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1-16-10

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

OPERATION HOLIDAY, INC.

22

2169379

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

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from interest, dividends, and unrelated business taxable income (less section 511 tax) from businesses



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11 An organization or individual operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I Type II c Type III-Functionally integrated d Type III-Other

e By checking this box, you certify that the organization is not controlled directly or indirectly by one or more disqualified persons (other than the officers and directors) and other than one or more publicly supported organizations described in section 509(a)(3).

f If you have received a determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check the appropriate box.



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11/04/09, PERSON 1

(i) person who directly or indirectly controls, either alone or together with persons described in (ii) the governing body of the supported organization?

	Yes	No
973(1)		✓



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h Provide the following information for the organizations the organization supports.

(i) Name (include full legal name)	(ii) EIN	(iii) Type of organization (e.g., 501(c)(3), 501(c)(29), etc.)	(iv) Is the organization in col. (i) listed in your governing document?		(v) Do you newly support the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the US?	(vii) Amount reported
			Yes	No	Yes	No		
See attached schedule				✓	✓		✓	295.00
Total								295.00

