		ction	
Nam		Employer identificati	on num	ber
	OPERATION FOOD SEARCH, INC.	43-124185	4	
Ра	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal res			
	Tax indemnification and gross-up payments			
	Discretionary spending account	r, chef)		
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	16		
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		·····		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizat	tion's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant			
	X Form 990 of other organizations Approval by the board or compensation co	ommittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?			X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	<u>4c</u>		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section $501(c)(2)$ , $501(c)(4)$ , and $501(c)(20)$ organizations must complete lines 5.9			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		
5	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?			X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?			Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III			X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forr	n 990) 2	2018

### 43-1241854

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) SUNNY SCHAEFER	(i)	156,539.	30,000.	0.	6,294.	4,683.	197,516.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(II)]							

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**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.

Attach to Form 990.

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

Name of the organization

# OPERATION FOOD SEARCH, INC.

Employer	identification number
4	3-1241854

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermir	•	S
-	Art Marka of art			Form 990, Fart VIII, line Tg				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	37	20	00 074				
9	Securities - Publicly traded	X	20	89,2/4.	FAIR VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
14	Historic structures Qualified conservation contribution - Other							
14 15	Real estate - Residential							
16 17	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	x	106	33,014,169.				
19	Food inventory	A	100	55,014,109.	FAIR VALUE			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ► ()							
28	Other 🕨 ( )							
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	oy contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	te of the initia	al contribution, and	d which isn't required to be ι	used for			
	exempt purposes for the entire holding period	I?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions?	31	Х	
32a	Does the organization hire or use third parties							
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2018

describe in Part II.

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):

THE AMOUNT SHOWN ON LINE 19B REPRESENTS THE APPROXIMATE NUMBER OF

DONORS RATHER THAN THE NUMBER OF CONTRIBUTIONS. VARIOUS CONTRIBUTORS

MAKE REGULAR DONATIONS THROUGHOUT THE YEAR AND ONLY TOTAL CONTRIBUTION

AMOUNTS BY CONTRIBUTOR ARE TRACKED BY THE ORGANIZATION.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Employer identification number 43 - 1241854

OMB No 1545-0047

**Open to Public** 

Inspection

18

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

NON-PROFIT

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUR NUTRITION EDUCATION PROGRAMS TEACH LOW-INCOME KIDS, TEENS,

OPERATION FOOD SEARCH, INC.

FAMILIES, PARENTS AND ADULTS HOW TO PLAN, SHOP AND PREPARE HEALTHY AND

DELICIOUS MEALS THAT ARE AFFORDABLE. THIS HELPS BUILD THE FOOD SKILLS

NEEDED TO PUT HEALTHY MEALS ON THE TABLE EVERY DAY, WHICH IS CRITICAL

IN THE FIGHT TO END CHILDHOOD HUNGER AND FAMILY FOOD INSECURITY. EACH

COURSE IS SIX WEEKS LONG AND MEETS FOR TWO HOURS ONCE PER WEEK. ALL

TRAINING, MATERIALS AND CURRICULA IS PROVIDED.

EXPENSES \$ 486,564. INCLUDING GRANTS OF \$ 0. REVENUE \$ 90,675.

OPERATION BACKPACK PROVIDES WEEKLY SACKS OF KID-FRIENDLY, SHELF-STABLE

FOOD TO GET STUDENTS THROUGH THE WEEKEND WHEN SCHOOL MEALS ARE NOT

AVAILABLE. PARTICIPATING CHILDREN ARE DISCREETLY GIVEN THESE BACKPACKS

TO TAKE HOME, ENABLING THEM TO COME BACK TO SCHOOL ON MONDAY WITH THE

GOOD NUTRITION AND FOCUS THEY NEED TO ACHIEVE ACADEMIC SUCCESS.

EXPENSES \$ 629,421. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

ONE OF THE MEMBERS OF THE BOARD OF DIRECTORS WAS THE EXECUTIVE DIRECTOR OF

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

LINE 11A EXPLANATION - THE EXECUTIVE DIRECTOR WILL EMAIL A DRAFT OF THE

Schedule O (Form 990 or 990-EZ) (2018) Page 2			
Name of the organization	Employer identification number		
OPERATION FOOD SEARCH, INC.	43-1241854		
FORM 990 TO THE MEMBERS OF THE BUDGET, AUDIT AND LEGAL CO	MMITTEE. THESE		
MEMBERS ARE RESPONSIBLE FOR REVIEWING THE RETURN AND NOTI	FYING THE		
EXECUTIVE DIRECTOR OF THEIR APPROVAL PRIOR TO THE ORGANIZ	ATION FILING FORM		
990. A COPY OF THE FORM 990 IS EMAILED TO THE ENTIRE BOA	RD PRIOR TO		
FILING.			

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

THE ORGANIZATION'S OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE AT LEAST ONCE ANNUALLY THEIR BUSINESS INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. IN ADDITION, THE ORGANIZATION'S OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY IF THEY HAVE BENEFITTED FINANCIALLY FROM A DECISION HE OR SHE HAS OR COULD MAKE INCLUDING INDIRECT BENEFITS TO FAMILY MEMBERS. A CONFLICT OF INTEREST DISCLOSURE FORM IS DISTRIBUTED ANNUALLY TO THE ORGANIZATION'S OFFICERS, DIRECTORS AND EMPLOYEES. EACH PERSON IS ASKED TO ACKNOWLEDGE RECEIPT OF THE CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM, ACKNOWLEDGE THAT HE OR SHE UNDERSTANDS THE POLICY AND THAT HE OR SHE AGREES TO COMPLY WITH THE POLICY. IN ADDITION, DIRECTORS, OFFICERS AND EMPLOYEES MUST CERTIFY THAT HE OR SHE HAS NO ACTUAL OR POSSIBLE CONFLICT OF INTEREST OR DESCRIBE ANY RELATIONSHIPS, TRANSACTIONS OR OTHER CIRCUMSTANCES THAT COULD RESULT IN A CONFLICT OF INTEREST. ANY REPORTED CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS. THE ORGANIZATION DOES NOT ALLOW FOR ANY SUBSTANTIVE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: THE HUMAN RESOURCES COMMITTEE OF OPERATION FOOD SEARCH ANNUALLY REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR TO DETERMINE SUITABLE COMPENSATION.

COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BASED UPON

	D
Schedule O (Form 990 or 990-EZ) (2018) Name of the organization OPERATION FOOD SEARCH, INC.	Page 2 Employer identification number 43-1241854
PERFORMANCE. COMPARABILITY DATA IS USED TO DETERMINE FAIR	NESS AND
EQUABILITY. THE PROCESS FOR DETERMINATION OF COMPENSATION	INCLUDES A REVIEW
OF COMPARABILITY DATA INCLUDING COMPENSATION COMPARATIVES	MADE WITH SIMILAR
NONPROFIT ORGANIZATIONS SUCH AS FOOD BANKS AND OTHER HUNG	ER RELIEF
ORGANZIATIONS, AS WELL AS COMPENSATION SURVEYS AND REVIEW	OF 990S OF
SIMILAR ORGANIZATIONS. THE SALARY RECOMMENDATIONS OF THE	HUMAN RESOURCES
COMMITTEE ARE SUBMITTED TO THE CHAIRMAN OF THE BOARD OF D	IRECTORS FOR
APPROVAL. THE HUMAN RESOURCES COMMITTEE WILL RETAIN DOCUM	ENTATION OF THE
DELIBERATION AND FINAL DECISION.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE BY MAIL, E-MAIL, OR PHONE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DONATED SERVICES	-32,112.
FORM 990, PART XII, 2C	
THE ORGANIZATION HAS NOT CHANGED ITS PROCESSES DURING THE	CURRENT YEAR.
SCHEDULE M, PART 1, LINE 19B	
THE AMOUNT SHOWN ON LINE 19B REPRESENTS THE APPROXIMATE N	UMBER OF
DONORS RATHER THAN THE NUMBER OF CONTRIBUTIONS. VARIOUS CO	ONTRIBUTORS
MAKE REGULAR DONATIONS THROUGHOUT THE YEAR AND ONLY TOTAL	CONTRIBUTION

AMOUNTS BY CONTRIBUTOR ARE TRACKED BY THE ORGANIZATION.

SCHEDULE G, PART 1, LINE 2B, COLUMN (V)

THE AMOUNT SHOWN ON LINE 2B, COLUMN (V) REPRESENTS THE GROSS AMOUNT

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization OPERATION FOOD SEARCH, INC.	Employer identification number 43-1241854
PAID TO THE FUNDRAISER, GABRIEL GROUP. THE AGREEMENT WITH	GABRIEL GROUP
PROVIDES FOR THE PAYMENT OF FEES AND ALSO FOR THE PAYMENT	OF
FUNDRAISING EXPENSES. HOWEVER, THE AGREEMENT DOES NOT DIS	TINGUISH
BETWEEN THE FEES FOR PROFESSIONAL FUNDRAISING SERVICES AN	D PAYMENT OF
FUNDRAISING EXPENSES, THUS, THE GROSS AMOUNT PAID IS REPO	RTED.