(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

A	Fort	he 2019 calen	dar year, or ta	ax year begi	nning 7/	01	, 2019	9, and endin	g 6/	30	,	2020		
В	Check	if applicable:	С							D Employ	er identif	ication number		
		ddress change	OPERATIO:	N CALIF	ORNIA, I	NC.				95-	35040	080		
		lame change	dba: OPE							E Telepho	one numbe	er	***************************************	
		nitial return	7421 BEV							323	-413-	-2353		
	\vdash	inal return/terminated	LOS ANGE	LES, CA	90036					- 010	110	2000		
	\vdash	mended return								G Gross r	eceints \$	2,647	728	
	\mathbf{H}	pplication pending	F Name and ad	ddress of princip	al officer:				H(a) Is this	a group retur			[47]	
	Ш′	pprication penang	Same As						H(b) Are all	subordinates attach a list	included	1000000		
<u> </u>	Tay	-exempt status:	X 501(c)(3)	501(c) () 4 (nsert no.)	4947(a)(1) c	or 527	If "No,"	' attach a list	. (see inst	ructions)		
<u>,</u>			tp://www.			113611 110.)	4347 (d)(1) C	JI JET	H/a) Croup	exemption nu	ımbar 🕨			
K		n of organization:	X Corporation	Trust	Association	Other -	Ti	Year of formati	,,,			gal domicile: CP		
-		Summar		Trust	ASSOCIATION	Other		. Year of formati	on: 197	9 1111 3	state of le	gai domicile: CF	7	
Pa	rt I	Priofly doscri	y bo the organiz	zation's mis	sion or most	cignificant a	ctivitios: a	0.1						
		descri	be the organiz				Cuvides. S	ee Sched	dule_0					
Governance														
nar														
Ver	2	Check this bo	ox ► if the	e organizati	on discontinu	ed its opera	tions or dis	posed of mo	re than 2	5% of its	net ass	ets.		
පි	3	Number of vo	ting members								3		17	
∘ŏ	4		dependent vot								4		16	
ţį	5		of individuals		San and the second section of the second section of the second se			DOMESTICAL DESIGNATION OF THE PROPERTY OF THE			5		6	
Activities &	6		of volunteers								6		0	
Ac		Total unrelate									7a		0.	
	b	Net unrelated	business tax	able income	from Form	390-1, line 3	9				7b		0.	
	_	0 1 1 11		5 1 1 111 11	11.5			V Anna	- COZ - NO.	rior Year		Current Y		
<u>e</u>	8		and grants (F							,629,4	63.	2,391	,344.	
Revenue	9		rice revenue (l ncome (Part V							1 0	89.		815.	
3eV	10 11		e (Part VIII, co							1,2	.09.	210	$\frac{613.}{148.}$	
	12		e (r art viii, co e – add lines 8							,630,7	152	2,602		
	13		imilar amounts							,338,1		1,189		
	14									, 550, 1		1,100	, 400.	
	15	The state of the s												
es		emperature of the second				407	,799.							
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)													
x be	b		70 16			- S		70,891.						
ш	17	Other expens	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT							361,6			,747.	
	18	Assistant and the state of the	es. Add lines	200000 NOSO 1 NOSO 100		200 SEC. P. D. CORRECTO INTO CHARACTER INC. SEC.	19.44 comments and contract and			,215,7		2,335		
	19	Revenue less	expenses. Su	ubtract line	18 from line	12				414,9			,273.	
Assets or d Balances										g of Curren		End of Ye		
sets	20		(Part X, line 1							,248,8		6,808		
t As	21		s (Part X, line								88.		,984.	
Net A Fund	22	Net assets or	fund balance:	s. Subtract	line 21 from	line 20			. 6	,242,3	91.	6,712	<u>,396.</u>	
	rt II	Signatur												
Unde	r pena	Ities of perjury, I de Declaration of prepa	clare that I have e	examined this re	turn, including ac	companying sch	edules and stat	ements, and to	the best of m	y knowledge	and belief	f, it is true, correc	t, and	
com	Jiete. L	Peciaration of prepa		A A A Sed O		William preparei	nas any known			1 hut	2.1			
			re of officer	V 11//	1 ev				Da	te	01			
Sig									-					
He	re		HARD WALD						Presi	ident 8	x CEO			
			print name and tit	tie	I Dunanania aia			Data		T	T., To	TIN		
			reparer's name	_	Preparer's sig	riature		Date		Check]"			
Pa			RY KURLANI			D161				self-employe	ed E	00462710		
	par				AND & MI		LĹP			NOTICE OF ARRIVANCE				
Us	e Or	ily Firm's addre			A BLVD S	STE 880						5236877		
			ENCI		1436					Phone no.	(818			
May	the	IRS discuss th	is return with	the prepare	r shown abo	ve? (see ins	tructions)					X Yes	No	

Forn	n 990 (2019) OPERATION CALIFORNIA, INC.	95-350408	0 Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	See Schedule 0		
			
	······································		
2	Did the organization undertake any significant program services during the year which were not listed on the pri-	or	
	Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		LEEJ
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set	rvices?	Yes X No
	If "Yes," describe these changes on Schedule O.		[22]
4	Describe the organization's program service accomplishments for each of its three largest program serv	ices, as measure	d by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	is to others, the t	otal expenses,
	and revenue, if any, for each program service reported.		
4 a	a (Code:) (Expenses \$ 1,291,523. including grants of \$) (R	Revenue \$)
	THE ORGANIZATION WAS INSTRUMENTAL IN PROVIDING DISASTER RELIEF SU	JPPLIES-INC	LUDING
	FACE MASKS, GOWNS, GLOVES AND HAND SANITIZER; MEDICAL AND HOSPITA	AL EQUIPMEN	T, HYGIENE
	ITEMS AND OTHER RELIEF SUPPLIES-AS WELL AS CASH GRANTS TO PARTNER	RORGANIZAT	IONS IN
	THE UNITED STATES DURING THE COVID-19 PANDEMIC AND FOLLOWING MAJO	OR DISASTER	S
	INCLUDING HURRICANES AND WILDFIRES. THE ORGANIZATION ALSO DEPLOYE	ED INTERNAT	IONAL
	RELIEF SHIPMENTS TO LEBANON AND MOZAMBIQUE. SHIPMENTS OF MATERIAL	- <i></i>	- <i></i> -
	CASH GRANTS DELIVERED BY OPUSA ARE RECEIVED BY PRE-VETTED COMMUNI		
	ORGANIZATIONS WHICH FACILITATE DISTRIBUTION IN LINE WITH OPERATION		SSTON.
	<u> </u>	: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		<u></u>	
	(Code:) (Expenses \$ 785,187. including grants of \$) (R	Revenue \$	
41			
	OTHER PROGRAM SERVICES PROVIDED SUPPORT ONGOING LONG-TERM RECOVER		
	COMMUNITY DEVELOPMENT IN AREAS OF THE UNITED STATES AND MEXICO.		. <i>– – – – – –</i>
	PROGRAMS INCLUDE FINANCIAL AND IN KIND SUPPORT TO CALIFORNIA HEAI	- – – – – – – –	
	SUPPORTING YOUTH DEVELOPMENT IN NEW ORLEANS AND ON NATIVE AMERICA		
	THE MANAGEMENT OF AN EMERGENCY DISASTER SUPPLY CACHE AT A WAREHOU		
	LOS ANGELES. ONGOING INTERNATIONAL PROGRAMS INCLUDE SUPPORT TO CO	DWWONTITES T	WHERE THE
	ORGANIZATION ESTABLISHED PROGRAMS FOLLOWING MAJOR DISASTERS.		
			·
4 c	c (Code:) (Expenses \$ including grants of \$) (R	Revenue \$)
			. – – – – – –
	LOtter and an incompanies of Constitution of Constitution (Constitution of Constitution of Con		
4 0	d Other program services (Describe on Schedule O.)		,
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	e Total program service expenses ► 2,076,710.		

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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	*******	Х
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		Х
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		
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		Х
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 donor-restricted endowments or in 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, VIII, IX, or X as applicable.			
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	-
	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.	11 b		X
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its tetal assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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 BIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ė	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	12Ь		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	
	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 (see instructions)	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	X	
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	

Part IV Checklist of Required Schedules (continued)

			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		Х
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 Schedule J.	23	X	
24 8	a 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 Schedule K. If 'No, 'go to line 25a	24a 24b		X
		240		ļ
(: 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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part l</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	9-9		
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part V.	28b		X
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf '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? 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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	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			
	Check it Schedule O contains a response or note to any line in this Part v		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	igenfesti. Session	97765710	100
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	949/1982 1
BAA				(2019)

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

			Yes	No
2 8	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 2 a			167 (21)
t	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		W/NE	数な計
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	olf 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b		
4 a	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)?	4 a		Х
ŀ	of 'Yes,' enter the name of the foreign country►	921038	State dis State dist	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	3,450		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		ļ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			(30.15) (30.15)
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	18070 FF		
	services provided to the payor?	7 a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	200	48.45	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	699755	300,775	grud Xu
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	S S S S S S S S S S S S S S S S S S S	SUSSE	\$54E0
ā	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 Ь		
	Section 501(c)(7) organizations. Enter:	S. Mr.		2000
a	Initiation fees and capital contributions included on Part VIII, line 12			
Ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	2000		
11	Section 501(c)(12) organizations. Enter:			
a	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
t	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	See See		(K.) (S)
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		#670,500s. #175,500	1821/1970
ê	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O.		19987.S 2148.95	
k	nenter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a	69,950,51	X
	a Did the organization receive any payments for indoor tanning services during the tax year	14b		
		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.	dia.	ASSE 87	\$2.941
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
ıb	If 'Yes,' complete Form 4720, Schedule O.	80488	\$16/3/k	se essa
3AA		Form	990	(2019)

Part M. 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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 on Schedule O. 1 a 17 **b** Enter the number of voting members included on line 1a, above, who are independent..... 16 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 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed?..... Δ X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X 6 Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ 7 a members of the governing body?..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8Ъ X b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?......... 10 a Х b 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?

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... 10b 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... See. Schedule. Q. Χ 12 c X 13 13 Did the organization have a written whistleblower policy?..... X 14 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule. . O. Χ 15 a X 15b b Other officers or key employees of the organization..... If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a taxable entity during the year?..... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records ►

Tim Starks 7421 BEVERLY BLVD PH

LOS ANGELES CA 90036 323-413-2353

Form (വവ പ	(2019)		ጥፐርክ	ፖልፕ	IFORNIA.	INC
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95-3504080

Page 7

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
		(C)								_
(A) Name and title		(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)					I	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD M. WALDEN	60					***************************************				
President & CEO	0	X		X				176,486.	0.	0.
(2) PETER GREENBERG	0						» (
Member	0	X			34		. !) 🐉 0.	0.	0.
(3) JULIE ANDREWS EDWARDS	00	. 100				1				
Member	- 0	X		À I	À			0.	0.	0.
(4) GARY HART	0,1	Service A	À	30#						
Member	00	X						0.	0.	0.
(5) JONATHAN ESTRIN	0									
Member	0	X						0.	0.	0.
(6) JEFF FRANKLIN	00									
Managing Member	0	Х						0.	0.	0.
(7) DAVID NIEH	0									
Member	0	Х						0.	0.	0.
(8) DREW HAGEN	00									
Managing Member	0	Х						0.	0.	0.
(9) NOLA KAMBANDA	0									
Member	0	X						0.	0.	0.
(10) MICHAEL MAHDESIAN	0									
Chairman	0	X						0.	0.	0.
(11) BOB L. JOHNSON	0									
Treasurer	0	Х						0.	0.	0.
(12) GARY LARSEN	0									
Member	0	X					L	0.	0.	0.
(13) MARIA MOHIUDDIN VERJEE	0									
Managing Member	0	Χ						0.	0.	0.
(14) SKIP WHITNEY	0									
Member	0	X		L				0.	0.	0.

Part VII Section A. Utilicers, Directors, Ir		ney	CII			es,	ano	a nignest con	ipensated Emp	Toyees (continuea)
	(B)	(C) Position rage (do not check more than one							(E)	4
(A)	Average hours	(do box	not c	heck ss pe	more	than is bot	one h an	(D) Reportable	(E) Reportable	(F)
Name and title	per week	offi	cer ar	nd a c	direct	or/trus	tee)	compensation from	compensation from	Estimated amount of other
	(list any hours	or di	กรมเบบอกลา บารtee	Officer	Key employee	팔호	3	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	for related	Teg /gu	ution	헏	emp	oyer c	章			and related organizations
	organiza • tions	2 2	d lar		g) g				
	below dotted line)	or director	uste		٥	ensa				
	inte/		Ö			Highest compensated employee				
(15) JULIE YANNATTA	0									
Managing Member	70-	Х						0.	0.	0.
(16) RICK ALLEN										
Managing Member	0	X						0.	0.	0.
(17) ROSARIO DAWSON	0							_	_	
Member	0	X						0.	0.	0.
(18)	 									
(5.0)		-								
(19)										
(20)							┢			
		•								
(21)						<u> </u>			POMP 11 1	
(22)										
		<u> </u>					<u> </u>	a		
(23)										
					ļ		\$ P			
(24)					淮					
(25)		da Vi	D.V	V.	A	100				
(23)	-16	100			jis					
1 b Subtotal	W	States					-	176,486.	0.	0.
c Total from continuation sheets to Part VII Sec	tion A						▶	0.	0.	0.
d Total (add lines 1b and 1c)							>	176,486.	0.	0.
2 Total number of individuals (including but not limite	d to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	pensation
from the organization 1										
										Yes No
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ctor, truste	e, k	әу еі	mple	oye	e, or	higl	hest compensated	employee	. 3 X
4 For any individual listed on line la, is the sum of the organization and related organizations great	of reportab ter than \$1	le co 50.0	mpe 00?	nsa '/ If	ition Yes.	and <i>con</i>	oth nole	ner compensation ete Schedule J for	from	
such individual			. , ,							. 4 X
5 Did any person listed on line 1a receive or accr	ue comper	nsatio	on fr	οm	any	unre	elate	ed organization or	individual	. 5 X
for services rendered to the organization? If 'Ye Section B. Independent Contractors	es, comple	re S	спеа	iule	J TO	r SUC	эп р	JETSUIT		· - - - - -
1. Complete this table for your five highest compe	nsated ind	eper	deni	t co	ntra	ctors	tha	at received more t	nan \$100,000 of	
compensation from the organization. Report compe	nsation for	the c	alen	dar	year	endi	ing v	with or within the or	ganization's tax yea	
(A) Name and business ad	drace							(B) Description (of services	(C) Compensation
Traine and Dusiness ad	~. ~ 									
										·········
2 Total number of independent contractors (including	but not lim	ited t	o the	ose	liste	d abo	ve)	who received more	than	(N/49 tax 3) (8) (8) (8)
\$100,000 of compensation from the organizatio										
										Form 990 (2019

	Check if Schedule O contains a response or no	ote to any line in this Part V	TH		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants illar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	,671.			
Program Service Revenue	Businoss 2 a b c d e	Code			
Progra	f All other program service revenue g Total. Add lines 2a-2f				
	other similar amounts)	815.	815.		
	6 a Gross rents		OPY	range	
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b	the contract of the contract o			
Φ	c Gain or (loss)				
Other Revenu	(not including \$ of contributions reported on line 1c). See Part IV, line 18	,569. ,421. 210,148.			210,148.
U	9 a Gross income from gaming activities. See Part IV, line 19				
	10 a Gross sales of inventory, less				
Miscellaneous Revenue	Business 11 a b c d All other revenue.	s cude			
ME	e Total. Add lines 11a-11d	2 602 307	815.	0.	210,148.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX.							
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	785,187.	785,187.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,000.	3,000.					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		401,301.					
4 5	Benefits paid to or for members	169,950.	118,965.	33,990.	16,995.			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	Other salaries and wages	260,204.	182,143.	52,041.	26,020.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		4,759.	1,360.	680.			
9	Other employee benefits							
10	Payroll taxes	32,846.	22,992.	6,569.	3,285.			
11	Fees for services (nonemployees):							
	Management			***************************************				
	Legal		3,580.	1,023.	511.			
	: Accounting	18,293.		18,293.	WH-10-1			
	Lobbying							
ε	Professional fundraising services. See Part IV, line 17							
	Investment management fees				**************************************			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)							
12	Advertising and promotion		3,473.	993.	496.			
13	Office expenses	1 \\ 16,613°.	11,629.	3,323.	1,661.			
14	Information technology	M. M. Danier		LO-MINIO W	- L 1930WWW			
15	Royalties	7						
16	Occupancy	450,080.	423,056.	18,016.	9,008.			
17	Travel	10,728.	10,728.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	1,779.	1,246.	355.	178.			
20	Interest				2011000011110000			
21	Payments to affiliates	<u></u>	*********					
22	Depreciation, depletion, and amortization							
23	Insurance	32,759.	22,931.	6,552.	3,276.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)							
ā	HEALTH INSURANCE	35,090.	24,563.	7,018.	3,509.			
	WAREHOUSE EXPENSES	18,276.	18,276.	, , 1				
	DUES & SUBSCRIPTIONS	12,930.		12,930.				
	TELEPHONE & INTERNET	12,317.	8,622.	2,463.	1,232.			
	All other expenses	56,806.	30,259.	22,507.	4,040.			
25	Total functional expenses. Add lines 1 through 24e	2,335,034.	2,076,710.	187,433.	70,891.			
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				Farm 000 (2010)			
BAA		TEEA0110L 07	7/31/10		Form 990 (2019)			

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in thi	s Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,673,061.	1	1,468,437.
	2	Savings and temporary cash investments			2	***************************************
	3	Pledges and grants receivable, net			3	-
	4	Accounts receivable, net		500.	4	
	5	Loans and other receivables from any current or former officer, directrustee, key employee, creator or founder, substantial contributor, or controlled entity or family member of any of these persons	etor, : 35%		5	
	6	Loans and other receivables from other disqualified persons (as defi section 4958(f)(1)), and persons described in section 4958(c)(3)(B).			6	
	7	Notes and loans receivable, net			7	
Ø	8	Inventories for sale or use		4,560,827.	8	5,333,043.
Assets	9	Prepaid expenses and deferred charges		7,591.	9	***************************************
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	89,249.			
	b	Less: accumulated depreciation		200	10 c	
	11	Investments – publicly traded securities			11	11-11
	12	Investments – other securities. See Part IV, line 11		**************************************	12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		6,900.	15	6,900.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		6,248,879.	16	6,808,380.
	17	Accounts payable and accrued expenses		<u>"</u> 🖟 6,488.	17	20,283.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	((<i>y</i> •	20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule	D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	rustee,		22	
لــ	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related thi and other liabilities not included on lines 17-24). Complete Part X of	rd parties, Schedule D.		25	75,701.
	26	Total liabilities. Add lines 17 through 25		6,488.	26	95,984.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.				
lar	27	Net assets without donor restrictions		4,838,832.	27	5,362,201.
Ва	28	Net assets with donor restrictions	1,403,559.	28	1,350,195.	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
\$	30	Paid in or capital surplus, or land, building, or equipment fund			30	
88	31	Retained earnings, endowment, accumulated income, or other funds			31	
t A	32	Total net assets or fund balances		6,242,391.	32	6,712,396.
ē	33	Total liabilities and net assets/fund balances		6,248,879.	33	6,808,380.

Form 990 (2019) OPERATION CALIFORNIA, INC.	95-350	4080 Fage 12
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI	,	
1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,602,307.
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,335,034.
3 Revenue less expenses, Subtract line 2 from line 1		267,273.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,242,391.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities		
7 Investment expenses		
8 Prior period adjustments	***********	202,732.
9 Other changes in net assets or fund balances (explain on Schedule O)	<u>9</u>	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		6 712 206
Part XII Financial Statements and Reporting		6,712,396.
Liver and the second se		
Check if Schedule O contains a response or note to any line in this Part XII		
a Accounting weatherd would be assessed the Form 2000. Discools Wildows of Discools		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 O.		
2 a 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 of separate basis, consolidated basis, or both:	or reviewed or	ı a
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		2b X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on basis, consolidated basis, or both:	a separate	
X Separate basis Consolidated basis Both consolidated and separate basis		
	the qualit	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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, expon Schedule O.		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?		За Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the rec	quired audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		
BAA TEEA0112L 01/21/20		Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

	CALIFORNIA, I	NC.			Employer identific	ation number
dba: OPER					95-350408	
Part I Reason for Public Cl						tions.
The organization is not a private fou				-	•	
1 A church, convention of chur					(i).	
2 A school described in section						
3 A hospital or a cooperative	· ·					
4 A medical research organia	zation operated in conj	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's
name, city, and state:	name, city, and state:					
5 An organization operated f section 170(b)(1)(A)(iv).	or the benefit of a colle Complete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in
6 A federal, state, or local go	overnment or governme	ental unit described in s	section 1	70(b)(1)(A)(v).	
7 An organization that normall in section 170(b)(1)(A)(vi).	y receives a substantial ¡ (Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
8 A community trust describe	ed in section 170(b)(1)	(A)(vi). (Complete Part	II.)			
9 An agricultural research orga or university or a non-land-gruniversity:						
An organization that normally from activities related to its investment income and un June 30, 1975. See section	s exempt functions—su related business taxabl	bject to certain exception le income (less section	ons. and	(2) no	more than 33-1/3% of	its support from aross
11 An organization organized	and operated exclusive	ely to test for public saf	ety. See	section	n 509(a)(4).	
An organization organized or more publicly supported lines 12a through 12d that	organizations describe	ed in section 509(a)(1) (or sectio	n 509/a	1(2). See section 509(a	ut the purposes of one ()(3). Check the box in
a Type I. A supporting organization(s) the power to	ation operated supervise	od or controlled by its suit	norted o	rnanizat	ion(s) typically by giving	g the supported on. You must
complete Part IV, Sections	s A and B.					
b Type II. A supporting organ management of the supportin must complete Part IV, Se	nization supervised or d ng organization vested in ctions A and C	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You
Type III functionally integrate organization(s) (see instruc	od A supporting groaniza	tion operated in connection	n with, a	nd functi	onally integrated with, its	supported
d Type III non-functionally inte- functionally integrated. The instructions). You must co	errated A supporting ord	ranization operated in cor	nection	with its	supported organization(s at and an attentiveness) that is not requirement (see
e Check this box if the organ	ization received a writt	en determination from	the IRS			
integrated, or Type III non- f Enter the number of supported			1.			
Provide the following informat						
(i) Name of supported organization			organiza	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
			103	110		
(A)						
(B)			İ			
(C)			ļ			
(D)						
(E)					· · · · · · · · · · · · · · · · · · ·	
Total			700 250 2 400 250 2			

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

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

Section A. Public Support							
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4				mi		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		٠ جير		DON		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				n epaties (
12	Gross receipts from related activ	ities, etc. (see ins	structions)	****	,,,,	12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
Sec	tion C. Commutation of Du	blic Support D	orcontage				
14	Public support percentage for 20	119 (line 6, columi	n (f) divided by lir	ne 11, column (f)).		14	%
15	Public support percentage from	2018 Schedule A,	Part II, line 14				%
16a	33-1/3% support test—2019. If to and stop here. The organization	he organization di qualifies as a put	d not check the b olicly supported o	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box►
	b 33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this.	hox and stop her	e. Explain in Part	VI now
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' i	and-circumstance: test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	ed organization	··········· ►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions

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.)

Sec	tion A. Public Support						
Calen	lar year (or fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any 'unusual grants.')						
_		4,472,157.	3,308,364.	<u>5,107,168.</u>	2,632,628.	2,287,728.	17,808,045.
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities						0.
	that are not an unrelated trade or business under section 513.						
А	Tax revenues levied for the						0.
7	organization's benefit and						
	either paid to or expended on its behalf						_
5	The value of services or						0.
	facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	4 472 157	3 308 364	5.107.168	2,632,628.	2 287 728	
	Amounts included on lines 1,	1,112,1011	<u> </u>	0,201,2001		2,201,1201	
	2, and 3 received from disqualified persons	0.	0	0.	0.	0.	0.
h	Amounts included on lines 2	<u> </u>	0.	<u> </u>	<u> </u>	<u> </u>	V.
b	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	0.	0.	0.	. 0،	0.	0.
	Add lines 7a and 7b	0.	0.	0.	<u> </u>	0.	0.
8	Public support. (Subtract line 7c from line 6.)						17,808,045.
Sec	tion B. Total Support	SERVICE STATES	W.				117,000,043.
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	4,472,157	7-17-17-17-17-17-17-17-17-17-17-17-17-17	5,107,168.	2,632,628.	2,287,728.	
-	Gross income from interest, dividends,		3,000,00H.	3,107,100.	2,032,020.	2,201,120.	17,000,043.
100	payments received on securities loans,	(, , ,)	Mary II France				
	rents, royalties, and income from similar sources						0.
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						0.
С	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business			,,,,,,,,,,,,			
	activities not included in line 10b, whether or not the business is						
	regularly carried on						0.
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						_
	Part VI.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	4.472.157	3.308.364	5.107.168	2.632.628	2,287.728.	17,808,045.
14	First five years. If the Form 990	is for the organiza	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)
	organization, check this box and	stop here			· · · · · · · · · · · · · · · · · · ·		<u>*</u>
	tion C. Computation of Pu					1	0
	Public support percentage for 20						100.00 %
	Public support percentage from					16	100.00 %
	tion D. Computation of Inv						
	Investment income percentage f						0.00 %
18	Investment income percentage f	rom 2018 Schedu	le A, Part III, line	17			0.00 %
19a	33-1/3% support tests—2019. If is not more than 33-1/3%, check	the organization d	id not check the l	box on line 14, ar	nd line 15 is more	than 33-1/3%, ar	nd line 17
h	33-1/3% support tests-2018. If t	he organization d	id not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more than 33	-1/3%, and
	line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	ralifies as a public	ly supported orga	nization 💆 🔛
20	Private foundation. If the organi.	zation did not che	ck a box on line	14, 19a, or 19b, c	neck this box and	see instructions.	

Part IV Supporting Organizations

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

Section A	A. All	Supporting	Organizations
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- 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
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	3b	(12. 00.00) 120. 150.00	
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	3c		
	1954 Per 1 357-632 P	1614 A. A. A.	
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	4b	S 2, 2 - 2. 1	Same and a
	4c		
	3045	19/15/	
	5a		
	5b	40 mg// 300 Mg//	
	5c		
	(19) 43 16/16 16/17		17 y (* 50) 3 d (* 50) 5 d (* 50)
	6		
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	7		
	7 Vales		(3.23.45) (3.23.45)
•	8	Haracan (*)	un er greene
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	9a		
	9b	\$5/R10	Albert.
	A. Salar	dy.	W-11 11 N. 11 A.1
	9с		
	蒙瑟		
,	10a	1950000	14(2004)
		1	i

10b

Pa	rt IV Supporting Organizations (continued)	ı		
11	Has the organization accepted a gift or contribution from any of the following persons?	ku 670 5050	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b	***************************************	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Se	ction 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	ction C. Type II Supporting Organizations			
		27.445.7	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	G./42/3	
Sec	ction 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		
	Were any of the organization's officers, directors, or trustees either () 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 Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a 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.			
	The state of the second and the seco	instruc	tions).	
	c I The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see			
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	\$15.b	
	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		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	lov. 20, 1970 (explain in	Part VI). See hrough E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3		·	
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion 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):	55 35 5 33 3 5 5 5 5 6 7			
ā	Average monthly value of securities	1a			
	Average monthly cash balances	1ь			
	Fair market value of other non-exempt-use assets	1c			
	I Total (add lines 1a, 1b, and 1c)	1d			
€	Discount claimed for blockage or other factors (explain in detail in Part VI):				
_ 2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3	2) 🐧		
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			
Sec	tion 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-functionally inte (see instructions).	grate			
ВАА			Schedule A (Fo	rm 990 or 99 <mark>0-EZ) 20</mark> 19	

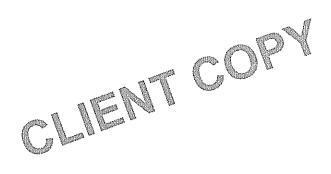
Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Sι	ipporting Organizat	tions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		'
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	'ş	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	ion is responsive (provide	details	· ·
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			80201804080808
þ	From 2015			
C	From 2016			
d	From 2017			Production and the second
€	From 2018	But Constitution and action to the artist at the artist and the second of the artist and the artist at the artist	WARRIED OF COLUMN TO THE COLUM	STARTO CONTINUES CONTINUES
1	f Total of lines 3a through e			
ç	Applied to underdistributions of prior years	The same		
h	Applied to 2019 distributable amount			
	i Carryover from 2014 not applied (see instructions)			A Carlo of the County of the C
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		25 35 35 36 36	
	Distributions for 2019 from Section D, line 7:			
a	Applied to underdistributions of prior years		years and the development and the	
	Applied to 2019 distributable amount		P. (2)	review excellents visit (1995) (1995) (1995) (1995)
-	Remainder. Subtract lines 4a and 4b from 4.	Control to the control of the contro		
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	January da en la participa de la proposición dela proposición de la proposición de la proposición de la proposición dela proposición de la proposición de la proposición dela proposición dela proposición de la p		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			14/11/
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		SAVA(III III) KILSVALSA	
8	Breakdown of line 7:			
	Excess from 2015			CONTRACTOR
	Excess from 2016			7.83 67 (4.25)
	Excess from 2017		The state of the s	
0	Excess from 2018		(15.50) (2.52) (1.55) (1.55) (1.55)	

e Excess from 2019. BAA

Schedule A (Form 990 or 990-EZ) 2019

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 B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization OPERA	TION CALIFORNIA, INC.	Employer identification number			
Organization type (check on	OPERATION USA e):	95-3504080			
Filers of:	Section:				
rileis oi.	Section,				
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as	s a private foundation			
Form 990-PF	527 political organization				
	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a g	orivate foundation			
	501(c)(3) taxable private foundation				
· -	vered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the Ge	eneral Rule and a Special Rule. See instructions.			
General Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
under sections 509(a	n described in section 501(c)(3) filing Form 990 or 990-EZ the (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or one contributor, during the year, total contributions of the grid, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and I	r 990-EZ), Part II, line 13, 16a, or 16b, and that eater of (1) \$5,000; or (2) 2% of the amount on (i)			
during the year, tot	n described in section 501(c)(7), (8), or (10) filing Form 990 all contributions of more than \$1,000 exclusively for religious prevention of cruelty to children or animals. Complete Par	s, charitable, scientific, literary, or educational			
during the year, co \$1,000. If this box charitable, etc., pu	n described in section 501(c)(7), (8), or (10) filing Form 990 ntributions <i>exclusively</i> for religious, charitable, etc., purpose is checked, enter here the total contributions that were receingose. Don't complete any of the parts unless the General R usively religious, charitable, etc., contributions totaling \$5,00	es, but no such contributions totaled more than ived during the year for an <i>exclusively</i> religious, the applies to this organization because			
990-PF), but it must answer	t isn't covered by the General Rule and/or the Special Rules 'No' on Part IV, line 2, of its Form 990; or check the box on	line H of its Form 990-EZ or on its Form 990-PF,			

OPERATION CALIFORNIA, INC.

Employer identification number

95-3504080

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN SOCCER COMPANY		Person
	726 E ANAHEIM ST	\$101,616.	Payroll Noncash X
	WILMINGTON, CA 90744		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HONEYWELL CORPORATION		Person X
	115 TABOR RD	\$115,800.	Payroll Soncash
	MORRIS PLAINS, NJ 07950		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VIETJET AIR	ned .	Person
	302 KIM MA ST	\$ 1,000,000.	Payroll Noncash X
	HA NOI, NGOC KHANH WARD Vietnam		(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SOLUGEN TECH		Person
	14549 MINETTA ST	\$ 64,000.	Payroll Noncash X
	HOUSTON, TX 77035		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HYDRALYTE LLC		Person
	8910 UNIVERSITY CENTER LN 400	\$55,536.	Payroll X
	SAN DIEGO, CA 92122		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TABREEZ & MARIA VERJEE		Person X
	1998 BROADWAY #505	\$100,000.	Noncash
	SAN FRANCISCO, CA 94109		(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization Employer identification number OPERATION CALIFORNIA, INC. 95-3504080 Part Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (a) No. (d) Type of contribution (c) Total contributions Person PORT OF LOS ANGELES **Payroll** 425 S PALOS VERDES ST 360,000. Noncash (Complete Part II for SAN PEDRO, CA 90731 noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (c) Total (a) No. (b)

Ñó.	Name, address, and ZIP + 4	Tòtal contributions	Type of contribution
		\$ 2 2 1	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP.+4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

(a) No.

(b) Name, address, and ZIP + 4

(c) Total contributions

Person **Payroll** Noncash

Person Payroll Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d) Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
OPERATION CALIFORNIA, INC.

Employer identification number

95-3504080

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SOCCER CLOTHING AND EQUIPMENT		
		\$101,616.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Surgical earloop masks.		
		\$ <u>1,000,000</u> .	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Medical supplies used in disaster relief.		
		64,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	Oral hydration solution.		
		\$55,536.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Commercial warehouse for storage of inventory.		
		\$360,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
	Cah	dule B (Form 990, 998-F)	7 or 990-PE) (2019)

Contodate B (Sim 330, 330 EE, 61 330 11) (2013)	<u> </u>		ı aye .
Name of organization	Employer identif	ication nu	mber
OPERATION CALIFORNIA, INC.	95-35040	80	
Part III Exclusively religious, charitable, etc., contributions to organizations described in	n section 5	01(c)(7	7), (8),
or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a)			• • • • • • • • • • • • • • • • • • • •
), (U

	the following line entry. For organizations c contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. See in	f <i>exclusively</i> religious, charitable, etc., nstructions.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	N/A					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	ALLONG MATERIAL CONTROL OF THE CONTR	(e)				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer					
(a)	(b)	(6)	(4)			
(a) No. from Part I	Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
}						
	15.00000-00	(e) Transfer of gift				
	Transferee's name, addres	ranster of gift s, and ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	OPERATION CALIFORNIA, INC.							
	dba: OPERATION USA			95-3504080				
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.							
	Complete if the organization ansi	·	· · · · · · · · · · · · · · · · · · ·					
		(a) Donor advised fund	ds (b) f	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 dor are the organization's property, subject to the	nor advisors in writing that the ass organization's exclusive legal con	ets held in donor advised	I funds				
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or	for any other purpose co	nferring				
Pa	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 990, P	art IV, line 7.					
1	Purpose(s) of conservation easements held by	the organization (check all that a	apply).					
	Preservation of land for public use (for examp	ole, recreation or education)	Preservation of a histo	orically important land area				
	Protection of natural habitat		Preservation of a certi	fied historic structure				
	Preservation of open space		_					
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribu	ition in the form of a conse	vation easement on the				
				Held at the End of the Tax Year				
	a Total number of conservation easements							
	b Total acreage restricted by conservation easer	200	* 831 937 65					
	c Number of conservation easements on a certified historic structure included in (a).							
	d Number of conservation easements included in structure listed in the National Register		2d					
3	Number of conservation easements modified, trans	sterred, released, extinguished, or to	erminated by the organization	on during the				
	tax year >	my Canada III						
4	Number of states where property subject to conse							
5	Does the organization have a written policy re and enforcement of the conservation easemer	nts it holds?		Yes No				
6		nspecting, handling of violations, an	d enforcing conservation ea	sements during the year				
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and en	forcing conservation easem	ents during the year				
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?			(4)(B)(i) Yes No				
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote t	orts conservation easements in its	s revenue and expense s	atement and balance sheet, and				
D (See	conservation easements.	o the organization's infancial state	ements that describes the	organization's accounting for				
	AUI Organizations Maintaining Colle	ctions of Art, Historical Tre	asures, or Other Sir					
	Complete if the organization answers	ctions of Art, Historical Tre wered 'Yes' on Form 990, P	asures, or Other Sir art IV, line 8.	nilar Assets.				
1:	Complete if the organization answard from the organization and all the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financial	ctions of Art, Historical Tre wered 'Yes' on Form 990, P FASB ASC 958, not to report in id for public exhibition, education, I statements that describes these	rasures, or Other Sinart IV, line 8. Its revenue statement and or research in furtherand items.	nilar Assets. I balance sheet works of art, e of public service, provide in				
1:	Complete if the organization answard fif the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financial of the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	ctions of Art, Historical Trewered 'Yes' on Form 990, P FASB ASC 958, not to report in it do for public exhibition, education, I statements that describes these FASB ASC 958, to report in its repropublic exhibition, education, or res	tasures, or Other Sinart IV, line 8. Its revenue statement and or research in furtherancitems. evenue statement and baearch in furtherance of pub	balance sheet works of art, e of public service, provide in lance sheet works of art, lic service, provide the				
1:	Complete if the organization answard fif the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financial of the organization elected, as permitted under historical treasures, or other similar assets held for	ctions of Art, Historical Trewered 'Yes' on Form 990, P FASB ASC 958, not to report in id for public exhibition, education, I statements that describes these FASB ASC 958, to report in its republic exhibition, education, or resulting 1.	rasures, or Other Sir art IV, line 8. Its revenue statement and or research in furtherand items. evenue statement and ba earch in furtherance of pub	balance sheet works of art, e of public service, provide in lance sheet works of art, lic service, provide the				

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

►\$

BAA

Part III Organizations Maintaining Colle	ections o	f Art, Historic	al Treasures, o	r Other Similar Ass	ets (c	ontinu	ıed)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other red	cords, check any c	of the following that m	nake significant use of its	collection	วก	
a Public exhibition		d Loan or e	exchange program				
b Scholarly research		e Other					
c Preservation for future generations							
4 Provide a description of the organization's collect Part XIII.	tions and ex	plain how they fur	ther the organization	s exempt purpose in			
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	receive do intained as	nations of art, hi part of the orga	istorical treasures, onization's collection	or other similar assets	Yes	L	No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on	nents. Co ı Form 99	omplete if the 0, Part X, line	organization an e 21.	swered 'Yes' on Fo	rm 99	0, Par 	t IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other	intermediary for	contributions or oth	er assets not included	Yes	Γ	No
b If 'Yes,' explain the arrangement in Part XIII a					ш	_	_
	•	•			Amoun	t	······································
c Beginning balance				1c			
d Additions during the year					******		
e Distributions during the year							
f Ending balance							
2a Did the organization include an amount on Fo					Yes		No
b If 'Yes,' explain the arrangement in Part XIII.							
Part V Endowment Funds. Complete if	the organ	nization answ	ered 'Yes' on Fo	orm 990, Part IV, lii	ne 10.		
(a) Current		(b) Prior year	(c) Two years back			Four year	s back
1 a Beginning of year balance							
b Contributions							
			-00000	0.0			
c Net investment earnings, gains, and losses							
d Grants or scholarships			TO WE TO SERVE				
e Other expenditures for facilities		es Tallian		***************************************			
and programs		11 11 20 00					
f Administrative expenses	Ø \$	-00 1/10 W					
g End of year balance	1 11 4	P22235 gr.					
2 Provide the estimated percentage of the current	ent year end	balance (line 1	g, column (a)) held	as:			
a Board designated or quasi-endowment 🕨 💮	P	⁹ 6					
b Permanent endowment ►	5						
c Term endowment ► %							
The percentages on lines 2a, 2b, and 2c should e	equal 100%.						
3 a Are there endowment funds not in the possession organization by:	of the orga	nization that are I	held and administered	d for the	1	Yes	No
(i) Unrelated organizations					. 3a(i)		
(ii) Related organizations							
b If 'Yes' on line 3a(ii), are the related organiza							
4 Describe in Part XIII the intended uses of the				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			I
Part VI Land, Buildings, and Equipmen							
Complete if the organization ans	wered 'Y	es' on Form C	990 Part IV line	11a See Form 99	n Par	t X liı	ne 10.
Description of property		other basis stment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) ———	Book va	alue
1 a Land				180 project (1900)			
b Buildings			-				
c Leasehold improvements							
d Equipment	***************************************		79,532.	79,532.			0.
e Other			9,717.	9,717.			0.
Total. Add lines 1a through 1e. (Column (d) must e	qual Form :	990, Part X, colu	ımn (B), line 10c.)		=		0.
BAA				Sched	lule D (F	orm 990	J) 2019

TEEA3302L 8/22/19

Part VII Investments – Other Securities. Complete if the organization answered	'Voc' on Form 90	N/A N Part IV line 11b See Form	990 Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	
(1) Financial derivatives	(b) book value	(c) Method of Valuation, dost of end	-or-year market value
(2) Closely held equity interests.			•
(3) Other			
(A) (B)			
(C) (D)			
(E)			
(F)			
(G) (H)			
(1)			
		PORTO SERVICIO DE COMPANSO DE LA COMPANSO DEL COMPANSO DEL COMPANSO DE LA COMPANSO DEL COMPANSO DE LA COMPANSO DEL COMPANSO DE LA COMPANSO DEL COMPANSO DE LA COMPANSO DEL COMPANSO DE LA COMPANSO DE LA COMPANSO DE LA COMPANSO DE LA COMPANSO DEL COMPANSO DE LA COMPANSO DE LA COMPANSO DEL COMPANSO DE LA COMPANSO DEL COMPANSO DE LA COMPANSO DEL COMPANSO DEL COMPANSO DEL COMPANSO DEL COMPANSO DEL C	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments — Program Related.		N/A	
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 er	
(1)	. , .		
(2)			
(3)			
(4)			
(5)			- HANDEN AND THE STREET AND THE STRE
(6)			
(7)			
(8)	Company of the Compan		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >	<u> </u>		
Dow IV Other Accets	n M/A		
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11d. See Form	990, Part X, line 15
(a) Des	cription(___\		(b) Book value
(1)	No. of the last of		
(2)			
(3)			
(4)			
(5)		MD-MARTHER TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO	
<u>(6)</u> (7)			
(8)			
(9)			
(10)	**************************************		*****
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)		•
Part Y Other Liabilities			
Complete if the organization answered 'Yes' on Fo		1e or 11f. See Form 990, Part X, line 2	
	ption of liability	111	(b) Book value
(1) Federal income taxes	LLIII VIII V		
(2) LOAN PAYABLE - SBA		<u> </u>	75,700.
(3) Rounding			1.
(4)			
(5)			
(6)			
(7)			
(8)		44-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-	
(9) (10)			
(11)			
(11) Total (Column (h) must equal Form 990, Part X, column (B) line 25.)			► 75.701
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization's fi	nancial statements that reports the organization	► 75,701.

Part XI Reconciliation of Revenue per Audited Financial Statements		turn.	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	2,602,307.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		gwigy).	
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b	USA STATE	
c Recoveries of prior year grants	2c	903	
d Other (Describe in Part XIII.)		No.	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	2,602,307.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		VANA SA	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,602,307.
Part XII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per l	Return	
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Pa 1 Total expenses and losses per audited financial statements		1	2,335,034.
		1	2,335,034.
1 Total expenses and losses per audited financial statements		1	2,335,034.
 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 		1	2,335,034.
Total expenses and losses per audited financial statements	2a	1	2,335,034.
1 Total expenses and losses per audited financial statements	2a 2b 2c	1	2,335,034.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses.	2 a 2 b 2 c 2 d	1 2e	2,335,034.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.)	2 a 2 b 2 c 2 d		2,335,034.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 a 2 b 2 c 2 d	2 e	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2a	2 e	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2 a 2 b 2 c 2 d 4 a 4 b	2 e 3	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2a 2b 2c 2d	2e 3	2,335,034.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a 2b 2c 2d	2 e 3	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

OMB No. 1545-0047 2019 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization OPERATION CALIFORNIA, INC. 95-3504080 dba: OPERATION USA Part General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990. Part IV. line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?... |X| Yes 2 For grantmakers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Part V 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (f) Total (b) Number of (d) Activities conducted in (e) If activity listed in (a) Region the region (by type) (such as, fundraising, program services, investments, grants to recipients émployees, (d) is a program expenditures for offices in the agents, and service, describe and investments region independent specific type of in the region contractors service(s) in in the region located in the region) the region Disaster Relief North America -Program Service and Community 124,300. (1) Mexico Disaster Relief (2) and Community 39,000. Development Program Service Central America Disaster Relief (3)and Community Development 86,916. Program Service (4) Africa Disaster Relief and Community Program Service 341,591. (5) Caribbean (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Subtotal...... 591,807. **b** Total from continuation sheets to Part I...... 0 591,807. c Totals (add lines 3a and 3b). . .

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

Disastr Nedical Supplie Supp	-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Disastr Relief Supplie Suppl					Disastr Relief				Medical	
Relief Nedical Nedic					Dvlp Disastr				Supplie	Donor Provid
Publication of recipient organizations listed above that are recognized as charities by the foreign country, recognized as extremed to yellow; but the grantle or counsel has provided a section 501 (c)(c) equivalency letter.	3.0				Relief	And Andrews of the Control of the Co		- A - A - A - A - A - A - A - A - A - A	Medical	2000
Disastr Railef Disastr Railef Disastr Railef Disastr Railef Doug Disastr Railef Disastr Railef Disastr Railef Doug Disastr Railef Disas					Disastr		THE TRANSPORT LEVEL	Approximate a second	Supplie	POLICE FLOVACE
					Dvlp Disastr	And the state of t			Supplie	Donor Provid
					Relief Dvlp		Wire Transfe			
					Disastr Relief	WARRING AND		- TANAMANA - L		
					Dvlp	C	Wire Transfe			
								entertrick in the second secon		
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1 4 6 1 2 6 1 6 6 1 6 6 1					and					
1888 8 4 5 6 6 1 7 6 6 4 1 7 6 6 1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				The state of the s	
Barana Indonésia Baranasa										
Lagraga (Favasora)						A A A A A A A A A A A A A A A A A A A			, and the second	
FRANKOMI	46 (S) 46 (S) 46 (S)					And a second sec				
								The state of the s		and a constraint of the constr
		r total number of recipient organizati grantee or counsel has provided a	ons listed above that ar section 501(c)(3) equ	re recognized as cha iivalency letter	rities by the foreig	in country, recogniz	ed as tax-exempt by	the IRS, or for whi	45	ហ
Enter total number of other organizations or entities.		er total number of other organization	ons or entities						A	0

Page 3

OPERATION CALIFORNIA, INC. Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. 95-3504080

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2019 (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA (E) (14) (18) € 3 8 (<u>1</u>0) (12) (13) (15) (16) 5 ල € <u>0</u> ම <u>©</u> 8

Pa	tt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471).	ı Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	… Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
BAA	TEEA3505L 06/28/19	Schedule F (Fo	orm 990) 2019

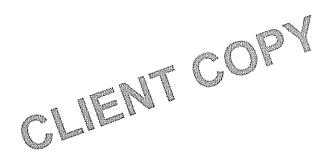


Part V Supplemental Information

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

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Operation USA requires grant and assistance recipients to periodically send in progress reports, financial statements for project updates and development. The organization also sends field delegations to periodically inspect and follow up with project development, review progress and monitor results.



SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization OPERATION CAT dba: OPERATION		INC.				95-350408		
Fundraising Activities. Comple	te if the organiza	ation answ	ered 'Yes'	on Form 990, Part IV, line	e 17.	30 300 100		
Form 990-EZ filers are not re 1 Indicate whether the organization		~~~~		lowing activities. Check	all that	anniv.		
a Mail solicitations			е					
b Internet and email solicitations	5		f		_	_		
c Phone solicitations			g	Special fundraising	events			
d n-person solicitations								
2 a Did the organization have a written o	oral agreement	with any	individual ((including officers, directo	rs, truste	es, or key		⊽
employees listed in Form 990, Par b If 'Yes,' list the 10 highest paid inc								X No
compensated at least \$5,000 by the	e organization.	ides (idild	raisers) þ	ursuant to agreements t	ander wi	ilon the fundrai	sel is to be	
(i) Name and address of individual	/::> A _1::1.	(iii) Did	fundraiser	(iv) Gross receipts	(v) Am	nount paid to etained by)	(vi) Amount pa	id to
or entity (fundraiser)	(ii) Activity	have custo	dy or control ributions?	from activity	fundra	iser listed in	or retained l	
MMANUFACTION (1997)		Yes	No		CC	olumn (i)		
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Total	***************************************							0.
 List all states in which the organization or licensing. 	n is registered o	or licensed	to solicit o	contributions or has been	notified it	is exempt from	registration	
or necrossing.								

Schedule G (Form 990 or 990-EZ) 2019 OPERATION CALIFORNIA, INC. 95-3504080 Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) HOL2019 DM2019 through column (c)) (total number) (event type) (event type) 1 Gross receipts..... 178,449. 45,148. 23,738 247,335. 2 Less: Contributions..... 3 Gross income (line 1 minus line 2)..... 178,449. 45,148. 23,738. 247,335. Cash prizes..... DIRECT Rent/facility costs..... 7 Food and beverages EXPERSES 8 Entertainment Other direct expenses..... 5,845. 2,744. 22,676. 31,265. 10 Direct expense summary, Add lines 4 through 9 in column (d)..... 31,265. Net income summary. Subtract line 10 from line 3, column (d)..... 216,070. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (c) Other gaming REVENUE (a) Bingo bingo/progressive (add column (a) bingg through column (c)) Gross revenue..... 2 Cash prizes...... EXPENSES DIRECT 3 Noncash prizes Rent/facility costs..... Other direct expenses..... 윙 Yes Yes No No No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)...... 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states?..... No b If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

b If 'Yes,' explain:

Schedule G (Form 990 or 990-EZ) 2019 OPERATION CALIFORNIA, INC.	95-3504080	Page 3
11 Does the organization conduct gaming activities with nonmembers?		No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity administer charitable gaming?		— ∏ No
13 Indicate the percentage of gaming activity conducted in:	l t	
a The organization's facility		%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	and records:	
Name >		
Address •	Price Line date (NOV Dide Date Dive Dive Size Rest Nove Uses Size	
15 a Does the organization have a contract with a third party from whom the organization receives gam		s No
b If 'Yes,' enter the amount of gaming revenue received by the organization► \$	_ and the amount	_
of gaming revenue retained by the third party * \$		
c If 'Yes,' enter name and address of the third party:		
Name *		
Address ►		
16 Gaming manager information:		
Name •		
Gaming manager compensation ► \$		
Description of services provided	» 	
☐ Director/officer ☐ Employee ☐ Independent contractor		
Director/officer Employee		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	retain the	
state gaming license?		s No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or spent in the	
organization's own exempt activities during the tax year > \$	a 2h aalumns (iii) and	(v):
Part IV Supplemental Information. Provide the explanations required by Part I, lin and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also proinformation. See instructions.	ovide any additional	(v),

		LACO TARGET AND CARO
SCHEDULE 1	Grants and Other Assistance to Organizations,	UMB No. 1545-U047
(Form 990)	Governments, and Individuals in the United States	2019
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.	
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Open to Fublic
Name of the organization	OPERATION CALIFORNIA, INC.	Employer identification number
	dba: OPERATION USA	95-3504080
Part General II	Part General Information on Grants and Assistance	
1 Does the organiza	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the crants or assistance?	

ջ □ (h) Purpose of grant or assistance Schedule I (Form 990) (2019) X Yes Partil Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table See Part IV (f) Method of valuation (book, FMV, appraisal, other) TEEA3901L 07/10/19 Ö Ö Ö (e) Amount of non-cash assistance 25,000. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 15,000. 6,500. 6,250 30,000 50,000 30,000 15,000 (c) IRC section (if applicable) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants of assistance. (b) EIN (5) COMMUNITIES IN SCHOOLS HOUSTO COMMUNITIES IN SCHOOLS CAPE 3724 NATIONAL DRIVE STE 100 1 (a) Name and address of organization or government 1235 N LOOP WEST STE 300 HOUSTON, TX 77008 (6) DISABILITY RIGHTS OF NC HARRY CHAPIN FOOD BANK BLUE RIBBON COMMISSION PO BOX 591 20 N. 4TH ST STE 213 FORT MYERS, FL 33901 WILMINGTON, NC 28402 WILMINGTON, NC 28401 (1) AGENDA FOR CHILDREN WILMINTON, NC 28401 (8) OYATE TECA PROJECT 601 GREENFIELD ST RALEIGH, NC 27612 3760 FOWLER ST KYLE, SD 57752 (7) NOURISH NC PO_BOX_316 ର¦ @¦ **€**¦

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	L L L CONTRACTOR	William Park	lider very		Reladir — Peter Pankara kan kan kan kan kan kan kan kan kan ka
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7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information	ı required in Part I,	line 2; Part III, co	umn (b); and any othe	r additional information.

Field visits, review of financial and progress reports regulired from fund recipients.

Continuation Sheet for Schedule I (Form 990)

2019

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

(h) Purpose of ŏ grant or assistance Continuation Page 1 Employer identification number Partil Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 95-3504080 (g) Description of noncash assistance PPE MASKS (f) Method of valuation (book, FMV, appraisal, other) 12,755. DONOR PROVIDED 175,062. (e) Amount of non-cash assistance (d) Amount of cash grant 77,000 10,000 (c) IRC section (if applicable) (b) EIN WORLD HARVEST CHARITIES & EAM (a) Name and address of organization or government UNIVERSAL HEALTH FOUNDATION 2227 3100 VENICE BLVD CITY OF LOS ANGELES ____ 200 N SPRINGS ST 303 ---OPERATION CALIFORNIA, LOS ANGELES, CA 90033 LOS ANGELES, CA 90019 780 LINCOLN AVE ___ NAPA, CA 94558 2020 E 1ST ST. ON THE MOVE Name of the organization

TEEA4001L 07/10/19

Schedule I Cont (Form 990) 2019

PPE MASKS

10,000. DONOR PROVIDED

PPE MASKS

DONOR PROVIDED

10,000.

PPE MEDICAL

SUPPLIES

DONOR PROVIDED

26,556.

PPE MASKS

DONOR PROVIDED

50,000.

CHILDRENS HOSPITAL OF LA

LOS ANGELES, CA 90012

_ EL SALVADOR_FOUNDATION

LOS ANGELES, CA 90027

4650 SUNSET BLVD

PPE MASKS

DONOR PROVIDED

20,000.

SUPPLIES

16,098. DONOR PROVIDED

800.

LA COUNTY HOUSING FOR HEALTH

MLK JR OUTPATIENT CENTER _

LOS ANGELES, CA 90012

313 N FIGUEROA ST

LOS ANGELES, CA 90059

__1670_E_120TH_ST____

5510 SKYLANE BLVD STE_200A_

SANTA ROSA, CA 95403

LOS ANGELES, CA 90065

_ NUESTRA COMMUNIDAD_

MUJERES DE LA TIERRA

570 W AVE 26

WINNETKA, CA 91306

__20227_SATICOY_ST_

PPE MASKS

DONOR PROVIDED

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OPERATION CALIFORNIA, INC.

Part I Questions Regarding Compensation

Employer identification number 95-3504080 dba: OPERATION USA

Sitter.	N. Ormania M. Paris, Company of the				
1	a Check the appropriate box(es) if the organization provided any of the for VII, Section A, line 1a. Complete Part III to provide any relevant i	ollowing to or for a person listed on Form 990, Part		Yes	No
					4 (6)
	hannel hannel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			100
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)	9. S.	es de la companya de	13.05
	b If any of the boxes on line 1a are checked, did the organization follow reimbursement or provision of all of the expenses described abov		1 b	# Sherika Againka	
			2000	250.00 V	
2	Did the organization require substantiation prior to reimbursing or trustees, and officers, including the CEO/Executive Director, regar		2		
3	Indicate which, if any, of the following the organization used to establis Executive Director. Check all that apply. Do not check any boxes establish compensation of the CEO/Executive Director, but explain	sh the compensation of the organization's CEO/ for methods used by a related organization to n in Part III.			
	X Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study		6000	
	X Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Sectorganization or a related organization:	tion A, line 1a, with respect to the filing		98 (1) 2 (2) 25 (3)	
	a Receive a severance payment or change-of-control payment?		4 a		X
	b Participate in, or receive payment from, a supplemental nonqualif		4 b		X
•	c Participate in, or receive payment from, an equity-based compens	403	4 c	Afrotera	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the application				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mu	ıst complete lines 5-9.		NI (1)	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organized on the revenues of:	ganization pay or accrue any compensation		100	
ä	a The organization?		5 a		X
i	b Any related organization?		5 b		X
	If 'Yes' on line 5a or 5b, describe in Part III.		10000	altusel Seaman	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the org contingent on the net earnings of:	ganization pay or accrue any compensation			
	a The organization?		6 a		X
ı	b Any related organization?		6 b		X
	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 payments not described on lines 5 and 6? If 'Yes,' describe in Par	ne organization provide any nonfixed rt III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrue to the initial contract exception described in Regulations section 5 If 'Yes,' describe in Part III	3,4958-4(a)(3)?	8		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable presum section 53.4958-6(c)?	nption procedure described in Regulations	9		

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

Schedule J (Form 990) 2019

95-3504080

OPERATION CALIFORNIA,

Schedule J (Form 990) 2019

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation		-1-1-1-14/4/		
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(E) Total of columns(B)(i)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
RICHARD M. WALDEN	€	176,486.	0.	0.	THE PARTY OF THE P	0.	176	
1 President & CEO	(ii)	0.	0		0	.0	0	.0
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ВАА			TEEA4102L 8/2/19				Schedule.	Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, lines Ia, 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 M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Part I Types of Property

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization OPERATION CALIFORNIA, INC.

dba: OPERATION USA

Employer identification number

95-3504080

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art - Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	***************************************			**************************************
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests.				
12	Securities – Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other			and)	
15	Real estate - Residential				
16	Real estate – Commercial		A S		<u>"</u>
17	Real estate - Other				
18	Collectibles				
19	Food inventory	TOTAL S	MM N		
20	Drugs and medical supplies	W. Warr	11/10		
21	Drugs and medical supplies				
22	Historical artifacts.	Salahar.			
23	Scientific specimens				
24	Archeological artifacts				
25	Other See Part II)			****	
26	Other ()				
27	Other ()				
28	Other ► ()	*********		**************************************	
29	Number of Forms 8283 received by the organization drorganization completed Form 8283, Part IV, Dones	uring the tax e Acknowled	year for contributions for dgement	which the	29
20-	During the year, did the organization receive by contril	oution any n	roperty reported in Part I	lines 1 through 28 that	Yes No
Sua	it must hold for at least three years from the date for exempt purposes for the entire holding period?	of the initia	l contribution, and whic	h isn't required to be u	
b	If 'Yes,' describe the arrangement in Part II.				
	Does the organization have a gift acceptance police	y that requi	ires the review of any n	onstandard contribution	
	Does the organization hire or use third parties or r noncash contributions?	elated orga	nizations to solicit, prod	cess, or sell	
h	If 'Yes,' describe in Part II.				A Section of the sect
	If the organization didn't report an amount in colur describe in Part II.	nn (c) for a	type of property for wh	nich column (a) is chec	ked,

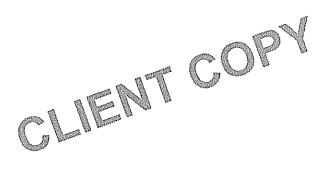
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

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.

Sch M, Part I, Lines 25-28 Other Non-Cash Contributions

Description	Appl?		Revenue on Form 990, Part VIII	Method of Deter. Rev.
MEDICAL EQUIPMENT	Х	1	\$ 11,909.	FAIR MARKET VALU
MISC EQUIPMENT	X	1	101,616.	FAIR MARKET VALU
MEDICAL SUPPLIES	X	1	34,107.	FAIR MARKET VALU
MEDICAL EQUIPMENT	X	1	33,900.	FAIR MARKET VALU
PERSONAL PROTECTIVE EQUIPMENT	X	1	1,000,000.	FAIR MARKET VALU
MEDICAL SUPPLIES	X	1		FAIR MARKET VALU
MEDICAL SUPPLIES	X	1	55,536.	FAIR MARKET VALU
MEDICAL SUPPLIES	X	1		FAIR MARKET VALU
MEDICAL SUPPLIES	X	1		FAIR MARKET VALU
MEDICAL SUPPLIES	X	1	31,354.	FAIR MARKET VALU
RENT	X	1		FAIR MARKET VALU



SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization OPERATION CALIFORNIA, INC. dba: OPERATION USA

Employer identification number 95–3504080

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

It helps communities to alleviate the effects of disasters, disease and endemic poverty throughout the world by providing privately-funded relief, reconstruction and development aid. The Organization works with partner agencies in many countries, including local and international NGO's, UN and government health agencies and other civil society institutions. Each partner agency receives a list of available supplies and evaluates them in relation to local needs. Then the supplies are packed and shipped by air, sea and land to where the greatest need exists.

Form 990, Part III, Line 1 - Organization Mission

It helps communities to alleviate the effects of disasters, disease and endemic poverty throughout the world by providing privately-funded relief, reconstruction and development aid. The Organization works with partner agencies in many countries, including local and international NGO's. UN and government health agencies and other civil society institutions Each partner agency receives a list of available supplies and evaluates them in relation to local needs. Then the supplies are packed and shipped by air, sea and land to where the greatest need exists.

Form 990, Part VI, Line 11b - Form 990 Review Process

THE ORGANIZATION PROVIDES A COPY OF THE 990 EITHER IN ELECTRONIC FORM OR HARD COPY TO THE MEMBERS OF THE GOVERNING BODY AT THEIR OPTION PRIOR TO FILING THE RETURN.

Form 990. Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

AT QUARTERLY BOARD MEETINGS WHERE THE SUBJECT IS ADDRESSED AND DOCUMENTED IN THE MINUTES.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The board annually reviews and approves the compensation of CEO, officer and key
employees, referring to data made available by Interaction Survey of CEOs.

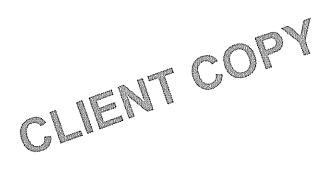
Name of the organization OPERATION CALIFORNIA, INC. dba: OPERATION USA

Employer identification number 95-3504080

•

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON INDIVIDUAL REQUESTS.



2019

Federal Supplemental Information

OPERATION CALIFORNIA, INC. dba: OPERATION USA

95-3504080

Page 1

Note to Form 990 Part III

The organization collects and distributes donated supplies for the relief of refugees and the victims of natural disasters around the world as indicated herein. In addition, the organization grants funds to local and national disaster recovery programs and has implemented disaster preparedness and hazard mitigation programs for community medical clinics.

CLIENT COPY

		OFF P	RATION CAI	OPERATION CALIFORNIA, INC dba: OPERATION USA	OPERATION CALIFORNIA, INC. dba: OPERATION USA						95-3504080
Date No. Description Acquired	Date Gost/ Sold Basis	Cur Bus. 179 Pct. Bonus.	rr Special 9 Depr. us. Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Deor.	Salvage /Basis Reductn	Depr. Basis	Prior Denc.	Method	life Rate	Current
Form 990/990.PF											
Furniture and Fixtures											
8 OFFFICE FURNITURE 5/22/06	717.6						717,6	9,717	S/L MQ	7	0
Total Furniture and Fixtures	717,6		0	0	0	0	9,717	9,717			į
Machinery and Equipment											
1 FORKLIFT BATTERIES 7/23/93	386						386	386	S/L HY	7	C
2 PALLET GOVERS 7/23/93	001					waa	91	<u>8</u> 1		. /	
	4,871						4,871	4,871		7	
CAMERA	395						366	995	S/L HY	2	
LAPTOP	1,087						1,087	1,087	S/L MQ	ည	0
FORKLIFT	23,174						23,174	23,174	S/L MQ	7	0
COMPUTER EQUIPMENT	2,031						2,031	2,031	S/L MQ	2	,
COMPUTER EQUIPMENT	2,207						2,207	2,207	S/L MQ	5	0
COMPUTER EQUIPMENT	649						649	649	S/L MQ	വ	0
13 COMPUTER EQUIPMENT 4/25/06	1,301						1,301	1,301		2	0
	1,0/4						1,074	1,074		י א	0
COMPUTER EQUIPMENT	729						000 P27	600	3/L MQ	ਪ ਨ	-
17 COMPUTER EQUIPMENT 4/25/06	2,445						2,445	2,445		ı ıcı	
18 COMPUTER EQUIPMENT 2/13/06	5,183						5,183	5,183		z,	. 0
MENT	3,257						3,257	3,257		ស	0
21 JAMICA'S LAPTOP 6/24/08	2,791						2,791	2,791	S/L	r.	0
CAMERA & ASSCESS WAREHOUS	380						380	380	S/L	22	0
23 COMPUTER PARTS WAREHOUSE 12/17/07	488						488	488	S/L	22	0

6/30/20		2019 Fed	edera of	Boo	k Del ON CAL OPERA	eral Book Depreciation Schedule OPERATION CALIFORNIA, INC. dba: OPERATION USA	ion Sc INC.	chedu	<u>ə</u>				66	Page 2 95-3504080
Ds. Description Acq.	Date Date Acquired Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ So, Deor.	Prior Dec. Bal. Denc.	Salvage /Basis Reductn	Depr. Basis	Prior Den	Method	<u>a</u>	Rate	Current
24 EQUIPMENT 2/13/08							-		696	696				0
25 2 SCANNERS 3/13/09	\$0/:	86	886						886	886	T/S			0
26 RW LAPTOP HOME OFFICE 3/26/09	60/	1,148	18						1,148	1,148	1/S			0
27 LAPTOP 8/12/09	60/	7.	794						794	794	S/L			0
28 LAPTOP 3/25	3/25/10	1,374	47					777	1,374	1,374	S/L			0
Total Machinery and Equipment		59,276	9/	0	0	0	0	0	59,276	59,276				0
Miscellaneous														
5 SOFTWARE 1/30	1/30/06	3.248	∞2						3 248	3 248	OM 1/2	נ		c
	3/23/06	900.6	ji,						00000	25.75				> (
DATABASE SYSTEM	20/	15,000	3 5					Nama.	2,009	2,000 15,000	7/L MIQ	n 1)
	Š	2	3 [100				000,01	nnn'e i			ı	-
Total Miscellaneous		20,257	Ø	6			0	0	20,257	20,257				0
Tobal Dansonietion		8 60						1			•		l	
i otal pepreziation		82,230	 31	>		0	0	0	89,250	89,250			11	0
Grand Total Depreciation		89,250	12		0	0	0	0	89,250	89,250			ll.	0

Voucher at bottom of page.



DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

> FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations -- File and Pay by the 15th day of the 4th month following the close of the taxable year.

> S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations — File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

_ DETACH HERE _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ DETACH HERE _ _ _ CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM 3586 (e-file)

0981994 95-3504080 000000000000 19 FORM 3 OPER

07-01-19 TYE 06-30-20

OPERATION CALIFORNIA INC DBA OPERATION USA

TIM STARKS

2019

STE 7421 BEVERLY BLVD

90036 LOS ANGELES CA

323-413-2353

AMOUNT OF PAYMENT

PH

10.

2019 California Exempt Organization Annual Information Return

	ORI
1	90

	ear 2019 or fiscal year beginning (mm/dd/yyyy) 7/01/2019, and ending	(mm/dd/yyyy) 6/30/	202	0 •
Corporation/O	ganization name OPERATION CALIFORNIA, INC.		С	alifornia corporation number
Additional info	DBA: OPERATION USA rmation. See instructions.			0981994
Additional inio	miation. See instructions.			EIN 95-3504080
Street address	(suite or room)			MB no.
7421 B	EVERLY BLVD #PH	Tosas		
LOS ANO	RELES	State CA		ip code 90036
Foreign countr		Foreign province/state/county		oreign postal code
		· R&TC Section 23701d, has the gaged in political activities?	!	
	Keturn	3		•
	on 4947(a)(1) trust			
-	rmation Return? issolved Surrendered (Withdrawn) Merged/Reorganized K Is the organizati	ion exempt under R&TC Section	n 23701	g? ● Yes XNo
	if "Yes." enter the	ne gross receipts from rrces		The second of th
E Check acc	counting method:	s a public charity exempt under		
	Cash 2 X Accrual 3 Other R&TC Section 2	3701d and meets the filing fee		
		box. No filing fee is required		
	- Tu V	ion a Limited Liability Company		
	taxable income?	ation file Form 100 or Form 109		● Yes X No
		ion under audit by the IRS or hi or year?		
	P Is federal Form	1023/1024 pending?		····· Yes No
	rganization have any changes to its guidelines Date filed with I	RS 🦼		
	ted to the FTB? See instructions Yes X No			
Part I	Complete Part I unless not required to file this form. See General Information	202 202	1	256 204
	 1 Gross sales or receipts from other sources. From Side 2, Part II line 8 2 Gross dues and assessments from members and affiliates 	•	2	256,384.
Receipts	3 Gross contributions, gifts, grants, and similar amounts received	SEE SCH. B.	3	2,391,344.
and Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	To the state of th	ja ja	
	This line must be completed. If the result is less than \$50,000, see Gen		4	2,647,728.
	5 Cost of goods sold			
	6 Cost or other basis, and sales expenses of assets sold • 6		36 (13.55)	Control of the Contro
	7 Total costs. Add line 5 and line 6		7	
	8 Total gross income. Subtract line 7 from line 4		8 9	2,647,728.
Expenses	 Total expenses and disbursements. From Side 2, Part II, line 18 Excess of receipts over expenses and disbursements. Subtract line 9 from 	-	10	1,788,647. 859,081.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 fro		11	033,001.
	12 Use tax. See General Information K.		12	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from I	ine 11	13	
Filing	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from I no	e 12 •	14	
Fee	15 Filing fee \$10 or \$25. See General Information F		15	10.
	16 Penalties and Interest. See General Information J		16	
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result		17	10.
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	and statements, and to the best	of my l	knowledge and belief, it is true,
Here	Signature - Title	Date	•	Telephone
	of officer PRESIDENT & CEO	Check if	3	23-413-2353 PTIN
Duriel .	Preparer's > signature	seif- employed	1 1	00462710
Paid Preparer's	GOLDMAN KURLAND & MIRAGLIA LLP	3.1.6.23.22		Firm's FEIN
Usé Only	firm's name (or yours, if self-employed) 16133 VENTURA BLVD STE 880			7-5236877
	and address ENCINO, CA 91436			Telephone
			(818) 784-9000
	May the FTB discuss this return with the preparer shown above? See instruct	ions	. •	X Yes No

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OPERATION CALIFORNIA, INC.

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

1 Gross sales or receipts from all business activities. See instructions

		l I	Gross sales or receipts from all	ousiness activities. See	instructions. , . , . , . , . ,		1 1	
		2	Interest				2	815.
_		3	Dividends	· · · · · · · · · · · · · · · · · · ·			3	
Rece from		4	Gross rents				4	
Othe	r	5	Gross royalties				5	
Sour	ces	6	Gross amount received from sa				6	
		7	Other income. Attach schedule.				7	255,569.
		8	Total gross sales or receipts from other				8	
		9	Contributions, gifts, grants, and similar a				9	256,384.
		10	Disbursements to or for membe				10	597,680.
		11	Compensation of officers, direct				H	1.60 050
		12	Other salaries and wages				11	169,950.
Expe	nses	13	Interest				13	260,204.
and Disbu	irco-	14	Taxes					
ment	S	15	Rents				14	32,846.
		, -	Depreciation and depletion (See				15	450,080.
		16					16	
		17	Other Expenses and Disbursem				17	277,887.
		18	Total expenses and disbursements. Add		***************************************		18	1,788,647.
	edule	÷ L	Balance Sheet		f taxable year		of taxa	ble year
Asset				(a)	(b)	(c)	Section	(d)
-					1,673,061.		•	1,468,437.
			receivable		500.	Constitution Character Association		
			eivable		4,560,827.			E 222 042
-			tate government obligations , ,		4,300,027.			5,333,043.
			n other bonds		n(C)		•	
			n stock					
				-		A Transport		
			ents. Attach schedule	4%		l ortalisticson	985155	
			ssets	40000000 000000 0000		90 2	10	
			ated depreciation	89,249.	1	89,24		
			ated depreciation.	69,7249.		89,24	19.	
11	Lätlu Othar a		Attach schedule. STM 4		1 / / 03	100000		C 000
				120	14,491.		65002 -	6,900.
					6,248,879.		1888/200 (Sec.)	6,808,380.
			et worth		C 400	Print of Control of Species	•	00.000
			ible		6,488.		-	20,283.
			gifts, or grants payable	#1942/09/45/6/29/35/29/29/29/29/49/35/6/29/6/29/39/5/10/5/5/5/5/5/9/4/29/4/29/5/			ethinos e	
			tes payable			0.00 (0.10 (0.00))		
17	iviortgag	es pay	rable				23(4)(5); • 6/0/(5)(4)	75 701
			s. Attach schedule					75,701.
			or principal fund	CONTRACTOR OF THE STATE OF	6,242,391.	or the Company of the	•	6,712,396.
			ital surplus. Attach reconciliation ings or income fund			7 60 00 15 15 15 15 15 15 15 15 15 15 15 15 15		
			es and net worth		6,248,879.			6,808,380.
	dule			hooka with income no				0,000,300.
SCHE	uuie	141 1	Do not complete this schedule i	f the amount on Schedule	L. line 13. column (d). is	s less than \$50,000		
1	Net inco	me ne	r books			books this year not inclu	ided Sign	
			e tax	, , , , , , , , ,	=1	h schedule		
			tal losses over capital gains		8 Deductions in this r		7270 S SS 240	
			corded on books this year.		against cook incom	e this year.	194	
			le					
			rded on books this year not deducted 📗		wine.	d line 8		NOT A SECURE AND A
			Attach schedule	·	10 Net income per			
6	Total, Ad	dd line	1 through line 5	859,081	. Subtract line 9	from line 6	•••	859,081.

3652194 Page 2 Form 199 2019 059 CACA1112L 12/13/19

Schedule B

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

Department of the Treasury Internal Revenue Service

California Copy Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

Name of the organization OPERATION CALIFORNIA, INC. dba: OPERATION USA 95-3504080 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money X or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 99C or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totated more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

5	Page	2
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Name of organization

Employer identification number

OPERATION CALIFORNIA, INC. 95-3504080 Part Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. (b) Name, address, and ZIP + 4 (d) Type of contribution contributions Person KAISER PERMANENTE 1 Payroli ONE KAISER PLAZA 11,909. Noncash (Complete Part II for OAKLAND, CA 94612 noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions Person 2__ AMERICAN SOCCER COMPANY **Payroll** 726 E ANAHEIM ST 101,616. X Noncash (Complete Part II for WILMINGTON, CA 90744 noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person PELICAN PRODUCTS INC **Payroll** Χ 23215 EARLY AVE Noncash (Complete Part II for TORRANCE, CA 90505 noncash contributions.) (d) Type of contribution (a) No. (c) Total Name, address, and ZIP contributions Person Х CALIFORNIA COMMUNITY FOUNDATION Payroll 221 S FIGUEROA ST #400 25,000 Noncash (Complete Part II for noncash contributions.) LOS ANGELES, CA 90012 (b) (c) Total (a) No. (d) Name, address, and ZIP + 4 Type of contribution contributions Person DIANA SINGLETON Pavroll 397 INVERNESS DR 30,000 Noncash (Complete Part II for LA CANADA, CA 91011 noncash contributions.) (b) Name, address, and ZIP + 4 (a) No. (c) Total (d) Type of contribution contributions Person 6__ DREW HAGEN Payroll 1280 CIVIC DR 3RD FL 10,413. Noncash

WALNUT CREEK, CA 94596

(Complete Part II for

noncash contributions.)

95-3504080

Employer identification number

OPERATION CALIFORNIA,	INC.	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	•
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	G FREDERICK CHARITABLE FOUNDATION		Person X
	39 MESA ST, STE 301	\$40,000.	Noncash
	SAN FRANCISCO, CA 94129		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	HONEYWELL CORPORATION		Person X
	115 TABOR RD	\$115,800.	Noncash
	MORRIS PLAINS, NJ 07950		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JEFF FRANKLIN		Person X
	10066 CIELO DR	\$ 12,913.	Payroll
	BEVERLY HILLS, CA 92010		(Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	KAREN_SLOSS		Person X
	711 16TH ST	\$5,000.	Noncash
	BELLINGHAM, WA 98225		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	MCMASTER CARR SUPPLY CO		Person X
	PO BOX 680	\$ <u>15,000.</u>	Payroll
	ELMHURST, IL 60126		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	NORTHERN TRUST GIVING PROGRAM		Person X Payroll
	225 NORTH MICHIGAN AVE STE 220	\$20,000.	Noncash
	CHICAGO, IL 60601		(Complete Part II for noncash contributions.)
		Cabadula P /Farra 00	0 000 E7 av 000 DE\ (2010)

Name of organization Employer identification number OPERATION CALIFORNIA, INC. 95-3504080

raiti	Contributors (see instructions). Use duplicate copies of Part 1 if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	AUDREY & SYDNEY IRMAS FOUNDATION		Person X
		\$ 25,000.	Payroll
			(Complete Part II for
	ENCINO, CA 91436		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	LAKESIDE MEDICAL INC		Person
	8510 BALBOA BLVD	\$33,900.	Payroll X
	NORTHRIDGE, CA 91325		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_	VIETJET AIR	- Transit	Person
	302 KIM MA ST	\$ 1,000,000.	Payroll X
			(Complete Part II for
···.		- Addition	noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	SOLUGEN TECH		Person
	14549 MINETTA ST	\$64,000.	Payroll Noncash X
	HOUSTON, TX 77035		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	HYDRALYTE LLC		Person
	8910 UNIVERSITY CENTER LN 400	\$ <u>55,536.</u>	Payroll X
	SAN DIEGO, CA 92122		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	HEART TO HEART INTERNATIONAL		Person
have 4000 400	11550 RENNER BLVD	\$ 17,749.	Payroll X
			(Complete Part II for
	LENEXA, KS 66219		noncash contributions.)

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Name of organization

OPERATION CALIFORNIA, INC.

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_	FACEBOOK 1 HACKER WAY MENLO PARK, CA 94002	\$ <u>12,169.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	IMPACT ASSETS 7315 WISCONSIN AVE STE 1000 BETHESDA, MD 20814	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	INA KAY FOUNDATION 8720 GEORGIA AVE #410 SILVER SPRINGS, MD 20910	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_	JIM AND BETH BARTON 7421 BEVERLY BLVD LOS ANGELES, CA 90036	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_	KATHERINE ALBERTINI PO BOX 26 EAGLES MERE, PA 17731	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_	LISA BERGER 1400 WESTOTON WAY WEST CHESTER, PA 19380	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
		011155	

Name of organization
OPERATION CALIFORNIA, INC.

Employer identification number

95-3504080

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>25</u> _	PASSIONE ROSSA LLC	_	Person X				
	9372 WILSHIRE BLVD	\$ 10,000.	Payroll U				
	BEVERLY HILLS, CA 90212	-	(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>26</u> _	PEARLMAN GELLER FAMILY FOUNDATION		Person X				
	828 WOODACRES RD	\$40,000.	Payroll				
	SANTA MONICA, CA 90402		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
27_	BURNS FAMILY CHARITABLE FUND	arth	Person X				
	14010 RANCHO SOLANO TRAIL	\$ 7,500.	Payroll Noncash				
	SAN DIEGO, CA 92130		(Complete Part II for noncash contributions.)				
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
28_	SCHWAB CHARITABLE		Person X				
	PO BOX 628298	\$ 16,500.	Payroll				
	ORLANDO , FL 32862		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u> 29</u> _	OAKHURST COUNTRY CLUB		Person X				
	5141 COMMERCIAL CIR	\$6 <u>,</u> 350.	Payroll Noncash				
	CONCORD, CA 94520		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
30_	TABREEZ & MARIA VERJEE		Person X				
_	1998 BROADWAY #505	\$100,000.	Payroll Noncash				
	SAN FRANCISCO, CA 94109		(Complete Part II for noncash contributions.)				

Schedule B	(Form 990.	990-FZ.	or 990-PF)	(2019)

		, ,	<u> </u>	
Name of organization				Employer identification number
OPERATION CAI	LIFORNIA.	INC.		95-3504080

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u> _	THE BENEVITY COMMUNITY	_	Person X
	203 32 W 25TH AVE	\$14,526.	Payroli Noncash
	SAN MATEO, CA 94403	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32_	THOMAS BLACK		Person X
	9100 WILSHIRE BLVD 1000W	\$ <u>5,160.</u>	Payroll Noncash
	BEVERY HILLS, CA 90212		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33_	USA FOR AFRICA	85	Person X
	5670 WILSHIRE BLVD	\$ 25,000.	Payroll Noncash
	LOS ANGELES, CA 90036		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>34</u> _	ZACHARY NELSON		Person X
	125 E MAIN ST STE 335	\$10,000.	Payroll Noncash
	AMERICAN FORK, UT 84003		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35_	HONEYWELL SAFETY PRODUCTS		Person
	6766 PONTIUS RD	\$ <u>31,354.</u>	Payroll X
	GROVEPORT , OH 43125		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u> _	PORT OF LOS ANGELES		Person
	425 S PALOS VERDES ST	\$ 360,000.	Payroll X
	SAN PEDRO, CA 90731		(Complete Part II for noncash contributions.)

Name of organization
OPERATION CALIFORNIA, INC.

Employer identification number

95-3504080

(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
-	Medical supplies used in disaster relief.		***************************************
1			
		\$11,909.	
(a) Na			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	SOCCER CLOTHING AND EQUIPMENT		
2			
		101,616.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	4 00000 L.1
3	Medical supplies used in disaster relief.		
<u> </u>			
		\$ 4 34,107.	
(a) No. from	(b)	(c)	(d)
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Medical supplies used in disaster relief.		,
14			
		\$33,900.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Surgical earloop masks.	- — –	
<u>15</u>		- – -	
		\$1,000,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Medical supplies used in disaster relief.		
<u>16</u>			
		\$ 64,000.	

2

Page 3

Name of organization
OPERATION CALIFORNIA, INC.

Employer identification number

95-3504080

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>17</u>	Oral hydration solution.	(see instructions.)	
		\$55,536.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	Medical supplies used in disaster relief.	-	
		\$ <u>17,749.</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
35	Medical supplies used in disaster relief.	_	
		\$ 31,354.	
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
36	Commercial warehouse for storage of inventory.	\$ 360,000.	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		5	
(a) No. from Part I	(b) Description of попсаsh property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	- 5 W W H / Sector
		-	

	ION CALIFORNIA, INC.		95-3504080
Part III	exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states.)	ne year from any one contributor. Comp Impleting Part III, enter the total of <i>exclus</i> Enter this information once. See instruction	described in section 501(c)(7), (8), olete columns (a) through (e) and olete columns charitable, etc.
(a) No. from Part I	(b) Purpose of gift N/A	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift , and ZIP + 4 Rel	ationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-mp arris sass .			
	Transferee's name, address	(e) Transfer of gift	Relationship of transferor to transferee



IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California corporation number, FEIN, or CA SOS file number and "2019 FTB 3539" on the check or money order. Detach form below. Enclose, but do not staple, the payment with the form and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year C corporations — File and Pay by April 15, 2020 Calendar year S corporations — File and Pay by March 16, 2020 Calendar year exempt organizations - File and Pay by May 15, 2020

Employees' trust and IRA - File and Pay by April 15, 2020

Fiscal year filers - See instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without

penalty is extended to the next business day.

ONLINE SERVICES: Make payments online using Web Pay for Businesses. Corporations or exempt organizations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

_ DETACH HERE _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM _____ DETACH HERE _ _ _ _

CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR

Payment for Automatic Extension for Corporations and Exempt Organizations CALIFORNIA FORM

3

3539 (CORP)

0981994 95-3504080 OPER 07-01-2019 TYE 06-30-2020

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19 FORM

OPERATION CALIFORNIA INC DBA OPERATION USA

TIM STARKS

2019

7421 BEVERLY BLVD

STE PH

LOS ANGELES CA 90036

323-413-2353

AMOUNT OF PAYMENT

10.

CACZ0401L 12/14/19

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6141196

FT8 3539 2019

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	ch to Form 100 or For	m 100W. FORI	M 199					***************************************					
Corpo		ION CALIFOR						- 1		•	on number		
	_	PERATION USA						[09	8199	4			
<u>Par</u>		cpense Certain Pro				***************************************			1 -				
7	Maximum deduction Total cost of IRC Se									-	\$25,000		
2 3	Threshold cost of IRC		•								\$200,000		
4	Reduction in limitation										\$200,000		
5	Dollar limitation for t								~~~~~~~				
6	~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Description of property		T	ast (business	1	(c) Electe			Veisson			
	1.7	<u></u>		<u>\</u> -		,,,	(0) 2.001.				2000/03/4 (2006/4)		
					······································								
7	Listed property (elec	ted IRC Section 17	⁷ 9 cost)			7			1				
8	Total elected cost of						line 7		8				
9	Tentative deduction.	Enter the smaller	of line 5 or line 8.						9	**********			
10	Carryover of disallov	ved deduction from	prior taxable year	s					10				
11	Business income lim				•	•			*******				
12	IRC Section 179 exp								12				
13	Carryover of disallow									2 / A			
Par	-	nd Election of Additi	·	reciatioi		T	· · · · · · · · · · · · · · · · · · ·	· / · · · · · · · · · · · · · · · · · ·			4		
14	(a) Description	(b) Date acquired	(c) Cost or	Deni	(d) reciation	(e) Depreciation	n Life or	Depred	(g) :iation	for	(h) Additional first		
	of property	(mm/dd/yyyy)	other basis	alic	wed or	method	rate		year		year		
					vable in er years		æ				depreciation		
FOR	RKLIFT BATTER	7/23/1993	386.	Carri	386.	S/L	7						
	LET COVERS	7/23/1993	100.		100.	S/L	1 19						
	RKLIFT	6/30/2000	4,871.		4,871	SVL	500 600						
	GITAL CAMERA	2/21/2005	995.	1	995.	S/L	5	+					
	TWARE	1/30/2006	3,248	The same	3,248.	S/L	<u>-</u> 5						
	Add the amounts in			ner brox									
15	\$2,000. See instructi	ions for line 14, col	lumn (h).				ĭ 15						
Parl							······································						
16	Total: If the corporat	ion is electing:											
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15 356 add	column (g) or its on line 1	15 columns	(a) and (h) or				
	Depreciation (if no e	lection is made), e	nter the amount from	om line	15, column	(g)				16			
17	Total depreciation cl									17			
18	Depreciation adjustm	ent. If line 17 is gr	reater than line 16,	, enter t	he differend	ce here and	d on Form 10	0 or					
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is line 12 (If Californ	less than line 16, d ia denreciation am	enter th nounts a	e aitterence re used to	e nere and determine i	on Form 100 net income b	or Sefore					
	state adjustments or									18			
Parl	IV Amortization												
19	(a)	(b)	(c)			d)	(e) R&TC	(f)			(g)		
	Description of property	Date acquire (mm/dd/yyyy	d Cost o other bas			ization r allowable	Section	Perio percen			Amortization for this year		
	or property	(, , , , , , , , , , , , , , , , , , , ,			er years	(see instr)	P					
	1,120,000									$oldsymbol{ol}}}}}}}}}}}}}}}}}$			
20	Total. Add the amou								20				
21	Total amortization cl	aimed for federal p	urposes from fede	ral Forn	1 4562, line	: 44			21	_			
22	Amortization adjustm	nent. If line 21 is g	reater than line 20,	, enter t	he differenc	ce here and	d on Form 10	0 or					
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	e here and	on Form 100	or	22				
	Form 100W, Side 2,	IIIIC 14		.,,,,			,						

CACA3501L 12/04/19 059 7621194 FTB 3885 2019

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Attac	ch to Form 100 or For	m 100W. FORI	4 199									
Corpo	ration name OPERAT	ION CALIFORM	NIA, INC.					Califo	rnia cor	poratio	n number	
		PERATION USA						098	1994	4		
Par		pense Certain Pro							~~			
7	Maximum deduction	under IRC Section	179 for California.						1		\$25,000	
2	Total cost of IRC Se								2			
3	Threshold cost of IR								3	ļ	\$200,000	
4	Reduction in limitation				•				4	ļ		
5_	Dollar limitation for t		act line 4 from line						5	0.000000000	de de la companya de	
6	(a)	Description of property		(b) 0	ost (business	use only)	(c) Electe	d cost	4			
										in the		
]	17.17		
		···		<u></u>		-, _						
_	Listed property (elec								79.48	Cyrresa.		
8	Total elected cost of								8			
9	Tentative deduction.								10	ļ		
10	Carryover of disallow Business income lim								11			
11 12	IRC Section 179 exp								12			
13	Carryover of disallow								12	2000		
Par		nd Election of Addit						56		GE079899	hearth field As a transcription of the second field of the second	
14	(a)	(b)	(c)	T	(d)	(e)	(f)		g)		(h)	
14	Description	Date acquired	Cost or	Depi	reciation	Depreciation		Depreci		for	Additional first	
	of property	(mm/dd/yyyy)	other basis		wed or wable in	method	rate	this	year	-	year depreciation	
					er years		_ 0			İ	depreciation	
T ₄ A F	PTOP	4/25/2006	1,087.		1,087.	S/L	6 3 5					
	TWARE	3/23/2006	2,009.		2,009.	s/ī\	5					
	FICE FURNITU	5/22/2006	9,717.		9,717!	SVL					•	
	RKLIFT	8/18/2005	23,174.	- 1	23,174.	S/L	7					
	PUTER EQUIPM	4/25/2006	2,031		2,031.	S/L	5	***				
	Add the amounts in		•663 \$500 \$620	SE/A			·					
15	\$2,000. See instructi	ions for line 14. co	lumn (h).	ol-colui	(11) 111ay	TIOL EXCEC	15			1		
Parl												
	Total: If the corporat	ion is electing:				············		•				
	JRC Section 179 exp	ense, add the amo	unt on line 12 and	line 15	, column (g)	or	E salumas ('al and th	3 05	1		
	Additional first year of Depreciation (if no e	depreciation under lection is made), e	nter the amount fr	oo, auu om line	15. column	(a)	o, coluitats (g) and (i	ן טין	16		
17	Total depreciation cl									17		
	Depreciation adjustm Form 100W, Side 1,											
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter th	e difference	here and o	on Form 100 set income b	or efore				
	state adjustments or	Form 100 or Forn	na depreciation an n 100W. no adiustn	nent is r	necessary.).	, , , , , , , , , , ,				18		
Parl	······································											
19	(a)	(b)	(c)		(4	d)	(e)	(f)			(g)	
	Description	Date acquire	d Cost o		Amorti		(e) R&TC	Period			Amortization	
	of property	(mm/dd/yyyy) other bas	SIS	in earlie	allowable er vears	Section (see instr)	percent	aye		for this year	
											AARWYHIA	
···						MM-1V-1						
	Lurwom											
	Limite											
							-			1	. Janu	
20	Total. Add the amou	nts in column (a)							20			
21	Total amortization cl								21		444	
	Amortization adjustm	ant Ifline 21 is a	reater than line 20	enter t	he differenc	e here and	l on Form 10	0 or				
C.L	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and o	on Form 100	or				
	Form 100W, Side 2,	line 12							22			

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CACA3501L 12/04/19

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Attac	ch to Form 100 or For	m 100W. FORI	1 199					_	
Corpor	ration name OPERAT	ION CALIFORN	IIA, INC.				Califor	rnia corp	poration number
		PERATION USA					098	1994	:
Parl	l Election To Ex	pense Certain Pro	perty Under IRC S	ection 179					
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Sec							2	
3	Threshold cost of IRO							3	\$200,000
4	Reduction in limitation							4 5	
5	Dollar limitation for t		act line 4 from line					3	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	cost	-	
									entropy of his or control of
				~··					
	Lana.				, _			-	
_	Listed property (elec	ted IRC Section 17	9 cost)		7	·		8	epulation (number of the second second second
8	Total elected cost of	IRC Section 179 p	roperty. Add amou	ints in column (c),	line 6 and I	ine /		9	
9	Tentative deduction. Carryover of disallow							10	
10	Business income lim							11	
11 12	IRC Section 179 exp							12	,
13	Carryover of disallow								
Parl	Depreciation an	d Election of Additi	onal First Year Dep	reciation Deduction	Under R&T	C Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)		g)	(h)
1-4	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreci	ation f	
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	tnis	year	year depreciation
				earlier years					
COM	PUTER EQUIPM	4/25/2006	2,207.	2,207.	S/L	5			
	PUTER EQUIPM	4/25/2006	649.	649.	s/î\	5			
	PUTER EQUIPM	4/25/2006	1,301.	1,301.	,sVL./	5			
	PUTER EQUIPM	4/25/2006	1,074.	1,074.	S/L	5			
	PUTER EQUIPM	4/25/2006	855%	855.	S/L	5			
	Add the amounts in		umo (b) The total	of column (h) may	not exceed	1			
, 5	\$2,000. See instructi	ions for line 14, col	lumin (h).			15			
Parl			Visit in the second			•			
16	Total: If the corporat	ion is electing:							
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and	line 15, column (g) or its on line 1	5 columns (n) and (h) or	·
	Depreciation (if no e	lection is made), e	nter the amount fro	om line 15, column	(g)			` <u>1</u>	16
17	Total depreciation cla	aimed for federal p	urposes from fede	ral Form 4562, line	22			1	17
18	Depreciation adjustm	ent. If line 17 is g	reater than line 16,	, enter the different	ce here and	on Form 100) or		1
	Form 100W, Side 1, Form 100W, Side 2,	line 6. It line 17 is line 12 (If Californ	iess than line 16, i	enter the difference lounts are used to	determine r	net income b	efore		
	state adjustments or	Form 100 or Form	n 100W, no adjustn	nent is necessary.)				1	18
Parl	t IV Amortization								PANULA .
19	(a)	_ (b)	(c)		d)	(e)	(f)		(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o		ization r allowable	R&TC Section	Period		Amortization for this year
	or property	(((((((((((((((((((((((((((((((((((((((, 01101 551		er years	(see instr)			.01 4110 7001
									1.12481444
20	Total. Add the amou							20	4*************************************
21	Total amortization cl	aimed for federal p	ourposes from fede	ral Form 4562, line	44			21	
22	Amortization adjustn	nent If line 21 is a	reater than line 20	enter the differen	ce here and	on Form 10	0 or		
_	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e nere and (on Form 100	or	22	
	Form 100W, Side 2,	line 12		.,				<u> </u>	L

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Attac	ch to Form 100 or Fori	m 100W. FORM	I 199								
Corpo	ration name OPERAT	ION CALIFORN	IA, INC.					Califo	rnia cor	poratio	n number
		PERATION USA	•					098	1994	4	
Par	t I Election To Ex	pense Certain Pro	perty Under IRC S	ection 1	79						
1	Maximum deduction	under IRC Section	179 for California.						1		\$25,000
2	Total cost of IRC Sec								2		
3	Threshold cost of IRO									ļ	\$200,000
4	Reduction in limitation								5		
	Dollar limitation for t		act line 4 from line				****		5	/ CESSTRAN	
6	(a)	Description of property		(b) C	ost (business	use only)	(c) Electe	a cost			

			-								
-			·····						4		
7	Listed property (elec								8		
8	Total elected cost of Tentative deduction.	IRC Section 179 pt	roperty. Add amou	ints in c	olumn (c), i	ine 6 and i	line Z		9	 	*****
9									10	<u> </u>	
10 11	Carryover of disallow Business income lim								11	1	
12	IRC Section 179 exp								12		
13	Carryover of disallow								1	553/259	and a second control of the control
Par		d Election of Addition	onal First Year Dep	reciation	Deduction	Under R&T	C Section 243	356			
14	(a)	(b)	(c)		(d)	(e)	(f)	1	(g)		(h)
• •	Description	Date acquired	Cost or		eciation	Depreciation		Deprec		for	Additional first
	of property	(mm/dd/yyyy)	other basis		wed or vable in	method	rate	Linz	year	i	year depreciation
					er years		- M				
CON	1PUTER EQUIPM	4/25/2006	729.		729.	S/L	~~~ \ \\ 5				
CON	1PUTER EQUIPM	4/25/2006	2,445.		2,445.	_s/L					
CON	PUTER EQUIPM	2/13/2006	5,183.		5, 183.	,s/L				,,,	wwoar
CON	1PUTER EQUIPM	5/22/2006	3,257.		3,257.	S/L	5				
DAT	TABASE SYSTEM	1/26/2007	15,000	- N	15,000.	S/L	5				1-24100
15	Add the amounts in \$2,000. See instructi	column (g) and col	umn (h). The total umn (h).	of Colur	nn (h) may	not excee	d 15				
Par											
16	Total: If the corporat	ion is electing:		: C 15		١					
	IRC Section 179 exp Additional first year	depreciation under	R&TC Section 24.	356. add	the amoun	its on line	15, columns	(g) and (i	h) or	ŀ	
	Depreciation (if no e	lection is made), e	nter the amount fr	om line	15, column	(g)			· · · · L	16	
17	Total depreciation cl	aimed for federal p	urposes from fede	ral Form	1 4562, line	22				17	
18	Depreciation adjustm Form 100W, Side 1,	nent. If line 17 is gr	eater than line 16	, enter t	he difference	ce here and	d on Form 10 on Form 100	0 or			
	Form 100W Side 2	line 12. (If Californ	ia depreciation an	nounts a	re used to	aetermine	net income d	erore			
	state adjustments or	Form 100 or Form	100W, no adjustr	nent is r	necessary.)					18	
Par	t IV Amortization							(0)		1	
19	(a)	(b) Date acquired	d (c)	\r		d) ization	(e) R&TC	(f) Perio	d or		(g) Amortization
	Description of property	(mm/dd/yyyy	other bas		allowed or	r allowable	Section	percen			for this year
					in earli	er years	(see instr)			-	
										-	
										—	
	w									-	
										<u> </u>	11/10/
								<u> </u>		 	
20	Total. Add the amou	nts in column (g)							20	 	
21	Total amortization cl	aimed for federal p	urposes from fede	eral Forn	n 4562, line	: 44			21	╂—	
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter t	he differen	ce here and	d on Form 10	00 or		1	
	Form 100W, Side 1, Form 100W, Side 2,	line 6. It line 21 is	iess than line 20,	enter th	e unierence			· VI	22		

059

CACA3501L 12/04/19

7621194 FTB 3885 2019

3885

Attac	ch to Form 100 or For	m 100W. FORM	1 199							
Corpoi	ration name OPERAT	ION CALIFORN	IIA, INC.					Califo	rnia corp	poration number
		PERATION USA						098	1994	1
Parl	l Election To Ex	pense Certain Pro	perty Under IRC S	ection 179)					
1	Maximum deduction	under IRC Section	179 for California.						1	\$25,000
2	Total cost of IRC Se								2	
3	Threshold cost of IR								3	\$200,000
4	Reduction in limitation								4	
5_	Dollar limitation for t		act line 4 from line	1. If zero	or less,	enter -0			5	
6	(a)	Description of property		(b) Cost	(business	use only)	(c) Electe	d cost		
									_	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									Programme Company of Cont.
7	Listed property (elec								200000000	
8	Total elected cost of								8	
9	Tentative deduction.								9	
10	Carryover of disallov								10	
11	Business income lim								12	
12	IRC Section 179 exp Carryover of disallov								12	
13 Parl	Carryover of disallov	nd Election of Additi	onal First Vear Den	recistion D	eduction	Linder R&T	C Section 24	356		2000,000,000,000,000,000,000,000,000,00
		I		(d		(e)	(f)	I	g)	(h)
14	(a) Description	(b) Date acquired	(c) Cost or	Depred	iation	Depreciatio		Deprec		
	of property	(mm/dd/yyyy)	other basis	allowe	ed or	method	rate	this	year	year depreciation
				allowa earlier	vears					depreciation
.TZ\N	MICA'S LAPTOP	6/24/2008	2,791.		791.	S/L	5			
	MERA & ASSCES	}	380.		380.	S/L				
		12/17/2007	488.		488.	SVL				
	JIPMENT	2/13/2008	969.	- 10 W	969.	S/L	5			
	CANNERS	3/13/2009	988.	5 WW		S/L	5			
***	Add the amounts in	1	-68 DVD 1993	offolium	(h) may	not excee	д			
10	\$2,000. See instruct	ions for line 14, co	lumin (h).	. , ,		,	15			
Par										
16	Total: If the corporal	tion is electing:								
	IRC Section 179 exp Additional first year	ense, add the amo	unt on line 12 and R&TC Section 243	line I5, c 356 add th	olumn (g ne amour) or its on line	15. columns	(a) and (h	3) or	
	Depreciation (if no e	election is made), e	nter the amount fr	om line 15	, column	(g)			L	16
17	Total depreciation of	laimed for federal p	ourposes from fede	ral Form 4	1562, line	22			····· <u> </u>	17
18	Depreciation adjustr Form 100W, Side 1,	nent. If line 17 is g	reater than line 16	, enter the	difference	ce here and	d on Form 10	0 or		
	Form 100W, Side I, Form 100W, Side 2,	line 6. If line 17 is	iess than line 16, ia depreciation an	enter the t nounts are	used to	determine	net income b	efore	1	
	state adjustments or	n Form 100 or Form	n 100W, no adjustr	nent is ne	cessary.).				'	18
Par	t IV Amortization									
19	(a)	(b)	(c)			d) ,.	(e)	(f)	d 0 =	(g)
	Description of property	Date acquire (mm/dd/yyyy	d Cost o			ization allowable	R&TC Section	Period percen		Amortization for this year
	or property	(ITATIF GGS y y y y) 00101 00	5.5		er years	(see instr)	<u> </u>		701 (110) 021
	-10000									
		WANTED TO								
20	Total. Add the amou	ınts in column (g).							20	
21	Total amortization c	laimed for federal i	ourposes from fede	eral Form 4	1562, line	44			21	
	Amortization adjusts	ment If line 21 is a	reater than line 20	enter the	differen	ce here an	d on Form 10	00 or		
	Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	difference	e nere and	on Form Tuc	or	22	
	Form 100W, Side 2,	line 12				,,,,,,,,,,			22	

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CALIFORNIA FORM

2019 Corporation Depreciation and Amortization

3885

	Form 100 or For	m 100W. FORI	M 199								
Corporation	OPERAT	ION CALIFORM PERATION US	•						rnia corp 1994	poration number	
Part I			perty Under IRC S	ection 1	79						
1 Max			179 for California.						1	¢.	25,000
			placed in service						2		
3 Thre	eshold cost of IR	C Section 179 prop	perty before reduct	ion in lin	nitation				3	\$2	200,000
			from line 2. If zero						4	·····	
5 Dol	lar limitation for t	axable year. Subtr	act line 4 from line	1. If zer	o or less,	enter -0		<u></u>	5		
6	(a)	Description of property		(b) Co	st (business	use only)	(c) Elected	cost	10/1/11		
					,					a a como	10 a 6 5 5
7 List	ed property (elec	ted IRC Section 17	79 cost)			7			1		
			property. Add amou				ine 7		8		
			of line 5 or line 8.						9		
10 Car	ryover of disallov	ved deduction from	ı prior taxable year	s					10		
11 Bus	iness income lim	nitation. Enter the s	smaller of business	income	(not less t	han zero) o	r line 5		11		
			dd line 9 and line 1						12		
13 Car	ryover of disallov	ved deduction to 20	020. Add line 9 and	d line 10,	less line 1	2	13			W. 1963 SEC. (52)	SCOOL SECTION
Part II	Depreciation ar	nd Election of Addit	ional First Year Dep	reciation	Deduction	Under R&T	C Section 243	56			
14	(a)	(b)	(c)		(d)	(e)	(f)	(9	g)		(h)
	Description of property	Date acquired	Cost or other basis		eciation wed or	Depreciation method	Life or rate	Depreci	ation f year	I	onal first ear
	or property	(mm/dd/yyyy)	Office pasis		able in	IIIEUIOU	Tate	แแร	year		eciation
				earlie	er years						
RW LA	PTOP HOME	3/26/2009	1,148.		1,148.	S/L	5				
LAPTO	2	8/12/2009	794.		794.	S/Ĺ∖	5				
LAPTO	?	3/25/2010	1,374.		1,374.	,sVl./	5				
					100-11						
			N m	- 110	N V						
15 Add	I the amounts in	column (g) and co	lumn (h). The total	of colun	nn (h) may	not exceed	j 15				
Part III	Summary	oris for line 14, co	Idigit (ty,								
	al: If the corporat	ion is electing:									
IRC Add	Section 179 exp litional first year	ense, add the amo depreciation under	ount on line 12 and R&TC Section 243 enter the amount fr	356. add	the amoun	its on line 1	5, columns (g) and (h) or ₁	16	
			ourposes from fede							7	
			reater than line 16								
For	m 100W/Side 1	line 6 If line 17 is	less than line 16.	enter the	e difference	here and o	on Form 100	or			
For	m 100W, Side 2,	line 12. (If Californ	nia depreciation an n 100W, no adjustr	nounts ai	e used to	determine r	net income be	erore	1	8	
	Amortization	LEGITH 100 OF FORE	ii 100vv, no adjusti	Helit is ii	ecessary.,				•••		
Part IV			(c)		-	d)	(e)	(f)		(g)	
19	(a) Description of property	(b) Date acquire (mm/dd/yyyy	d Cost o		Amort allowed or	ization allowable er years	R&TC Section (see instr)	Period percent		Amortiz for this	ation
Linux.	***********					,	\\				

						····					
							 				
									20		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
			ourposes from fede						21	AIII.V.	121010000
Fori	m 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the	e difference	here and o	on Form 100	or	22		
22 Am	ortization adjustn m 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20	, enter the	ne difference difference	ce here and here and o	on Form 100 on Form 100	or or	22		

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CACA3501L 12/04/19

7621194 FTB 3885 2019

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ZU	1	y

California Statements

OPERATION CALIFORNIA, INC. dba: OPERATION USA

Page 1

95-3504080

Statement 1	
Form 199, Part II, Line 7	7
Other Income	

Income	from	Special	Events	\$ 255,569.
		••	Total	\$ 255,569.

Statement 2 Form 199, Part II, Line 9 Contributions, Gifts, Grants, and Si	milar Amounts Paid	
Class of Activity: Amount Given:	NEW ORLEANS COVID 19 RELIEF	3,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	AGENDA FOR CHILDREN PO BOX 51837 NEW ORLEANS, LA 70151	6,500.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	HARRY CHAPIN FOOD BANK 3760 FOWLER ST FORT MYERS, FL 33901	15,300.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	BLUE RIBBON COMMISSION PO BOX 591 WILMINGTON, NC 28402	25,300.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	COMMUNITIES IN SCHOOLS CAPE F 20 N. 4TH ST STE 213 WILMINGTON, NC 28401	30,300.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	COMMUNITIES IN SCHOOLS HOUSTO 1235 N LOOP WEST STE 300 HOUSTON, TX 77008	50,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	DISABILITY RIGHTS OF NC 3724 NATIONAL DRIVE STE 100 RALEIGH, NC 27612	30,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	NOURISH NC 601 GREENFIELD ST WILMINTON, NC 28401	15,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	OYATE TECA PROJECT PO BOX 316 KYLE, SD 57752	6,250.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Description of Property:	UNIVERSAL HEALTH FOUNDATION 2020 E 1ST ST. LOS ANGELES, CA 90033 PPE MASKS	

2019	California Statements	Page 2
	OPERATION CALIFORNIA, INC. dba: OPERATION USA	95-3504080
Statement 2 (continued) Form 199, Part II, Line 9 Contributions, Gifts, Grants, and S	imilar Amounts Paid	
Fair Market Value:		12,755.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	ON THE MOVE 780 LINCOLN AVE NAPA, CA 94558	77,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	WORLD HARVEST CHARITIES & FAM 2227 3100 VENICE BLVD LOS ANGELES, CA 90019	10,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Description of Property: Fair Market Value:	CITY OF LOS ANGELES 200 N SPRINGS ST 303 LOS ANGELES, CA 90012 PPE MASKS	175,062.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Description of Property: Fair Market Value:	CHILDRENS HOSPITAL OF LA 4650 SUNSET BLVD LOS ANGELES, CA 90027 PPE MASKS	50,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Description of Property: Fair Market Value:	EL SALVADOR FOUNDATION 20227 SATICOY ST WINNETKA, CA 91306 PPE MEDICAL SUPPLIES	26,556.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Description of Property: Fair Market Value:	MUJERES DE LA TIERRA 570 W AVE 26 LOS ANGELES, CA 90065 PPE MASKS	20,000.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given:	NUESTRA COMMUNIDAD 5510 SKYLANE BLVD STE 200A SANTA ROSA, CA 95403	800.
Description of Property: Fair Market Value:	SHELTER SUPPLIES	16,098.
Donee's Name: Donee's Street Address: Donee's City, State, ZIP:	LA COUNTY HOUSING FOR HEALTH 313 N FIGUEROA ST LOS ANGELES, CA 90012	
Description of Property: Fair Market Value:	PPE MASKS	10,000.

Donee's Name:
Donee's Street Address:
Donee's City, State, ZIP:
Description of Property:
Fair Market Value:

AMITY FOUNDATION

3745 S GRAN AVE
LOS ANGELES, CA 90007
PPE MASKS

rall market value.

1,400.

Donee's Name: MLK JR OUTPATIENT CENTER Donee's Street Address: 1670 E 120TH ST

2019

California Statements **OPERATION CALIFORNIA, INC.**

Page 3 95-3504080

800.

dba: OPERATION USÁ

Statement 2 (continued) Form 199, Part II, Line 9

Fair Market Value:

Contributions, Gifts, Grants, and Similar Amounts Paid

Donee's City, State, ZIP: Description of Property:

LOS ANGELES, CA 90059

PPE MASKS

10,000.

Donee's Name:

COTS Donee's Street Address:

Donee's City, State, ZIP:

Amount Given:

Description of Property: Fair Market Value:

900 HOPPER ST PETALUMA, CA 94952

SHELTER SUPPLIES

123 S ALVARADO ST

1,650.

Donee's Name:

Donee's Street Address: Donee's City, State, ZIP: Description of Property:

Fair Market Value:

Donee's Street Address:

Donee's City, State, ZIP: Description of Property: Fair Market Value:

LOS ANGELES, CA 90057

PPE MASKS

MEALS ON WHEELS LONG BEACH PO BOX 15688

LONG BEACH, CA 90815

PPE MASKS

450.

1,175.

Donee's Name:

Donee's Name:

Description of Property:

Fair Market Value:

MISSION OF VISION MINIS

CLINICA MONSENOR OSCAR A ROM.

3,184.

Total \$

597,680.

Statement 3 Form 199, Part II, Line 17 Other Expenses

Accounting Fees	\$ 18,293. 4,962.
BANK CHARGÉSConferences, Conventions, and Meetings	8,673. 1,779.
DUES & SUBSCRIPTIONS	12,930.
EQUIPMENT & SUPPLIES. FREIGHT & TRANSPORTATION.	5,190. 11,113.
HEALTH INSURANCE.	35,090.
Insurance Legal Fees	32,759. 5,114.
Office Expenses	16,613.
OUTSIDE SĒRVICE PAYROLL SERVICE FEES.	1,700. 7,216.
Pension Plan Contributions	6,799.
Postage and Shipping. Printing and Publications.	564. 839.
PROFESSONAL & CONSULTANT.	8,428.
SECURITY	2,698. 45,421.
Special Event Expenses	7,051.
TELEPHONE & INTERNET.	12,317. 10,728.
Travel	10,726.

20	1	0
ZU	1	J

California Statements OPERATION CALIFORNIA, INC. dba: OPERATION USA

Page 4

95-3504080

Statement 3 (continued) Form 199, Part II, Line 17 Other Expenses

UTILITIES	\$ 3,056.
WAREHOUSE EXPENSES.	18,276.
WEBSITE	278.
Total	\$ 277,887.

Statement 4 Form 199, Schedule L, Line 12 Other Assets

SECURITY DEPOSITS	6,900.
Total \$	6,900.

Statement 5 Form 199, Schedule L, Line 18 Other Liabilities

LOAN PAYABLE - SBA		75,700. 1.
Nounding	Total <u>\$</u>	75,701.





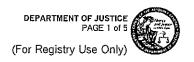
STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

1300 I Street Sacramento, CA 95814 (916) 210-6400

STREET ADDRESS:

WEBSITE ADDRESS: www.ag.ca.gov/charities/



ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

and the grant part of the first						
OPERATION CALIFORNIA, INC. DBA: OPERATION USA		Check if:				
Name of Organization	Change of address Amended report					
tial R DDA						
List all DBAs and names the organization uses or has used 7421 BEVERLY BLVD PH		State Charity F	Registration Number 41001			
Address (Number and Street)						
LOS ANGELES, CA 90036 City or Town, State and ZIP Code	***************************************	Corporation or	Organization No. 0981994			
323-413-2353 LRWIYEGURA@OF Telephone Number E-mail Address	PUSA.ORG RW	Federal Emplo	yer ID No. 95-3504080			
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)						
Make Chec	k Payable to Depart	ment of Justice				
Gross Annual Revenue Fee Gross Annu	ual Revenue	<u>Fee</u>	Gross Annual Revenue	E	ee	
	00,001 and \$250,000 50,001 and \$1 millio		Between \$1,000,001 and \$10 millior Between \$10,000,001 and \$50 millio Greater than \$50 million	n \$2	150 225 300	
PART A ACTIVITIES						
For your most recent full accounting period (beginnin	ıg <u>7/01/19</u>	ending	_6/30/20) list:			
Gross Annual Revenue \$ 2,602,307. Noncas	sh Contributions \$		0. Total Assets \$ 6,80	8,38	0.	
Program Expenses \$	0.	Total Expenses	\$1,788,647.			
PART B - STATEMENTS REGARDING ORGANI	ZATION DURING	THE PERIC	DD OF THIS REPORT			
Note: All questions must be answered. If you answer "yes" providing an explanation and details for each "yes" r	"to any of the quest esponse. Please rev	ions below, you /iew RRF-1 inst	ı must attach a separate page ructions for information required.	Yes	No	
1 During this reporting period, were there any contracts, loans, officer, director or trustee thereof, either directly or with an entit	leases or other financial ity in which any suct	transactions between officer, director or	een the organization and any trustee had any financial interest?		X	
2 During this reporting period, was there any theft, embezzl	lement, diversion or	misuse of the o	rganization's charitable property or funds?		X	
3 During this reporting period, were any organization funds	used to pay any per	nalty, fine or jud	gment?		X	
4 During this reporting period, were the services of a commer coventurer used?	rcial fundraiser, fundrais	sing counsel for	charitable purposes, or commercial		X	
5 During this reporting period, did the organization receive a	any governmental fu	nding?			X	
6 During this reporting period, did the organization hold a ra	affle for charitable pu	urposes?			X	
7 Does the organization conduct a vehicle donation program	n?				X	
8 Did the organization conduct an independent audit and pr generally accepted accounting principles for this reporting	epare audited financ period?	cial statements	in accordance with	X		
9 At the end of this reporting period, did the organization ho	old restricted net assets,	while reporting	negative unrestricted net assets?		X	
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.						
RICHARD WALL	DEN	PRESIDENT				
Signature of Authorized Agent Printed Name		Title	Date			

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

WWW.#5.go	vierne providerare me for unarmos and non prom	J.				
Automati	ic 6-Month Extension of Time. Only subr	nit origin:	al (no copies needed).			
All corporat	tions required to file an income tax return other th	an Form 99	0-T (including 1120-C filers), partnership	s, REMICs, and	trusts must	
use Form 7	'004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)				
Type or						
print	OPERATION CALIFORNIA, INC.		95-3504080			
FU. L. 16.	dba: OPERATION USA Number, street, and room or suite number. If a P.O. box, see in	structions.	44.4	193-330400	J	
File by the due date for	7421 BEVERLY BLVD PH					
filing your return. See	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.			
instructions.	LOS ANGELES, CA 90036					
Enter the R	Return Code for the return that this application is for	or (file a se	parate application for each return)		01	
A 1:		Botum	Application		Return	
Applicatior Is For	1	Return Code	Is For		Code	
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990-8	31	02	Form 1041-A		08	
Form 4720	(individual)	03	Form 4720 (other than individual)		09	
Form 990-F	PF	04	Form 5227		10	
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T	(trust other than above)	06	Form 8870		12	
Telepho If the or If this is check the	ne No. > 323-413-2353 rganization does not have an office or place of but of for a Group Return, enter the organization's four his box	digit Group	e United States, check this box	this is for the w	hole group,	
for the for the 2 If the	est an automatic 6-month extension of time untile organization named above. The extension is for calendar year 20 or tax year beginning $7/01$, 20 19 tax year entered in line 1 is for less than 12 monthange in accounting period	the organiz	ng _ <u>6/30</u> , ²⁰ _ <u>20</u>	zation return		
nonre	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions			3 a \$	0.	
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymer	6069, enter nt allowed a	any refundable credits and estimated s a credit	3 b \$	0.	
EFTP	ice due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	instructions	\$,	3 c \$	0.	
Caution: If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 84			
BAA For P	rivacy Act and Panerwork Reduction Act Notice.	see instruc	tions.	Form 88 6	8 (Rev. 1-2020)	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Α	For the	e 2019 calen	dar year, or tax	x year begir	ıning 7/	01	, 20	319, an	d endir	ıg	6/3	0		, 2020	
В	Check if	applicable:	С									D Employ	yer iden	tification number	
	hbA	ress change	OPERATION	I CALTEC	RNTA T	NC						95-	3504	.080	
	H	_	OPERATION CALIFORNIA, INC.								F	E Teleph			
	\vdash	ne change	7421 BEVE								1				
	Initia	al return	LOS ANGEI								-	323	<u>-413</u>	-2353	
	Final	return/terminated		,	30000										
	Ame	ended return										G Gross	eceipts	\$ 2,64	7,728.
	App	lication pending	F Name and add	dress of principa	al officer:					H(a)	s this a	group retui	n for su	bordinates? Y	es X No
			Same As C	: Above						H(b) A	re all s	ubordinate: attach a list	include	id? Y	es No
Ī	Tayey	empt status:	X 501(c)(3)	501(c) () ◄ ((insert no.)	4947(a)(1	1) or	527	"	r "NO," a	ацасп а из	. (see in	istructions)	
<u>.</u>						(induit noi)	(* // (*/(*			H(-) (Brown o	xemption n	umbor I	•	
			tp://www.	r	T			11		<u> </u>					
K		of organization:	X Corporation	Trust	Association	Other >		L Year	of format	ion: _	L9/9	141 :	state or	legal domicile: (<u>-A</u>
Pa	rt I	Summar	у												
	1 🖺	Briefly descri	be the organiza	ation's miss	ion or most	significant a	activities:	See_	Sche	dule	_Q_				
Φ	_														
Activities & Governance	_														
Ë	_														
. A		Check this bo				ued its opera							net as	ssets.	
Ğ			ting members										3		<u> 17</u>
- లక			dependent voti										4		16
<u>ë</u>			of individuals										5		6
Œ			of volunteers										6		0
Ac			ed business rev										7a		0.
	Ь١	let unrelated	l business taxa	able income	from Form	990-T, line 3	39		.,,	<	· · <i>[</i>]- ·		7b		0.
_									W		200	ior Year		Current	Year
_	8 0	Contributions	and grants (P	art VIII, line	1h)			2000s · (1.64		~2,	,629,4	163.	2,39	1,344.
Revenue															
.¥e	10 li	nvestment ir	rice revenue (F ncome (Part VII e (Part VIII, co	II, column (A), lines 3,	4, and 7d)		V.,		. [1,2	289.		815.
2	11 0	Other revenu	e (Part VIII, co	lumn (A), li	nes 5, 6d, 8	3c,≅9c, 10c,√a	nd 🖟 le)			. [21	0,148.
	12 T	otal revenue	e – add lines 8	through 11	(must equa	al Part VIII, c	olumn (A), line	12)	. —	2,	,630,7	752.	2,60	2,307.
			imilar amounts								1.	, 338, 1	.97.	1.18	9,488.
			to or for mem								'			*	
	ı		er compensation		AND THE PROPERTY OF THE PROPER					_		515,9	11	16	9,799.
S	l	•	•									J1J, 1	/11.	40	J, 1 J J .
jš.			fundraising fee	-						010/05/0	VX809494344V	sano contriborato espara	ANAGEROOSE		Res CONTRACTOR OF THE
Expenses	ЬТ	otal fundrais	sing expenses	(Part IX, co	lumn (D), li	ne 25) 🟲		70,	<u>891.</u>	181900			0.8653.100		e as decide
úì	17 C	Other expens	es (Part IX, co	lumn (A), li	nes 11a-11	d, 11f-24e)						361,6	550.	67	5,747.
	18 T	otal expense	es. Add lines 1	3-17 (must	equal Part	IX, column (A), line 25	5)		. —	2	,215,			5,034.
			expenses. Su									414,9			7,273.
გ წ		10101140 1000	- ON ON ON								ninnina	of Currer		End of	
5 5	20 T	atal accets	(Part X, line 16	5)								, 248, 8			8,380.
ase/ Bala	21 T		s (Part X, line							-	0,		188.		5,984.
Net Assets Fund Balanc	2 1		•	•						·					
			fund balances	s. Subtract I	ine 21 from	line 20					Ь,	,242,3	39I.	6,71	2,396.
	rt II	Signatur													
Unde	er penaltie	s of perjury, I de	clare that I have ex rer (other than offic	amined this ret	urn, including a	ccompanying sch	nedules and s	statement	is, and to	the bes	t of my	knowledge	and bel	ief, it is true, con	ect, and
com	olete. Dec	laration of prepa	rer (other than onic	er) is based on	all intomation	or which prepare	ar ridd dirty for	onicage.			1				
												4			
Sig	ın	Signatu	re of officer								Date	3			
Не		▶ RIC	HARD WALDI	EN						Pr	esi	dent (& CE	0	
		Type or	print name and title	е				•							
		Print/Type p	reparer's name	~	Preparer's si	gnature		Da	ate			Check	if	PTIN	
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	ıu eparer				AND & M	IRAGLIA	T.T.P	11			$\neg \uparrow$			· · · · · · · · · · · · · · · · · · ·	
	e Only			VENTUR						•••••	 ,	Firm's EIN	► 47	-5236877	
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1.0	=	0 -11 11	ENCIN is return with t	O, CA 9		wo2 (ccc i==	trustions						COT	<i>o) 7</i> 04− <i>9</i> X Yes	No
ıvıav	∕ tne lK	ാ uiscuss th	แร return With t	ше ргерагег	SHOWIL 900	775: (256 IU2	sa ucaon (5)				• • • • •		• • • • •	. 147 162	

Form 990 (2019) OPERATION CALIFORNIA, INC.	95-3504080	Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Part III		<u>X</u>
1 Briefly describe the organization's mission:		
See Schedule O		

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? Yes	X No
If "Yes," describe these changes on Schedule O.		
4 Describe the organization's program service accomplishments for each of its three largest program s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocal	ervices, as measured by	expenses.
and revenue, if any, for each program service reported.	nons to others, the total e	xpenses,
4a (Code:) (Expenses \$ 1,291,523. including grants of \$	(Revenue \$)
THE ORGANIZATION WAS INSTRUMENTAL IN PROVIDING DISASTER RELIEF	SUPPLIES-INCLUD	ING
FACE MASKS, GOWNS, GLOVES AND HAND SANITIZER; MEDICAL AND HOSPI		
ITEMS AND OTHER RELIEF SUPPLIES-AS WELL AS CASH GRANTS TO PARTY		
THE UNITED STATES DURING THE COVID-19 PANDEMIC AND FOLLOWING MA		
INCLUDING HURRICANES AND WILDFIRES. THE ORGANIZATION ALSO DEPLO		 AL
RELIEF SHIPMENTS TO LEBANON AND MOZAMBIQUE. SHIPMENTS OF MATERI		
CASH GRANTS DELIVERED BY OPUSA ARE RECEIVED BY PRE-VETTED COMMU		
ORGANIZATIONS WHICH FACILITATE DISTRIBUTION IN LINE WITH OPERAT		 ON.
4b (Code:) (Expenses \$ 785,187. including grants of \$	(Revenue \$)
OTHER PROGRAM SERVICES PROVIDED SUPPORT ONGOING LONG-TERM RECOV	, , , , , , , , , , , , , , , , , , , ,	<u> </u>
COMMUNITY DEVELOPMENT IN AREAS OF THE UNITED STATES AND MEXICO.		IC
PROGRAMS INCLUDE FINANCIAL AND IN-KIND SUPPORT TO CALIFORNIA HE		
SUPPORTING YOUTH DEVELOPMENT IN NEW ORLEANS AND ON NATIVE AMERI	CAN RESERVATIONS	S. AND
THE MANAGEMENT OF AN EMERGENCY DISASTER SUPPLY CACHE AT A WAREH		
LOS ANGELES. ONGOING INTERNATIONAL PROGRAMS INCLUDE SUPPORT TO	COMMUNITIES WHE	RE THE
ORCANIZATION ESTABLISHED PROGRAMS FOLLOWING MAJOR DISASTERS.		
ONOMITALION BUTTOLIBITION INCOMEND I CONTINUE INICOME PROPERTY.		
4c (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
1 COURT	,	
4 d Other program services (Describe on Schedule O.)		***
(Expenses \$ including grants of \$) (Revenue	\$)
4e Total program service expenses ► 2,076,710.	-	-
70 rotal program out the expenses 2,070,120.	Earn	990 (2019)

W20044V			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Х
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		Х
6	many the state of	6		X
7		7		X
8		8		X
9		9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a 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		X
14	a 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	Х	
16	The state of the s	16		Х
17	The state of the s	17	***	Х
18	The state of the s	18	Х	
19	the part of the series activities as Part VIII line 9a7 If 'Vac'	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_	Did the arganization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Χ	

Form 990 (2019) OPERATION CALIFORNIA, INC.

Part IV Checklist of Required Schedules (continued)

			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? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 8	a 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 Schedule K. If 'No, 'go to line 25a	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	******	Х
l	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 Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Pari V	28b		X
(: A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M	29	X	
30	Did the organization receive contributions of art historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule Me.	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		X
	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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	olf '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? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
RΔΔ				2019)

Form 990 (2019) OPERATION CALIFORNIA, INC.

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1000		1000
_	ments, filed for the calendar year ending with or within the year covered by this return 2a 6		Х	
t	of fat least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	A	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3 a	(ABSANISE)	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 b		
		35		
4 8	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)?	4 a		X
Ŀ	of 'Yes,' enter the name of the foreign country►	0.3400.30	17631-25	287(28) ⁵ (5)
	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?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	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?	7 a		X
Ŀ	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_		~
	Form 8282?	7 c	NATION OF THE	X
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 e	1000	X
•	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7 f		- X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
_	as required?	7 g		
ľ	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	(2000 CE)		2002003
	organization have excess business holdings at any time during the year?	8	1898/1898	29 19 20 20 E
9	Sponsoring organizations maintaining donoryadvised funds.	0.000.00	/\$31V.\$510.	80.83.00
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a 9 b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	911		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	I an a sa	(USS OF	12.800.50
	against amounts due or received from them.)	0.0000000 4.000000		1917(1946) 28041474
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	diniman:	1898-1908
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13 a		<u> </u>
ä	Is the organization licensed to issue qualified health plans in more than one state?	134	136 (17)	\$1.55v.65
	Enter the amount of reserves the organization is required to maintain by the states in			10000
	which the organization is licensed to issue qualified health plans			
14	Enter the amount of reserves on hand	14a	essential gra-	X
148	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		X
	If 'Yes,' see instructions and file Form 4720, Schedule N.		NEW YORK	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Approximate to the	X
-	If 'Yes,' complete Form 4720, Schedule O.			0010
3A <i>A</i>	TEEA0105L 07/31/19	Form	1 990	(2019)

Pa	rtVI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	elow,	and :	for				
	Schedule O. See instructions.							
	Check if Schedule O contains a response or note to any line in this Part VI.			. <u>X</u>				
Sec	ction A. Governing Body and Management		Yes	No				
1	a Enter the number of voting members of the governing body at the end of the tax year 1a 17		out prints	KA1234144				
	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 on Schedule O.							
	b Enter the number of voting members included on line 1a, above, who are independent 1b 16			la de				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	The state of the s							
4	Did the organization make any significant changes to its governing documents			v				
_	since the prior Form 990 was filed?	<u>4</u> 5		$\frac{X}{X}$				
5	Did the organization become aware during the year of a significant diversion of the organizations assets:	6		$\frac{x}{X}$				
7:	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	<u> </u>						
•	members of the governing body?	7 a		X				
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х				
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	a The governing body?b Each committee with authority to act on behalf of the governing body?	8 a 8 b	X					
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9	10.00	X				
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	Yes	No				
10	a Did the organization have local chapters, branches, or affiliates?	10 a		X				
	b 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 ourgoses?	10b						
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	5785000	NAME OF STREET	10.00000				
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X					
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
1	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule Q	12c						
13		13	X					
14		14	V (2000)	60000				
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15 a	X					
	a The organization's CEO, Executive Director, or top management official. See . Schedule0b Other officers or key employees of the organization	15 b	X					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	100000		34 F CSC 15				
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16 a	Vesau com	X				
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b						
Sec	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► None							
18	available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3)s on	ly)				
	X Own website X Another's website X Upon request Other (explain on Schedule 0)	ahle to						
19	the public during the tax year. See Schedule O	unic (U						
20								
	Tim Starks 7421 BEVERLY BLVD PH LOS ANGELES CA 90036 323-413-2353		000 /	0010				

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
		(C)								
(A) Name and title		(B) Average hours per					ļi.	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list ar hours I relate organiz tions below dotte line)	director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organ zation and related organizations
(1) RICHARD M. WALDEN	60									
President & CEO	0	_] X	L	X				176,486.	0.	0.
(2) PETER GREENBERG						455	to. I			
Member	0	X			33.	W	\$ F	0.	0.	0.
(3) JULIE ANDREWS EDWARDS		_	1	16000		1				
Member	"O 🦋	T'X	S.	A				0.	0.	0.
(4) GARY HART		5	À	i skor					_	_
Member (X						0.	0.	0.
(5) JONATHAN_ESTRIN		_								_
Member	0	X			_			0.	0.	0.
_(6)_JEFF_FRANKLIN		_								_
Managing Member	0	X	_					0.	0.	0.
(7) DAVID_NIEH	0	_								
Member	0	X	<u> </u>					0.	0.	0.
(8) DREW HAGEN	0_									
Managing Member	0	X						0.	0.	0.
(9) NOLA KAMBANDA										
<u>Member</u>	0	X	<u> </u>					0.	0.	0.
(10) MICHAEL MAHDESIAN]								
Chairman	0	X	<u> </u>					0.	0.	0.
(11) BOB L. JOHNSON	0									
Treasurer	0	X						0.	0.	0.
(12) GARY LARSEN]								
Member	0	X	L		ļ			0.	0.	0.
(13) MARIA MOHIUDDIN VERJEE	0	_								_
Managing Member	0	X	<u> </u>					0.	0.	0.
(14) SKIP WHITNEY	0									_
Member	0	X	1					0.	0.	0.

Part VII Section A. Officers, Directors, Tru		∧ey	<u>L</u> m			es,	and	d Hignest Com	ipensated Emp	loyees (continued)
	(B)			(C	•			4	-	
(A)	Average hours	box	, unle	ess pe	erson	than	h an	(D) Reportable	(E) Reportable	(F)
Name and title	per week	<u> </u>	<u> </u>	_		or/trus	····	I compensation from I	compensation from related organizations	Estimated amount of other compensation from
	(list any hours	or di	럁	욹	(§	tighe ample	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	the organization and related
	for related organiza	dividual director	ğ	Ġ,	삁	ist co byee	Œ.			organizations
	- tions below	ndividual trustee or director	nstitutional trustee	Officer	oyee	mpe				
	dotted line)	8	St			Highest compensated employee				
						Ö.				
(15) JULIE YANNATTA	0									
Managing Member	0	X					_	0.	0.	0.
(16) RICK ALLEN	0								0.	0.
Managing Member	0	X						0.	<u> </u>	0.
(17) ROSARIO DAWSON Member	16	X						0.	0.	0.
(18)	 	 ^								
		•						4444		
(19)]									
		<u> </u>								
(20)	 									
				ļ						
(21)										
(22)			-				 	***************************************	41WM	
<u></u>								est .		
(23)										
		1				6200000	- 1			
(24)	 	***************************************			iii.		ma for f			
			8	W 1	A	M.				
(25)	1-11-5			A						
1 b Subtotal	1 . 1003 . 10	To the last					>	176,486.	0.	0.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.	0.
d Total (add lines 1b and 1c)								176,486.	0.	0.
2 Total number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	pensation
from the organization - 1				•••						Vec No
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, truste ch individu	e, ke <i>al</i>	ey e	mpl	oyee	e, or	higt	hest compensated	employee	. 3 X
the organization and related organizations greate	er than \$1	50,0	00?	If 'Y	res,	con	тріе	te Schedule J for		. 4 X
such individual									in distance	. 7 2
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	ie comper s,' <i>comple</i>	isatio	on tt ched	om dule	any J fo	unre <i>r suc</i>	nate ch p	ed organization or Derson		. 5 X
Section B. Independent Contractors										
Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen the c	iden alen	it co idar	ntra vear	ctors endi	tha na v	at received more ti with or within the or	han \$100,000 of qanization's tax yea	r.
					<i>y</i> • • • •	-		(B))	(C)
(A) Name and business add	lress							Description of	of services	Compensation
								.		
										Anne e
and the same of th										
						····				
2 Total number of independent contractors (including	but not lim	ited t	o the	ose	liste	d abo	ve)	who received more	than	
\$100,000 of compensation from the organization							_		N. C.	e de conservation de la conserva
				_						Farm 000 (2010)

		Check if Schedule O conta	ins a re	sponse or note to an	y line in this Part V	ΊΙ		<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its its	1 a	Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues				South Control of		Managas States and
S, G		Fundraising events						
a iii		Related organizations				Allen St. Lockbron St.	0.000 5.000 5.70	
iï.		Government grants (contributions)		е		nde de el les estes en		
ti or	f	All other contributions, gifts, grants, a similar amounts not included above.		f 2,391,344.				
펼촱	а	Noncash contributions included in			Manager of Greek	regues do la recognica.	demonstration of	users of the section of
토		lines 1a-1f	• • —	g 1,714,671.				
	h	Total. Add lines 1a-1f		Business Code	2,391,344.			100
- Ju	o			Business Code				
Program Service Revenue	2a b							
e e	Ω Ω							
ĬŠ.	d							
Š	e		. – – –					· · · · · · · · · · · · · · · · · · ·
Tar	f	All other program service rev	 enue					
č		Total. Add lines 2a-2f			-		aki dan kan katum dan gara	
_	3	Investment income (including d	ividends	interest, and		WARRIER CONTRACTOR CONTRACTOR OF THE RESIDENCE AND ADDRESS OF THE STREET		
	_	other similar amounts)				815.		
	4	Income from investment of ta						
	5	Royalties			-	- 4		
	_		(i) Real	(ii) Personal	4			
		Gross rents 6a					0.0000000000000000000000000000000000000	Mark Broad State Co.
		Less: rental expenses 6b						
		Rental income or (loss) 6c Net rental income or (loss)						
		(1)	Securities					
	7 a	Gross amount from						
		other than inventory 7 a			-			
	Q	b Less: cost or other basis and sales expenses c Gain or (loss)		48(1)00				
	С							SAS CALLABORATION CO.
	d	Net gain or (loss)					The second state of the second state of the	winewease.zeeoooo.stoorlowoood. Leo co
<u>υ</u>	8 a	Gross income from fundraising event	S		16 450 kg (16 kg 16 kg		(8) (8) (8) (9) (9) (9) (9)	000000000000000000000000000000000000000
킱		(not including \$					and the same of the same of	Terretaria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos
e		of contributions reported on line 1c).						
Other Revenu	_	See Part IV, line 18		8a 255,569. 8b 45,421.			11 (0.15)	(F) (E) (E) (E) (E)
He He		Less: direct expenses	drainin		210 140			210,148.
Ö		Net income or (loss) from fu		g eventa	210,148.	PART OF THE PART O		<u> </u>
	9 a	Gross income from gaming activities. See Part IV, line 19		9 a				
	Ь	Less: direct expenses		9 b		Electric grade to the		
		. Net income or (loss) from ga	ming a	ctivities	-			
	10 ล	Gross sales of inventory, less			and the second second	100-100-100-100-100-100-100-100-100-100		31 SA 52 PA
		Gross sales of inventory, less returns and allowances		10a	of other characters are		April 1960 Conduction	9 (6 (3 (5 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6
		Less: cost of goods sold	_	10Ы				
	C	Net income or (loss) from sa	les of ir		-			
ञ	1 -		-	Business Code			2000 (19.48) (19.44) (19.46) (
<u> </u>	11 a							
	"	 						
Se de	"	: All other revenue		. —				<u> </u>
Miscellaneous Revenue		Total. Add lines 11a-11d			-		CONTRACTOR STREET	
	12	Total revenue See instruction		****	2 602 307	815.	0.	210,148.

Part IX Statement of Functional Expenses

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

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a				
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundrais ng expenses
1	Grants and other assistance to domestic organizations and domestic governments.	705 107	705 107		
2	See Part IV, line 21	785,187. 3,000.	785,187. 3,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	401,301.	401,301.		
4 5	Benefits paid to or for members	169,950.	118,965.	33,990.	16,995.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	260,204.	182,143.	52,041.	26,020.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,799.	4,759.	1,360.	680.
9	Other employee benefits				
10	Payroll taxes	32,846.	22,992.	6,569.	3,285.
11	Fees for services (nonemployees):				-
	a Management		2 500	1 000	511.
	Legal	5,114.	3,580.	1,023.	311.
	Accounting	18,293.	**********	18,293.	
	d Lobbying				
	Professional fundraising services. See Part IV, line 17			V V	
	Investment management fees				\\\
_	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	4,962.	3,473.	993.	496.
13	Office expenses	16,613.	11,629.	3,323.	1,661.
14	Information technology	1 2 3 2 3 1			
15	Royalties	7 Lines			
16	Occupancy	450,080.	423,056.	18,016.	9,008.
17	Travel	10,728.	10,728.		
18					
19	Conferences, conventions, and meetings	1,779.	1,246.	355.	178.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	32,759.	22,931.	6,552.	3,276.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
:	HEALTH INSURANCE	35,090.	24,563.	7,018.	3,509.
	b WAREHOUSE EXPENSES	18,276.	18,276.		
	C DUES & SUBSCRIPTIONS	12,930.	*****	12,930.	
	d TELEPHONE & INTERNET	12,317.	8,622.	2,463.	1,232.
	e All other expenses	56,806.	30,259.	22,507.	4,040.
25		2,335,034.	2,076,710.	187,433.	70,891.
26					
BA		TFFA0110L 0	2/21/10	l	Form 990 (2019)

Pa	rt X							
		Check if Schedule O contains a response or note to a	ny line in t	this Part X		 T		
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			1,673,061.	1	1,468,437.	
	2	Savings and temporary cash investments		***************************************	2			
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net	,		500.	4		
	5	Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person				5		
	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), and persons described in section 49				6		
	7	Notes and loans receivable, net		***************************************	7			
ţ	8	Inventories for sale or use			4,560,827.	8	5,333,043.	
Assets	9	Prepaid expenses and deferred charges			7,591.	9		
As	1 0 a	Land, buildings, and equipment: cost or other basis.	10a	89,249.				
	b	Less: accumulated depreciation	0 b	89,249.		10 c		
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 1		13				
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			6,900.	15	6,900.	
	16	Total assets. Add lines 1 through 15 (must equal line 33			6,248,879.	16	6,808,380.	
	17	Accounts payable and accrued expenses			6,488.	17	20,283.	
	18	Grants payable	nts payable					
	19	Deferred revenue			7 1000	19		
	20	Tax-exempt bond liabilities		<i>∞</i> ({ _i , \&_	V	20		
S)	21	Escrow or custodial account liability. Complete Part IV	of Schedu	le D	70.8 00.0000000	21	STANDARD AND STAND	
Liabilities	22	Loans and other payables to any current or former office key employee, creator or founder, substantial contributo controlled entity or family member of any of these cersors.	er, directoi ir, or 35% oris	irustee,		22		
	23	Secured mortgages and notes payable to uniglated third	d parties			23		
	24	Unsecured notes and loans payable to unrelated third p	arties			24		
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Complete	to related ete Part X	third parties, of Schedule D.	4,4,4,4	25	75,701.	
	26	Total liabilities. Add lines 17 through 25			6,488.	26	95,984.	
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	_				sa Mendening and in consistency. Management of the same	
lan	27	Net assets without donor restrictions			4,838,832.	27	5,362,201.	
Ba	28	Net assets with donor restrictions			1,403,559.	28	1,350,195.	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	k here ►					
5	29	Capital stock or trust principal, or current funds				29		
Ø	30	Paid-in or capital surplus, or land, building, or equipmen			30			
88	31	Retained earnings, endowment, accumulated income, o	or other fur	nds		31		
ţ	32	Total net assets or fund balances			6,242,391.	32	6,712,396.	
ē	33	Total liabilities and net assets/fund balances					6,808,380.	

Pa	rt XIII Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI.				<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,60	2,3	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,33	35,0	34.
3	Revenue less expenses. Subtract line 2 from line 1	3	26	57,2	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,24	12,3	91.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	20	2,7	32.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,71	.2,3	<u>96.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				6 mg 4
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
_	in Schedule O.		2a		X
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		Za	SSASSAR R	A Sidicate
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a		5000	0.000
	Separate basis Consolidated basis Both consolidated and separate basis				#/////
	b Were the organization's financial statements audited by an independent accountant?		2ь	х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa		20		
	basis, consolidated basis, or both:	ie.			
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	, , , , , , , , ,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain		0.00	A10704.0	
	on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х
ı	b If 'Yes,' did the organization undergo the required audit or a dits? If the organization did not undergo the required aud	t		,	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
BAA	TEEA0112L 01/21/20		Form	990 (2	2019)

SCHEDULE A (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.

Department of the Treasury Internal Revenue Service OPERATION CALIFORNIA, INC.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 95-3504080 dba: OPERATION USA Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is; (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(3)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 12 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (vi) Amount of other (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (i) Name of supported organization (iv) Is the organization listed support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begiı	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					The state of the s	
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		· •		DPY		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					and the specific or the specific specif	
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				Lumm .
14	Public support percentage for 20)19 (line 6, colum	n (f) divided by lir	ne 11, column (f))		14	<u>%</u> %
	Public support percentage from						****
	33-1/3% support test—2019. If t and stop here. The organization	qualities as a pul	oliciy supported o	rganization		.,,	
	33-1/3% support test—2018. If the and stop here. The organization						
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the facts-a s-and-circumstand	es' test. The orga	s' test, check this anization qualifies	as a publicly sup	ported organization	vi ilow
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as :	a publicly support	ed organization	V1110W tile ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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.)

	fails to qualify under the te	ests listed below,	piease complete	Part II.)			
	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	y
Calend	lar year (or fiscal year beginning in) >	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	4 472 157	3 308 364	5.107.168	2.632.628	2.287.728.	17,808,045.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,3,6,101.	<u> </u>	3,10,,100.	2,7001,7010.	2,207,1201	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.			1.00			0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	4,472,157.	3,308,364.	5,107,168.	2,632,628.	2,287,728.	17,808,045.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	.0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
_	Public support. (Subtract line 7c from line 6.)	0.	0.		No.		17,808,045.
Sec	tion B. Total Support	P. (16.59 × 16.16)	4				
	······································	(a) 2015	(b) 2016		(d) 2018	(e) 2019	(f) Total
	dar year (or fiscal year beginning in)				·		17,808,045.
_	Amounts from line 6	4,472,157	3,308,364.	3,107,100.	2,632,628.	2,201,120.	
	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		+ Mercentre -	A STATE OF THE STA	- VIENNA -	A CAMPANO	0.
c	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	Mary Advisors	***				0.
	Total support. (Add lines 9, 10c, 11, and 12.)	4,472,157.	3,308,364.	5,107,168.	2,632,628.	2,287,728.	17,808,045.
	First five years. If the Form 990 organization, check this box and	is for the organization is stop here	ation's first, seco	nd, third, fourth, c	r fifth tax vear as	a section 501(c)((3)
Sec	tion C. Computation of Pu	blic Support P	'ercentage				
15	Public support percentage for 20)19 (line 8, colum	n (f), divided by li	ine 13, column (f))		100.00 %
16	Public support percentage from						100.00 %
	tion D. Computation of Inv						1 2000
	Investment income percentage f				umn (fi)		0.00 %
17							0.00 %
18 19a	Investment income percentage f 33-1/3% support tests—2019. If	the organization o	lid not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, ar	nd line 17
	is not more than 33-1/3%, check 33-1/3% support tests—2018. If the	k this box and sto the organization d	p here. The orgar lid not check a bo	nization qualifies a ox on line 14 or lin	as a publicly supp ne 19a, and line 1	iorted organization 6 is more than 33	1 ► X
20	line 18 is not more than 33-1/3% Private foundation. If the organi	6, cneck this box a zation did not che	and stop nere. Tr eck a box on line	ie organization qu 14, 19a, or 19b, c	check this box and	ny supported orga disee instructions.	

Part IV Supporting Organizations

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

Section A. All Supporting	ng 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
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	Ι.	AGENTALITY.	1664,686,685
	10b		1

Pa	Rt V Supporting Organizations (continued)			
	Here the expenientian accoming a gift or contribution from any of the following persons?	2200.000	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			100000
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction 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		and the second s
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	ction C. Type II Supporting Organizations			
		93.50.100	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	VIII.	inaccione d
Sec	ction D. All Type III Supporting Organizations			
		Mag Temporate St.	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		
			(50,166)	ğı eksiliği
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	200000	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
•	a The organization satisfied the Activities Test. Complete line 2 below.			
	The second secon			
	Describe in Bord VI house you appointed a coveryment active (see in	etruc	tions)	
	c The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see in	J., U.J		•
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2 a		
	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.			
_	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	G AL	
	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)
	Calcadula A /Forms 000	~ L O	00 E7	\ 701A

Kai	Type III Non-Functionally integrated 509(a)(5) Supporting Orga	IIIIZa	uons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trusinstructions. All other Type III non-functionally integrated supporting organization	t on N	lov. 20, 1970 (explain in ist complete Sections A t	Part VI). See hrough E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		- AMI
(Fair market value of other non-exempt-use assets	1c		
	i Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):	NG S		Markana ang Palendana Sagarang mangganang an
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	2) 🛝	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount; see instructions).	4		- LD-0-2-1/1
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		
Sec	tion C — Distributable Amount		FEET TO THE PET OF THE	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		1994.
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		- American
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		Angel page
7	Check here if the current year is the organization's first as a non-functionally inte	egrate	d Type III supporting org	anization

BAA Schedule A (Form 990 or 990-EZ) 2019

tV Type III Non-Functionally Integrated 509(a)(3) Su	11	· · · · · · · · · · · · · · · · · · ·	
tion D — Distributions			Current Year
Amounts paid to supported organizations to accomplish exempt pur	rposes		
Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	,	
	ipported organizations		
· · · · · · · · · · · · · · · · · · ·			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the organization Part VI). See instructions.	details		
Distributable amount for 2019 from Section C, line 6			
Line 8 amount divided by line 9 amount			
tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
Excess distributions carryover, if any, to 2019			0.0.2.003.745.0.00
From 2014			
From 2015			
From 2016			
	90 100 00		
From 2018	Market de 180 et 170 et 180 et 1		
Total of lines 3a through e			
Applied to underdistributions of prior years	T.		
Applied to 2019 distributable amount			TALLY, I PROCEEDINGS BEYORDS AND A STANLY AN
Carryover from 2014 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from 3f.	N Wash		
Distributions for 2019 from Section D, line 7:	1		
		P3-80-3-80-8-80-8-80-8-80-8-80-8-80-8-80	
CONTRACTOR CONTRACTOR			
Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
Excess distributions carryover to 2020. Add lines 3j and 4c.			
Breakdown of line 7:			
Excess from 2015	ESPERANCE CONTRACTOR		No. of the state o
Excess from 2016			
Excess from 2017			
Excess from 2018			
Excess from 2019			to streng the strength
	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity Administrative expenses paid to accomplish exempt purposes of such amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount tion E — Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 From 2014	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributations to attentive supported organizations to which the organization is responsive (provide in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount tion E — Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 From 2014	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount tion E — Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 From 2014

BAA

Schedule A (Form 990 or 990-EZ) 2019

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.)

CLIENT COPY

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number Name of the organization OPERATION CALIFORNIA, INC. 95-3504080 dba: OPERATION USA Organization type (check one): Section: Filers of: 501(c)(3) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor. during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ►\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

OPERATION CALIFORNIA, INC.

95-3504080

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN SOCCER COMPANY		Person
		. 101 C1C	Payroll [
	726 E ANAHEIM ST	\$101,616.	Noncash X
	WILMINGTON, CA 90744	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HONEYWELL CORPORATION		Person X
	115 TABOR RD	\$ 115,800.	Payroll Noncash
			(Complete Part II for
	MORRIS PLAINS, NJ 07950	Participant of the Control of the Co	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VIETJET AIR	entl.	Person
		\$ 21,000,000.	Payroll Noncash X
	302 KIM MA_ST		(Complete Part II for
	HA NOI, NGOC KHANH WARD Vietnam		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SOLUGEN TECH	order production of the contract of the contra	Person
		\$ 64,000.	Payroll X
	14549 MINETTA ST	<u> </u>	التتا
	HOUSTON, TX 77035		(Complete Part II for noncash contributions.)
(a) No.	THE TAXABLE PROPERTY OF TAXABLE PROPERTY OF TAXABLE PR	(c) Total contributions	(Complete Part II for
	HOUSTON, TX 77035 (b) Name, address, and ZIP + 4	(c) Total	(Complete Part II for noncash contributions.) (d) Type of contribution Person
(a) No.	HOUSTON, TX 77035 (b) Name, address, and ZIP + 4 HYDRALYTE LLC	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
	HOUSTON, TX 77035 (b) Name, address, and ZIP + 4	(c) Total	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash X
	HOUSTON, TX 77035 (b) Name, address, and ZIP + 4 HYDRALYTE LLC	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
	HOUSTON, TX 77035 (b) Name, address, and ZIP + 4 HYDRALYTE LLC 8910 UNIVERSITY CENTER LN 400	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash X (Complete Part II for
5 (a) No.	HOUSTON, TX 77035 Name, address, and ZIP + 4 HYDRALYTE LLC 8910 UNIVERSITY CENTER LN 400 SAN DIEGO, CA 92122 (b) Name, address, and ZIP + 4	(c) Total contributions \$55,536. (c) Total	(Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person X
5	HOUSTON, TX 77035 Name, address, and ZIP + 4 HYDRALYTE LLC 8910 UNIVERSITY CENTER LN 400 SAN DIEGO, CA 92122 Name, address, and ZIP + 4 TABREEZ & MARIA VERJEE	(c) Total contributions \$55,536. (c) Total contributions	(Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Payroll
5 (a) No.	HOUSTON, TX 77035 Name, address, and ZIP + 4 HYDRALYTE LLC 8910 UNIVERSITY CENTER LN 400 SAN DIEGO, CA 92122 (b) Name, address, and ZIP + 4	(c) Total contributions \$55,536. (c) Total	(Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Payroll Noncash
5 (a) No.	HOUSTON, TX 77035 Name, address, and ZIP + 4 HYDRALYTE LLC 8910 UNIVERSITY CENTER LN 400 SAN DIEGO, CA 92122 Name, address, and ZIP + 4 TABREEZ & MARIA VERJEE	(c) Total contributions \$55,536. (c) Total contributions	(Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

Employer identification number

OPERATION CALIFORNIA,	INC.	95-350408	0

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PORT OF LOS ANGELES		Person Payroll
	425 S PALOS VERDES ST SAN PEDRO, CA 90731	\$ <u>360,000.</u>	Noncash X (Complete Part II fcr noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 2 1	Person
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

OPERATION CALIFORNIA, INC.

Employer identification number

95-3504080

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SOCCER CLOTHING AND EQUIPMENT	\$101,616.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Surgical earloop masks.	\$1,000,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Medical supplies used in disaster relief.	\$ 64,000.	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	Oral hydration solution.	\$55,536.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	Commercial warehouse for storage of inventory.	\$360,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Scho	edule B (Form 990, 990-EZ	, or 990-PF) (2019)

Page 4 Employer identification number 95–3504080

	exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional in the contribution of \$1,000 or less for the year.	ne year from any one contributo ompleting Part III, enter the total of (Enter this information once. See i space is needed.	f exclusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	N/A		
	N/A		
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(0)		(6)	(d)
(a) No. from Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

OPERATION CALIFORNIA, INC. dba: OPERATION USA 95-3504080 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year) Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?..... Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a a Total number of conservation easements...... 2 b **b** Total acreage restricted by conservation easements...... c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register structure listed in the National Register.

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 **►**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X..... ►Ś

Part III Organizations Maintaining t	ollections	or Art, histor	ricai Treasures, o	r Other 5	imilar ASS	ers (C	אוווווענ	eu)
Using the organization's acquisition, access items (check all that apply):	ion, and other	_		nake signific	ant use of its	collectio	'n	
a Public exhibition		d Loan o	r exchange program					
b Scholarly research		e Other						
c Preservation for future generations		_						
4 Provide a description of the organization's of Part XIII.								
5 During the year, did the organization sol to be sold to raise funds rather than to b	e maintained	d as part of the or	ganization's collectior	17	[Yes		No
Part IV Escrow and Custodial Arrai	ngements. nt on Form	990, Part X, I	ne organization ar ine 21.	iswerea '	Yes on Fol	rm 990	J, Pan	
1 a Is the organization an agent, trustee, curon Form 990, Part X?	stodian or otl	her intermediary f	or contributions or oth	ner assets r	not included	Yes		No
b If 'Yes,' explain the arrangement in Part					,,		_	_
bij 105, oxplain die arrangement in rank	, ,,,, _,,,	.,	· 3		11/11/11/11/11	Amount	t	
c Beginning balance				1c				
d Additions during the year								
e Distributions during the year					1.1			
f Ending balance								
2a Did the organization include an amount					ahility2	Yes		No
b If 'Yes,' explain the arrangement in Part							}-	┤''゜
b if 'Yes,' explain the arrangement in Part	XIII. Check i	iere ii iile explaii	ation has been brown	eu on rait	AIII		· · · · · L	J
British Street	I - 14 II	i-otion on	awarad 'Vac' on E	orm 000	Dort IV lin	0.10		
Part V Endowment Funds. Comple					ree years back		our years	haak
	Current year	(b) Prior year	(c) Two years bac	K (a) 11	ree years back	(e) i	-our years	back
1 a Beginning of year balance							·····	
b Contributions						 	wn	
c Net investment earnings, gains, and losses								
d Grants or scholarships		<u> </u>						
e Other expenditures for facilities and programs								
f Administrative expenses	, t	The little				<u> </u>		
g End of year balance		N. Maria						
2 Provide the estimated percentage of the	current year	Pend balance (line	e 1g, column (a)) held	as:				
a Board designated or quasi-endowment		. %						
b Permanent endowment ►	90							
c Term endowment ►	5							
The percentages on lines 2a, 2b, and 2c sh	ould equal 10	0%.						
			ro hald and administora	d for the				
3a Are there endowment funds not in the poss organization by:	ession or the t	organization that a	re field and administere	a for the		ſ	Yes	No
(i) Unrelated organizations						. 3a(i)		-7
(ii) Related organizations						. 3a(ii)		
b If 'Yes' on line 3a(ii), are the related org	anizations lis	sted as required o	n Schedule R?			. Зь		*****
4 Describe in Part XIII the intended uses of								
Part VI Land, Buildings, and Equip							-	
Complete if the organization	illeilt.	L'Voc' on Form	a 000 Part IV line	م 11ء ۾	a Form 99	n Par	t X lir	ne 10
- Allendary - Alle								
Description of property	(a) Cos	st or other basis	(b) Cost or other	(c) Acc	umulated eciation	(d) l	Book va	llue
1 - 1		nvestment)	basis (other)	nehi (SCIGNOT			
1 a Land				5 (7) (8) (8) (8)				
b Buildings			- 1111111	-				
c Leasehold improvements					70 500			
d Equipment			79,532.		79,532.			<u>0.</u>
e Other			9,717.	<u></u>	9,717.			0.
Total Add lines 1a through 1e. (Column (d) m	oust equal Fo	rm 990. Part X. c	olumn (B), line 10c.).					0.

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			***************************************
(B)			
(C)			
(D)			
(E)			
(G)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII Investments – Program Related.		N/A	
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨	***************************************		
Part IX Other Assets	N/A		
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 99		Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) Des	'Yes'(on Form 99) scription \		
Part IX Other Assets. Complete if the organization answered (a) Des	'Yes' on Form 99		Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) Description (2)	'Yes' on Form 99		Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3)	'Yes' on Form 99		Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	'Yes' on Form 99		Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) Description ('Yes' on Form 99		Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 99		Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) Description ('Yes' on Form 99		Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 99		Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 99		Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answered (a) Description ('Yes'on Form 99	0, Part IV, line 11d. See	Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description ('Yes' on Form 99' scription 39' 0, Part IV, line 11d. See	Form 990, Part X, line 15 (b) Book value	
Part IX Other Assets. Complete if the organization answered (a) Description (b) Description (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Folia. (a) Description (b) Description (c)	'Yes' on Form 99' scription 39' 0, Part IV, line 11d. See	Form 990, Part X, line 15 (b) Book value	
Complete if the organization answered (a) Description (b) Complete if the organization answered (c) Complete if the organization answered (a) Description (b) Description (c) Complete if the organization answered 'Yes' on Foundation (a) Description (c) Federal income taxes	Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	Form 990, Part X, line 15 (b) Book value , line 25. (b) Book value
Complete if the organization answered (a) Description (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fe (1) Federal income taxes (2) LOAN PAYABLE - SBA	Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	(b) Book value (b) Book value (b) Book value (b) Book value 75,700
Complete if the organization answered (a) Description (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Followship (E) (1) Federal income taxes (2) LOAN PAYABLE - SBA (3) Rounding	Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	(b) Book value (b) Book value (b) Book value (b) Book value 75,700
Complete if the organization answered (a) Description (b) Description (c) Description (c) Description (d) Description (e) Description (f) Description (f) Description (g) Description (Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	(b) Book value (b) Book value (b) Book value (b) Book value 75,700
Complete if the organization answered (a) Description (b) Description (c) Description (c) Description (d) Description (e) Description (f) Column (b) must equal Form 990, Part X, column (E) (g) Part X Other Liabilities. Complete if the organization answered 'Yes' on Four (I) Federal income taxes (g) LOAN PAYABLE - SBA (g) Rounding (h) (h) (g) Description (g) Description (g) Rounding (g) (g)	Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	(b) Book value (b) Book value (b) Book value (b) Book value 75,700
Complete if the organization answered (a) Description (b) Market State	Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	(b) Book value (b) Book value (b) Book value (b) Book value 75,700
Complete if the organization answered (a) Description (b) Market States (c) Complete if the organization answered (d) Description (e) Column (f) Must equal Form 990, Part X, column (f) Must equal Form 990, Part X, column (f) Part X (f) Complete if the organization answered 'Yes' on Form 1. (g) Description (g) Descriptio	Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	(b) Book value (b) Book value (b) Book value (b) Book value 75,700
Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (E) (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (I) Federal income taxes (c) LOAN PAYABLE - SBA (d) Rounding (d) (5) (6) (7) (8)	Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	(b) Book value (b) Book value (ii) Book value (b) Book value 75,700
Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (c) (a) Description (c) (b) must equal Form 990, Part X, column (c) (c) (d) (e) (e) (e) (f) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	(b) Book value (b) Book value (b) Book value (b) Book value 75,700
Complete if the organization answered (a) Description (b) Market States (c) Complete if the organization answered (a) Description (b) Market States (c) Column (b) must equal Form 990, Part X, column (E) (d) Part X Other Liabilities. Complete if the organization answered 'Yes' on Foundation (e) Description (f) Federal income taxes (f) Federal income taxes (g) LOAN PAYABLE - SBA (g) Rounding (h) (h) (g) (h) (g) (h) (h) (h	Yes'on Form 999 scription 3) line 15.)	0, Part IV, line 11d. See	(b) Book value (b) Book value (b) Book value (b) Book value 75,700
Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (E) (c) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (c) Pederal income taxes (c) LOAN PAYABLE - SBA (d) Rounding (d) (5) (6) (7) (8)	'Yes' on Form 999 scription 15.)	1e or 11f. See Form 990, Part X	Form 990, Part X, line 15 (b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statemen		turn.	
Complete if the organization answered 'Yes' on Form 990, F			
1 Total revenue, gains, and other support per audited financial statements		1	2,602,307.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		100000	
a Net unrealized gains (losses) on investments	2 a	\$50	
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c	46. (4)	
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	2,602,307.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3000 G	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b	I	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	2,602,307.
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, F			- HAMBER
Total expenses and losses per audited financial statements		1	2,335,034.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	2,335,034.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		44.60	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4:b		
c Add lines 4a and 4b	? {} . }	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part l, line 18.)	N	5	2,335,034.
Part XIII Supplemental Information.	-		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.

2019

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization OPF.	RATION CALIFORN	VIA. INC.		Employer identifi	
	: OPERATION USA			95-35040	80
Part I General Info	r <mark>mation on Activiti</mark> , Part IV, line 14b.	es Outside th	e United States. Complet	e if the organization	n answered 'Yes'
1 For grantmakers. Do- the grantees' eligibilit	es the organization ma ty for the grants or assi	intain records to stance, and the s	substantiate the amount of its of selection criteria used to award	grants and other assista the grants or assistance	nce, e?XYes No
_	cribe in Part V the organi ort V	zation's procedure	s for monitoring the use of its gra	nts and other assistance	outside the
3 Astinition nor Degion	(The following Bort I	lina 2 tabla aan b	e duplicated if additional space	is pooded)	
3 Activities per Region.	(The following Part 1,	line 3 table can b	e duplicated it additional space	ris needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
North America -				Disaster Relief	
(1) Mexico			Program Service	and Community	124,300.
				Disaster Relief	
(2)				and Community	
Central America			Program Service	Development	39,000.
(3)				Disaster Relief	
				and Community	
(4) Africa		***************************************	Program Service	Development	86,916.
				Disaster Relief	
(5) Caribbean			Program Service	and Community	341,591.
(6)					
(7)					
(8)	(C				_
(9)					
					Landau et al esta esta esta esta esta esta esta esta
(10)					
(11)					
(12)			4.		-ALEPONE 4
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(14)					A A A PARTITION OF THE
(15)					
		1012-7-1	A.111/A4-P		***************************************
(16)					
(17)					
3 a Subtotal					591,807.
b Total from continuation sheets to Part I	on				
c Totals (add lines 3a and 3	(b) 0	0		STATE OF STATE OF	591,807.

OPERATION CALIFORNIA, INC. Schedule F (Form 990) 2019

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

(i) Method of valuation (book, FMV, appraisal, other)	A Para-la Laboratoria de la companya	Donor Provid		Donor Provid		Donor Provid																2 2	Schedule F (Form 990) 2019
		Donc	-	Donc		Donc					+			 					+				ile F (For
(h) Description of noncash assistance	Medical	Supplie	Medical	Supplie	Medical	Supplie												The state of the s			ch		Schedi
(g) Amount of noncash assistance											Weenerstein Marketine and Control of the Control of										y the IRS, or for whi		
(f) Manner of cash disbursement									Wire Transfe		7 B	wire iransie									ed as tax-exempt by		
(e) Amount of cash grant														3	And the second s						gn country, recogniz		
(d) Purpose of grant	Disastr Relief	Dvlp	Relief	Dvlp	Disastr Relief	Dvlp	Disastr	Relief	Dvlp	Disastr	D-1-	фтлп	1								arities by the foreign		
(c) Region)					e recognized as cha	walency letter	
(b) IRS code section and EIN (if applicable)																					ons listed above that ar	section 301(c)(3) equ nos or entities	
(a) Name of organization		100 de 10																			Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which	the grantee of counsel has provided a section 501(c)(Enter total number of other organizations or entities	
-																					2 Ent	n ille	

95-3504080

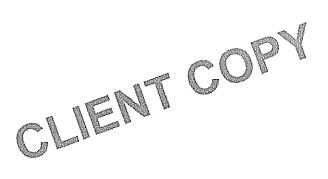
OPERATION CALIFORNIA, INC. Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2019 (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA (13) <u>(</u>14) (15)(16) [] (10) 3 (12) € 3 (3) € Ð 9 8 @ (6)

Pai	t IV. Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	XNo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

BAA TEEA3505L 06/28/19 Schedule F (Form 990) 2019



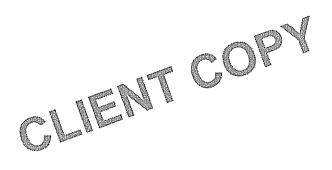
Page 5

Part V Supplemental Information

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

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Operation USA requires grant and assistance recipients to periodically send in progress reports, financial statements for project updates and development. organization also sends field delegations to periodically inspect and follow up with project development, review progress and monitor results.



SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization OPERATION C. dba: OPERAT	ALIFORNIA,	INC.				Employer identific		
Fundraising Activities, Comp	lete if the organiza	ation answe	ered 'Yes'	on Form 990, Part IV, lin		95-350408	.0	
Form 990-EZ filers are not	required to comp	lete this p	art.					
 Indicate whether the organizatio a Mail solicitations 	n raised funds (ni	rougn any	or the for					
b Internet and email solicitation	nns		f	= .	_	_		
c Phone solicitations	,,,,		g q	H		grants		
d In-person solicitations			9		9 0 1 01 110			
2 a Did the organization have a written	or oral agreemen	t with any i	ndividual (includina officers, directo	rs. truste	es, or kev		
employees listed in Form 990, F	art VII) or entity	in connect	tion with p	professional fundraising	services	?		No
b If 'Yes,' list the 10 highest paid if compensated at least \$5,000 by	individuals or enti	ties (fund	raisers) p	ursuant to agreements	under wh	ich the fundrai	iser is to be	
componicated at loads 40,000 by	The organization			1	(Λ) Δη	nount paid to		
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser dy or control	(iv) Gross receipts	l (or r	etained bv)	(vi) Amount paid (or retained by)	to
or entity (fundraiser)		of contr	ibutions?	from activity	fundra	iser listed in olumn (i)	organization	,
		Yes	No					
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		<u> </u>	l					
Total								0.
3 List all states in which the organiza	ation is registered o	or licensed	to solicit o	contributions or has been	notified if	is exempt from	registration	
or licensing.								

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
_			<u>HOL2019</u>	DM2019	1	through column (c)
R E			(event type)	(event type)	(total number)	
MCZMCHW	1	Gross receipts	178,449.	45,148.	23,738.	247,335.
Ē	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	178,449.	45,148.	23,738.	247,335.
	4	Cash prizes		***************************************		
D	5	Noncash prizes	and detailed in the second of			
D RECT	6	Rent/facility costs				
	7	Food and beverages				
EXPEZOEO	8	Entertainment	A. L. L. L. L. L. L. L. L. L. L. L. L. L.			
N S E	9	Other direct expenses	5,845.	2,744.	22,676.	31,265.
-	10	Direct expense summary. Add lines 4 three				31,265.
	11	Net income summary. Subtract line 10 from				216,070.
Par	Escalia de la composição de la composição de la composição de la composição de la composição de la composição	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes	s' on Form 990, Pai	rt IV, line 19, or re	ported more than
_				(b) Pull tabs/instant		(d) Total gaming
REVENUE			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))
N L E	1	Gross revenue				
	2	Cash prizes	n NEW			
EXPENSES TS	3	Noncash prizes				
E N C S T E	4	Rent/facility costs				
	5	Other direct expenses				
		- A Little and the second seco	Yes %	Yes%	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)		⊁	
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)	>	
а	Is th	er the state(s) in which the organization co le organization licensed to conduct gaming o,' explain:	activities in each of th	nese states?		
		e any of the organization's gaming license	s revoked, suspended,	or terminated during th	e tax year?	. Yes No

Sche	dule G (Form 990 or 990-EZ) 2019 OPERATION CALIFORNIA, INC. 95	5-3504080	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		□ No
13	Indicate the percentage of gaming activity conducted in:	1 1	
а	The organization's facility	13a	96
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name >		
	Address ►		
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ If 'Yes,' enter name and address of the third party:		s No
	Address ►		
16	Garning manager information:		
	Name >		
	Garming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor Mandatory distributions:		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Ye:	s No
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in to organization's own exempt activities during the tax year > \$	ne	
Par		umns (iii) and / additional	(v);

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Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

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

ž — Open to Public Inspection Employer identification number X Yes 95-3504080 See Part IV 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part | General Information on Grants and Assistance OPERATION CALIFORNIA, INC dba: OPERATION USA Department of the Treasury Internal Revenue Service Name of the organization

TEEA3901L 07/10/19		ons for Form 990.	ce, see the Instructi	BAA For Paperwork Reduction Act Notic
		ine 1 table	ations listed in the l	3 Enter total number of other organizations listed in the line 1 table.
	in the line 1 table	t organizations listed	(3) and governmen	
0.0	6,250.			24
			<u> </u>	(8) OYATE TECA PROJECT
0.	15,000.			31
				(7) NOURISH NC
.0	30,000.			RALEIGH, NC 27612
				3724_NATIONAL_DRIVE_STE_100
				(6) DISABILITY RIGHTS OF NC
.0	50,000.			HOUSTON, TX 77008
				1235 N LOOP WEST STE 300
				(5) COMMUNITIES IN SCHOOLS HOUSTO
0.	30,000.			
				20 N. 4TH ST STE 213
				(4) COMMUNITIES IN SCHOOLS CAPE F
0.	25,000.			WILMINGTON, NC 28402
				PO BOX 591
				(3) BLUE RIBBON COMMISSION
0	15,000.			FORT MYERS, FL 33901
				3760 FOWLER ST
				(2) HARRY CHAPIN FOOD BANK
.0	6,500.			LA 70151
				<u>PO_BOX_51837</u>
				(1) AGENDA FOR CHILDREN
	(d) Amount of cash grant	(c) IRC section (if applicable)	(e)	 (a) Name and address of organization or government
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rnments. Complete if the organt II can be diminisated if ad	and Domestic Gove	ic Organizations	unce to Domesti . for anv recipie	Fart Grants and Other Assists Form 990, Part IV, line 21
	rnments. Complete if the organizart II can be duplicated if addition (b) Amount of non-cash (cook, Flaw, appraisal, other) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and Domestic Governments. Complete if the or more than \$5,000. Part II can be duplicated if add (4) Amount of cash grant (e) Amount of non-cash (6004, FibW, a) assistance (5,500. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Corganizations and Domestic Governments. Complete if the orner that traceived more than \$5,000. Part II can be duplicated if add and the applicable) 15,000. 15,000. 0. 15,000. 15,000. 0. 15,	(b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (f) applicable) (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (f) applicable) (c) EIN (d) IRC section (d) Amount of cash grant (e) Amount of non-cash (f) applicable) (c) EIN (d) IRC section (d) Amount of cash grant (e) Amount of non-cash (f) applicable) (d) Amount of cash grant (e) Amount of cash grant (e) Amount of non-cash (f) applicable) (e) EIN (d) IRC section (f) IRC

Page 2

Schedule | (Form 990) (2019) OPERATION CALIFORNIA, INC.

Partill 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.

כמון כה משליווי מתמונים ומון כלומה בי ווכבתבת:	מככ וכ ווככמכמי				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noneash assistance
1					Resourcement of State Parts
2					
క					
4					
S					The state of the s
9					The state of the s
7					The state of the s
Part IV Supplemental Information. Provide the information	ide the information	required in Part I,	line 2; Part III, co	lumn (b); and any other	required in Part I, line 2; Part III, column (b); and any other additional information.

Field visits, review of financial and progress reports required from fund recipients.

Schedule I (Form 990) (2019)

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2019

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Continuation Page 1

Schedule I Cont (Form 990) 2019 (h) Purpose of grant or assistance Employer identification number Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 95-3504080 (g) Description of noncash assistance PPE MEDICAL PPE MASKS PPE MASKS PPE MASKS PPE MASKS PPE MASKS PPE MASKS SUPPLIES SUPPLIES SHELTER 12,755. DONOR PROVIDED 10,000. DONOR PROVIDED DONOR PROVIDED 26,556. DONOR PROVIDED DONOR PROVIDED DONOR PROVIDED 10,000. DONOR PROVIDED (f) Method of valuation (book, FMV, appraisal, other) 16,098. DONOR PROVIDED 20,000. 50,000. (e) Amount of non-cash assistance 800. (d) Amount of cash grant 10,000 77,000 TEEA4001L 07/10/19 (c) IRC section (if applicable) (b) EIN WORLD HARVEST CHARITIES & FAM LA COUNTY HOUSING FOR HEALTH OPERATION CALIFORNIA, INC (a) Name and address of organization or government __5510_SKYLANE_BLVD_STE_200A_ UNIVERSAL HEALTH FOUNDATION CHILDRENS HOSPITAL OF LA. MLK JR OUTPATIENT CENTER. EL SALVADOR FOUNDATION __2227_3100_VENICE_BLVD_ LOS ANGELES, CA 90059 LOS ANGELES, CA 90065 LOS ANGELES, CA 90033 LOS ANGELES, CA 90019 LOS ANGELES, CA 90012 LOS ANGELES, CA 90027 LOS ANGELES, CA 90012 4650 SUNSET BLVD 20227 SATICOY ST ---_ 200_N SPRINGS_ST_303 MUJERES DE LA TIERRA SANTA ROSA, CA 95403 CITY OF LOS ANGELES NUESTRA COMMUNIDAD WINNETKA, CA 91306 313 N FIGUEROA ST __780_LINCOLN_AVE 1670 E 120TH ST 2020 E 1ST ST. NAPA, CA 94558 __570_W_AVE_26__ ON THE MOVE Name of the organization

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OPERATION CALIFORNIA, INC.

dba: OPERATION USA

95-3504080

Employer identification number

Part I Questions Regarding Compensation Yes No 1 a 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 personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. 1 b 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 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to organization or a related organization: 4 a Х a Receive a severance payment or change-of-control payment? . . . b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Χ c Participate in, or receive payment from, an equity-based compensation arrangement?..... 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)(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 contingent on the revenues of: 5 a Х a The organization?.... 5 b X If 'Yes' on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 a Χ a The organization?..... 6 b X **b** Any related organization?..... If 'Yes' on line 6a or 6b, describe in Part III. 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. 7 Х 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)? Χ If 'Yes,' describe in Part III..... If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....

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

Schedule J (Form 990) 2019

Page 2

Schedule J (Form 990) 2019 OPERATION CALIFORNIA, INC.

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.

	<u> </u>	(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	C compensation			, ,	i i
(A) Name and Title	<u></u>		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(E) Otal Ol columns(B)(i)-(D)	r Countries (1) in column (B) reported as deferred on prior Form 990
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ВАА			TEEA4102L 8/2/19	6			Schedule	Schedule J (Form 990) 2019

95-3504080

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) 2019

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for in Name of the organization OPERATION CALIFORNIA, INC.

dba: OPERATION USA

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

95-3504080

Types of Property (b) Number of (c) Noncash contribution (a) Check if (d) Method of determining amounts reported contributions or applicable noncash contribution amounts on Form 990. items contributed Part VIII, line 1g 2 Art — Historical treasures..... Art - Fractional interests..... 4 Books and publications..... Clothing and household goods..... 5 6 Boats and planes..... 7 Intellectual property..... 8 9 10 Securities - Closely held stock..... 11 Securities - Partnership, LLC, or trust interests. Securities - Miscellaneous..... 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution — Other..... 15 Real estate - Commercial 17 Real estate - Other..... 18 Food inventory..... 19 Taxidermy..... 21 Historical artifacts..... 22 Scientific specimens..... 23 Archeological artifacts..... 24 25 Other ► 26 Other > Other > 28 Other > Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30aX b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?..... 31 X

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

b If 'Yes,' describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell

noncash contributions?.....

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

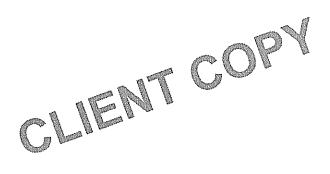
Schedule M (Form 990) 2019

32 a

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.

Sch M, Part I, Lines 25-28 Other Non-Cash Contributions

Description	Appl?	Number of Contr.	•	Method of Deter. Rev.
MEDICAL EQUIPMENT	Х	1	\$ 11,909.	FAIR MARKET VALU
MISC EQUIPMENT	X	ī		FAIR MARKET VALU
MEDICAL SUPPLIES	X	1	34,107.	FAIR MARKET VALU
MEDICAL EQUIPMENT	X	1	33,900.	FAIR MARKET VALU
PERSONAL PROTECTIVE EQUIPMENT	X	1	1,000,000.	FAIR MARKET VALU
MEDICAL SUPPLIES	X	1	64,000.	FAIR MARKET VALU
MEDICAL SUPPLIES	X	1	55,536.	FAIR MARKET VALU
MEDICAL SUPPLIES	X	1	17,749.	FAIR MARKET VALU
MEDICAL SUPPLIES	X	1	4,500.	FAIR MARKET VALU
MEDICAL SUPPLIES	X	1	31,354.	FAIR MARKET VALU
RENT	X	1	360,000.	FAIR MARKET VALU



SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization OPERATION CALIFORNIA, INC. dba: OPERATION USA

Employer identification number 95-3504080

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

It helps communities to alleviate the effects of disasters, disease and endemic poverty throughout the world by providing privately-funded relief, reconstruction and development aid. The Organization works with partner agencies in many countries, including local and international NGO's, UN and government health agencies and other civil society institutions. Each partner agency receives a list of available supplies and evaluates them in relation to local needs. Then the supplies are packed and shipped by air, sea and land to where the greatest need exists.

Form 990, Part III, Line 1 - Organization Mission

It helps communities to alleviate the effects of disasters, disease and endemic poverty throughout the world by providing privately-funded relief, reconstruction and development aid. The Organization works with partner agencies in many countries, including local and international NGO s UN and government health agencies and other Each partner agency receives a list of available civil society institutions supplies and evaluates them in relation to local needs. Then the supplies are packed and shipped by air, sea and land to where the greatest need exists.

Form 990, Part VI, Line 11b - Form 990 Review Process

THE ORGANIZATION PROVIDES A COPY OF THE 990 EITHER IN ELECTRONIC FORM OR HARD COPY TO THE MEMBERS OF THE GOVERNING BODY AT THEIR OPTION PRIOR TO FILING THE RETURN.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

AT QUARTERLY BOARD MEETINGS WHERE THE SUBJECT IS ADDRESSED AND DOCUMENTED IN THE MINUTES.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The board annually reviews and approves the compensation of CEO, officer and key employees, referring to data made available by Interaction Survey of CEOs.

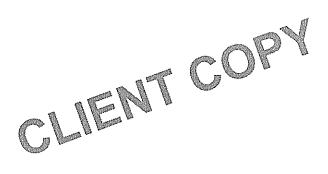
Name of the organization OPERATION CALIFORNIA, INC. dba: OPERATION USA

Employer identification number

95-3504080

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON INDIVIDUAL REQUESTS.



059							
Cate Accep	ted				DO NOT MAIL	THIS FOI	RM TO THE FTB
TAXABLE Y	YEAR Califor	rnia e-file Returi	n Authoriz	ation for	•		FORM
2019	Exemp	ot Organizations	3				8453-EO
Exempt Organia	zation name					Identifying nu	umber
	ON CALIFORNIA,					95-350	4080
		nformation (whole dollars of 99, line 4)				4	2,647,728.
	_ , ,	99, line 8)				***************************************	2,647,728.
	-	ements (Form 199, Line 9).					1,788,647.
Part II	Settle Your Accou	unt Electronically for T	Taxable Year 2	119			
	ectronic funds withdra				wal date (mm/dd/yy	уу)	
Part III	Banking Informat	ion (Have you verified the	exempt organization	n's banking in	formation?)		
	ng number Int number		7 Ty	pe of account:	Checking	Savi	ngs
Part IV	Declaration of Off	icer					
	the exempt organization for the amount listed o	on's account to be settled as on line 4a.	s designated in Pa	rt II. If I check	Part II, Box 4, I au	thorize an	electronic funds
correspondi organization' Tax Board (for the fee I statements b	ng lines of the exempt is return is true, correct, FTB) does not receive iability and all applical be transmitted to the FTE	er, or intermediate service pat organization's 2019 Califor and complete. If the exempt of tell and timely payment of ble interest and penalties. If a by the ERO, transmitter, or incrize the FTB to disclose to	rnia electronic retu organization is filing the exempt organ authorize the exe intermediate service	rn. To the besing a balance due zation's fee lia npt organization provider. If the mediate service.	t of my knowledge a return, I understand ability, the exempt of on return and accor processing of the e	and belief, that if the Forganization mpanying s xempt orga	the exempt franchise n will remain liable chedules and nization's
Here	Signature of officer		Date	Title	-		
		ctronic Return Origina	230-600-				
the best of a organization officer's signification and in Authorized exempt organizatements,	my knowledge. (If I ar n's return. I declare, ho nature on form FTB 84 nformation that I will fi e-file Providers. I will k nization return is filed, w ties of perjury, I decla	above exempt organization only an intermediate service over, that form PTB 8453-53-EO before transmitting the with the FTB, and I have keep form FTB 8453-EO on whichever is later, and I will more that I have examined the knowledge and belief, they	ice provider, I und EO accurately ref this return to the F followed all other file for four years ake a copy availabl above exempt org	erstand that I dects the data of TB; I have properties of the due of the total of the total of the the the the the the the the the the	am not responsible on the return.) I havided the organizat described in FTB Pudate of the return or request. If I am alturn and accompan	for reviewing for reviewing obtained ion officer out. 1345, 2 or four years iso the paid ying schedule.	ing the exempt I the organization with a copy of all 019 Handbook for s from the date the preparer, ules and
	ERO's signature		Date		Check if also paid X self-preparer X	" 🖂 📗	0's PTIN 00462710
ERO Must	Firm's name (or yours	GOLDMAN KURLAND &	MIRAGLIA I	LP	tribund	Firm's FEIN	
Sign	if self-employed) and address	16133 VENTURA BLV	/D STE 880				7-5236877
Hadar sasaltias	of parium 1 dealars that 1 ha	ENCINO	's rature and accompan	ring cohedules and	ctatements, and to the h	<u> </u>	1436

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid preparer's signature

Paid preparer's PTIN

Check if self-employed self-employed

Firm's name (or yours if self-employed) and address

ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

6/30/20		201	9 Cali	forni OPI	a Bo ERATI(dba: (ok De ON CALI	2019 California Book Depreciation Schedule operation CALIFORNIA, INC.	tion S	chec	nle				86	Page 1
No. Descrintion	Date Acquired	Date	Cost/ Basis	Bus.	Cur 179 Ronis	Special Depr.	Prior 179/ Bonus/ So Dear	Prior Dec. Bal. Decr	Salvage /Basis Reductor	Depr.	Prior	M Porta	<u> </u>	100	Gurrent
199										- Steppe		nomana			neille.
Furniture and Fixtures															
8 OFFFICE FURNITURE	5/22/06	J	9,717							717,6	6,717	S/L MQ	7	ı	0
Total Furniture and Fixtures			9,717		0	0	0	0	0	717,6	717,8				0
Machinery and Equipment															
1 FORKLIFT BATTERIES	7/23/93		386							386	386	S/L HY	7		0
2 PALLET COVERS	7/23/93		100						under	190	100	S/L HY	7		0
3 FORKLIFT	00/08/9		4,871							4,871	4,871	S/L HY	7		0
4 DIGITAL CAMERA	2/21/05		995			Total State of the				395	995	S/L HY	rs		0
6 LAPTOP	4/25/06		1,087		E. S. S. S. S. S. S. S. S. S. S. S. S. S.	2				1,087	1,087	S/L MQ	ស		0
9 FORKLIFT	8/18/05		23,174							23,174	23,174	S/L MQ	7		0
10 COMPUTER EQUIPMENT	4/25/06		2,031		i.					2,031	2,031	S/L MQ	5		0
11 COMPUTER EQUIPMENT	4/25/06		2,207							2,207	2,207	S/L MQ	2		0
	4/25/06		649							649	649	S/L MQ	2		0
13 COMPUTER EQUIPMENT	4/25/06		1,301							1,301	1,301	S/L MQ	2		0
	4/25/06		1,074							1,074	1,074	S/L MQ	လ		0
	4/25/06		855							822	822	S/L MQ	ស		0
16 COMPUTER EQUIPMENT	4/25/06		729							729	729	S/L MQ	Ġ		0
	4/25/06		2,445							2,445	2,445	S/L MQ	2		0
18 COMPUTER EQUIPMENT	2/13/06		5,183							5,183	5,183	S/L MQ	വ		0
19 COMPUTER EQUIPMENT	5/22/06		3,257							3,257	3,257	S/L MQ	5		0
21 JAMICA'S LAPTOP	6/24/08		2,791							2,791	2,791	S/L	5		0
22 CAMERA & ASSCESS WAREHOUS	12/17/07		380							380	380	S/L	2		0
23 COMPUTER PARTS WAREHOUSE	12/17/07		488							488	488	S/L	ည		0
															•

6/30/20		201	2019 California Book Depreciation Schedule operation CALIFORNIA, INC.	orni	a Bore ERATIC dba: C	ok De IN CAL	rnia Book Depreciation OPERATION CALIFORNIA, INC. dba: OPERATION USA	ition S	ched	ule				9	Page 2 95-3504080
. No	Date Acquired	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr. Allow	Prior 179/ Bonus/ So. Deor.	Prior Dec. Bal. Denr.	Salvage /Basis Reductn	Depr. Basis	Prior Den:	Method	ife	Rate	Current
24 EQUIPMENT	2/13/08		696					-		696	696	T/S	2		0
25 2 SCANNERS	3/13/09		886							988	988	S/L			0
26 RW LAPTOP HOME OFFICE	3/26/09		1,148							1,148	1,148	J/S	Ŋ		0
27 LAPTOP	8/12/09		794							794	794	S/L			0
28 LAPTOP	3/25/10		1,374	ĺ		ĺ	- поттыбам			1,374	1,374	S/L	2	,	0
Total Machinery and Equipment			59,276		0	0	0	0	0	59,276	59,276				0
Miscellaneous															
5 SOFTWARE	1/30/06		3,248						1	3,248	3,248	S/L MQ	S.		0
7 SOFTWARE	3/23/06		2,009					C		2,009	2,009				0
20 DATABASE SYSTEM	1/26/07		15,000	l		\			100A	15,000	15,000	S/L HY			0
Total Miscellaneous			20,257		6			0	0	20,257	20,257			ŧ	0
Total Depreciation			89,250			0	0	0	0	89,250	89,250			1 1	
Grand Total Depreciation			89,250	H	0	0	0	0	0	89,250	89,250			II.	0