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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**

**Open to Public  
Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>OPERATION HOLIDAY, INC.</b>		<b>D</b> Employer identification number 22-2169379
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>51 SOUTH STREET</b>		<b>E</b> Telephone number 973-539-0467
		City or town, state or country, and ZIP + 4 <b>MORRISTOWN, NJ 07960-8106</b>		<b>F</b> Group Exemption Number ▶ N/A

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

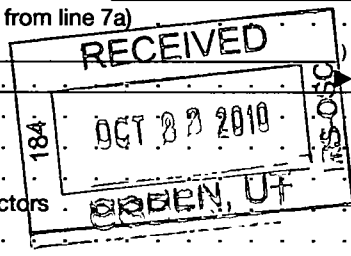
**J** Tax-exempt status (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 136974.85

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received						136420.14																								
	2	Program service revenue including government fees and contracts						0																								
	3	Membership dues and assessments						0																								
	4	Investment income						554.71																								
	5a	Gross amount from sale of assets other than inventory					0																									
	5b	Less: cost or other basis and sales expenses					0																									
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0																							
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																														
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)					0																									
	6b	Less: direct expenses other than fundraising expenses					0																									
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							0																								
7a	Gross sales of inventory, less returns and allowances					0																										
7b	Less: cost of goods sold					0																										
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							0																								
8	Other revenue (describe ▶)							0																								
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							136974.85																								
Expenses	10	Grants and similar amounts paid (attach schedule)						132570.67																								
	11	Benefits paid to or for members						0																								
	12	Salaries, other compensation, and employee benefits						0																								
	13	Professional fees and other payments to independent contractors						0																								
	14	Occupancy, rent, utilities, and maintenance						0																								
	15	Printing, publications, postage, and shipping						0																								
	16	Other expenses (describe ▶ NJ State Registration Fee (150), Bank Fee (10))						160.00																								
	17	<b>Total expenses.</b> Add lines 10 through 16							132730.67																							
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						4204.18																								
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						55432.74																								
	20	Other changes in net assets or fund balances (attach explanation)						0																								
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20							59676.92																								



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	55432.74	22 59676.92
23	Land and buildings	0	23 0
24	Other assets (describe ▶)	0	24 0
25	<b>Total assets</b>	55432.74	25 59676.92
26	<b>Total liabilities</b> (describe ▶)	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	55432.74	27 59676.92

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED NOV 10 2010

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

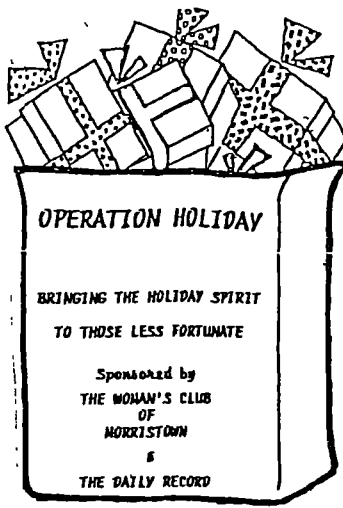
		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>35a</b>			
<b>35b</b>			
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		
<b>36</b>			
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>37b</b>			
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
<b>38a</b>			
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>38b</b>			
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>39a</b>			
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>39b</b>			
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Schedule L, Part I . . . . .		✓
<b>40b</b>			
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
<b>40e</b>			
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>NEW JERSEY</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>WOMAN'S CLUB OF MORRISTOWN</b> Telephone no. ▶ <b>973-539-0467</b> Located at ▶ <b>51 SOUTH STREET, MORRISTOWN, NJ</b> ZIP + 4 ▶ <b>07960-4137</b>		
<b>b</b>	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)? . . . . .	Yes	No
<b>42b</b>			✓
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
<b>42c</b>			
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>44</b>			
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>			



# OPERATION HOLIDAY

Fifty-one South Street  
Morristown, NJ 07960

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2009-2010

DESIGNATED CASES

Form 990 E2, Part III  
Item 28-29-30

G-1            \$ 220

J-10	25	J-23	50
J-11	<u>50</u>	J-24	<u>100</u>
	75		150

L-2	600
L-5	190
L-6	250
L-10	250
L-11	<u>600</u>
	1890

V-15            50

X-1	250
X-2	<u>300</u>
	550

**TOTAL    \$3185**

Z-12            250

**SPECIAL PROJECTS**  
**OPERATION HOLIDAY**

**PRESIDENT**

F.J. Depkovich (Dep)

267-9158

**TREASURER**

John Moores

267-8351

**SECRETARY**

Liz Harper 386-9610

**MANAGING DIRECTOR**

Anne Moores 539-0467

**TRUSTEES**

Betty Birmingham

Jack Birmingham

Agnes Clyne

Kristina Ramsland

Pat Farrell  
Donna Inez  
Marian McCaffrey



Items 26-29-30

## Operation Holiday 2009-2010

- A. MARKET STREET MISSION 973 993-2871  
9 Market Street #226047486  
Morristown, NJ 07960  
Rosita Olpinski
- B. MC OFFICE OF TEMPORARY ASSISTANCE  
PO Box 900  
Morristown, NJ 07963 #226002462
- C. VISITING NURSE ASSOCIATION NORTH 973 451-4174 w  
175 South Street 973 659-9162 H  
Morristown, NJ 07960 973 659-9163 Fax  
Jill Pasko #221487368
- D. ST. CLARES BEHAVIORAL HEALTH 973 401-2121  
100 Hanover Ave 973 401-2140  
Cedar Knolls, NJ 07927 #223319886  
Phyliss Matichak
- E. FAMILY SERVICE OF MORRIS COUNTY 973 538-5260  
62 Elm Street 973 538-0989 Fax  
Morristown, NJ 07960 #221489900  
Nancy Getty
- F. JBWS 973 267-7520 Ext. 115  
PO Box 1437 973 605-5898 Fax  
Morristown, NJ 07962 #222170048  
Amber Lester
- H. PLAID HOUSE 973 898-1962  
54 Western Ave  
Morristown, NJ 07960 #237286195  
Kim Ward
- J. ARC/MORRIS KRAUKLIS CENTER 973 970-9326 EXT. 311  
28 Main Street  
Flanders, NJ 07836 #221629144  
Gail Paradise

- K. MORRIS VIEW NURSING HOME 973 285-2866  
PO Box 437 973 285-6993 Fax  
540 Hanover Ave  
Morris Plains, NJ 07950 #226002462
- L. FAMILY INTERVENTION SERVICE 973 275-1570  
20 Vanderhoof Ave  
Rockaway, NJ #222368489  
Kristen Miller
- M. BOONTON SOCIAL SERVICES 973 402-9410 Ext 634  
100 Washing Street  
Boonton, NJ 07005 # 22-6001678  
Lucille Rockis
- O. GATEWAY (Northwest Maternal) 973 290-9444 Ext. 12  
194 Speedwell Ave. 973 290-0076 Fax  
Morristown, NJ 07960 #521815234  
Nicole Poland
- P. SPRING HILLS @MORRISTOWN ASSISTED LIVING 973 539-3370  
66 Morris Street  
Morristown, NJ 07960  
Regina Pinkney # 22-3701677
- Q. HOMELESS SOLUTIONS 973 993-0833  
1 Jean Street  
Morristown, NJ 07960 # 222491675
- V. INTERFAITH COUNCIL FOR HOMELESS FAMILIES 973 644-2757  
PO Box 1494 973 984-3482  
Morristown, NJ 07962 #521572014  
Joan Schramm
- Z. MENTAL HEALTH OF ST. CLARES 973 625-7009  
50 Morris Ave.  
Denville, NJ 07834 #223319886