

EXTENDED TO MAY 15, 2023

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.**2021**Open to Public
Inspection**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**OPERATION CALIFORNIA, INC**Doing business as **OPERATION USA**

Number and street (or P.O. box if mail is not delivered to street address)

7421 BEVERLY BLVD PH

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90036**F** Name and address of principal officer: **RICHARD WALDEN****SAME AS C ABOVE****D** Employer identification number**95-3504080****E** Telephone number**323-413-2353****G** Gross receipts \$ **11,905,286.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **HTTP://WWW.OPUSA.ORG/****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1979** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: IT HELPS COMMUNITIES TO ALLEVIATE THE EFFECTS OF DISASTERS, DISEASE AND ENDEMIC POVERTY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	6	
	6	Total number of volunteers (estimate if necessary)	14	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,745,178.	11,904,856.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	827.	430.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,746,005.	11,905,286.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,106,243.	9,992,994.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	607,689.	598,751.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 145,012.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,076,047.	1,664,372.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,789,979.	12,256,117.
19	Revenue less expenses. Subtract line 18 from line 12	-43,974.	-350,831.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,771,517.	6,406,954.
	21	Total liabilities (Part X, line 26)	27,395.	13,520.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,744,122.	6,393,434.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer **RICHARD WALDEN, PRESIDENT & CEO** Date **5/9/2023**
 ▶ Type or print name and title

Paid Preparer Use Only ▶ Print/Type preparer's name **PRUDENCE PUGEDA** Preparer's signature **PRUDENCE PUGEDA** Date **05/09/23** Check if self-employed ☐ PTIN **P00444443**
 ▶ Firm's name **MACIAS GINI & O'CONNELL LLP** ▶ Firm's EIN **68-0300457**
 ▶ Firm's address **500 CAPITOL MALL, SUITE 2200** ▶ Phone no. **(916) 928-4600**
SACRAMENTO, CA 95814

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission:

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

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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,059,701. including grants of \$ 461,340.) (Revenue \$)

THE ORGANIZATION WAS INSTRUMENTAL IN PROVIDING EMERGENCY CASH GRANTS AND DISASTER RELIEF SUPPLIES INCLUDING MASKS, PPE, GLOVES AND HAND SANITIZERS; CLEANING AND DISINFECTING PRODUCTS; HYGIENE SUPPLIES; BLANKETS; AND CLOTHING, SHOES AND OTHER RELIEF ITEMS TO PARTNER ORGANIZATIONS IN THE UNITED STATES DURING ONGOING COVID-19 PANDEMIC RECOVERY AND IN RESPONSE TO MAJOR DISASTERS INCLUDING HURRICANES, FLOODS AND WILDFIRES. OPERATION USA ALSO DISTRIBUTED EMERGENCY CASH GRANTS AND SHIPPED MATERIAL AID INCLUDING MEDICAL SUPPLIES, HOSPITAL EQUIPMENT, HYGIENE SUPPLIES, RELIEF ITEMS AND SHELTER KITS TO INTERNATIONAL PARTNERS IN UKRAINE TO AID IN ONGOING WAR RELIEF, AND DELIVERED CASH GRANTS TO SRI LANKA TO AID IN LONG-TERM WAR RECOVERY. ALL GOODS AND GRANTS DELIVERED BY OPERATION USA ARE RECEIVED BY

4b (Code:) (Expenses \$ 10,872,933. including grants of \$ 9,531,654.) (Revenue \$)

OTHER PROGRAM SERVICES PROVIDED SUPPORT ONGOING LONG-TERM RECOVERY, RESILIENCY BUILDING AND COMMUNITY DEVELOPMENT IN AREAS OF THE UNITED STATES. ONGOING DOMESTIC PROGRAMS INCLUDE DISTRIBUTION OF CLEANING AND SANITIZING MATERIALS TO PARTNERS ACROSS SOUTHERN CALIFORNIA IN SUPPORT OF CONTINUED COVID-19 RECOVERY AND THE MANAGEMENT OF AN EMERGENCY DISASTER SUPPLY CACHE. BOTH INTERNATIONALLY AND DOMESTICALLY, OPERATION USA CONTINUES TO SUPPORT COMMUNITIES WHERE THE ORGANIZATION ESTABLISHED PROGRAMS FOLLOWING MAJOR DISASTERS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,932,634.

Form 990 (2021)

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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	<input checked="" type="checkbox"/>	

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	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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		X
25b 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		X
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? If "Yes," complete Schedule L, Part II		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		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 6		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 15 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 14		
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	X
3 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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	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?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	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?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s on y) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **TIM STARKS - 323-413-2353**
7421 BEVERLY BLVD PH, LOS ANGELES, CA 90036

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD WALDEN PRESIDENT & CEO	60.00	X		X				184,950.	0.	6,548.
(2) MIKE MAHDESIAN CHAIRMAN	1.00	X		X				0.	0.	0.
(3) MARIA MOHIUDDIN VERJEE MANAGING MEMBER	1.00	X						0.	0.	0.
(4) RICK ALLEN MANAGING MEMBER	1.00	X						0.	0.	0.
(5) DREW HAGEN MANAGING MEMBER	1.00	X						0.	0.	0.
(6) BOB JOHNSON MANAGING MEMBER	1.00	X						0.	0.	0.
(7) JOHNNATHAN ESTRIN MEMBER	1.00	X						0.	0.	0.
(8) GARY LARSEN MANAGING MEMBER	1.00	X						0.	0.	0.
(9) JULIE ANDREWS MEMBER	1.00	X						0.	0.	0.
(10) ROSARIO DAWSON MEMBER	1.00	X						0.	0.	0.
(11) JEFF FRANKLIN MANAGING MEMBER	1.00	X						0.	0.	0.
(12) NOLA KAMBANDA MEMBER	1.00	X						0.	0.	0.
(13) DAVID NIEH MEMBER	1.00	X						0.	0.	0.
(14) SKIP WHITNEY MEMBER	1.00	X						0.	0.	0.
(15) JULIE YANNATTA MANAGING MEMBER	1.00	X						0.	0.	0.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,904,856.				
	g Noncash contributions included in lines 1a-1f	1g \$ 9,531,654.				
	h Total. Add lines 1a-1f		11,904,856.			
Program Service Revenue	2 a _____		Business Code			
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			430.	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		6a	(i) Real	(ii) Personal		
b Less: rental expenses		6b				
c Rental income or (loss)		6c				
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities	(ii) Other		
b Less: cost or other basis and sales expenses		7b				
c Gain or (loss)		7c				
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
b Less: direct expenses		8b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____		Business Code			
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions			11,905,286.	0.	0.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,117,966.	9,117,966.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,395.	44,395.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	830,633.	830,633.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	184,950.	110,970.	9,248.	64,732.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	320,549.	188,326.	88,425.	43,798.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,398.	5,179.	1,480.	739.
9 Other employee benefits	47,570.	33,299.	9,513.	4,758.
10 Payroll taxes	38,284.	26,798.	7,657.	3,829.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	30,921.	21,645.	6,184.	3,092.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	19,247.	6,158.	12,209.	880.
12 Advertising and promotion	3,565.	2,496.	713.	356.
13 Office expenses	15,703.	10,992.	3,141.	1,570.
14 Information technology				
15 Royalties				
16 Occupancy	95,848.	73,056.	11,396.	11,396.
17 Travel	13,061.	9,143.	2,612.	1,306.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,040.	2,128.	608.	304.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	27,486.	19,240.	5,497.	2,749.
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.)				
a IN-KIND CONTRIBUTION WR	1,940,734.	1,940,734.		
b WAREHOUSE EXPENSES	28,057.	28,057.		
c FREIGHT & TRANSPORTATIO	22,357.	22,357.		
d DUES & SUBSCRIPTIONS	15,566.	10,896.	3,113.	1,557.
e All other expenses	-551,213.	-571,834.	16,675.	3,946.
25 Total functional expenses. Add lines 1 through 24e	12,256,117.	11,932,634.	178,471.	145,012.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,669,815.	1	2,646,536.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,094,802.	8	3,753,523.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 89,249.		
	b Less: accumulated depreciation	10b 89,249.	0.	10c 0.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,900.	15	6,895.
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,771,517.	16	6,406,954.	
Liabilities	17 Accounts payable and accrued expenses	27,395.	17	13,520.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	27,395.	26	13,520.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,233,891.	27	4,144,294.
	28 Net assets with donor restrictions	1,510,231.	28	2,249,140.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,744,122.	32	6,393,434.
	33 Total liabilities and net assets/fund balances	6,771,517.	33	6,406,954.

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck 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	11,905,286.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,256,117.
3	Revenue less expenses. Subtract line 2 from line 1	3	-350,831.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,744,122.
5	Net unrealized gains (losses) on investments	5	143.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	6,393,434.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

Department of the Treasury
Internal Revenue Service

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.

2021

Open to Public Inspection

OPERATION CALIFORNIA, INC

95-3504080

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2020. 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 test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5107168.	2632628.	2287728.	5745178.	11904856.	27677558.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge				360,000.	360,000.	720,000.
6 Total. Add lines 1 through 5	5107168.	2632628.	2287728.	6105178.	12264856.	28397558.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						28397558.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	5107168.	2632628.	2287728.	6105178.	12264856.	28397558.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				827.	430.	1,257.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				827.	430.	1,257.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	5107168.	2632628.	2287728.	6106005.	12265286.	28398815.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described on line 2, above, 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ 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.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(i i) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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.)

Supplemental information area with horizontal lines for text entry.

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

OPERATION CALIFORNIA, INC

Employer identification number

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 foundationCheck 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization	Employer identification number
OPERATION CALIFORNIA, INC	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
1	MARCIN ZUKOWSKI ZUKOWSKI GIVING FUND: 394 PACIFIC AVENUE 2ND FL SAN FRANCISCO, CA 94111	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE BENEVITY COMMUNITY 1521 GEORGETOWN RD. HUDSON, OH 44236	\$ 416,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TURCAN CONNELL 1 EARL GREY STREET EH3 9EE, UNITED KINGDOM EDINBURGH 43	\$ 299,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PATRICK COHEN AVAILABLE UPON REQUEST LOS ANGELES, CA 90036	\$ 255,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	KAISER - HARBOR CITY AVAILABLE UPON REQUEST LOS ANGELES, CA 90036	\$ 241,182.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	JAMES JOHNSON AVAILABLE UPON REQUEST LOS ANGELES, CA 90036	\$ 855,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

OPERATION CALIFORNIA, INC

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
7	AMITY FOUNDATION AVAILABLE UPON REQUEST LOS ANGELES, CA 90036	\$ 362,123.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	USC KECK MEDICAL AVAILABLE UPON REQUEST LOS ANGELES, CA 90036	\$ 7,375,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	\$ 255,000.	06/30/22
5	EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	\$ 241,182.	06/30/22
6	EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	\$ 855,350.	06/30/22
7	EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	\$ 362,123.	06/30/22
8	EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	\$ 7,375,500.	06/30/22
		\$	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

OPERATION CALIFORNIA, INC

Employer identification number

95-3504080

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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	▶ \$

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

Schedule D (Form 990) 2021

132051 10-28-21

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (ccntinued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9 or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
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 equal Form 990, Part X, column (B), line 10c.)				0.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	12,265,429.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	143.
b	Donated services and use of facilities	2b	360,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	360,143.
3	Subtract line 2e from line 1	3	11,905,286.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,905,286.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,616,117.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	360,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	360,000.
3	Subtract line 2e from line 1	3	12,256,117.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,256,117.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS

CODIFICATION ("ASC") 740-10-05 RELATING TO ACCOUNTING AND REPORTING FOR

UNCERTAINTY IN INCOME TAXES. FOR THE ORGANIZATION, THESE PROVISIONS COULD

BE APPLICABLE TO THE INCURRENCE OF ANY UNRELATED BUSINESS INCOME

ATTRIBUTABLE TO THE ORGANIZATION. BECAUSE OF THE ORGANIZATION'S GENERAL

TAX-EXEMPT STATUS, THE PROVISIONS OF ASC 740-10-05 ARE NOT ANTICIPATED TO

HAVE A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

OPERATION CALIFORNIA, INC

Employer identification number

95-3504080

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on
Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICE	COVID 19- RESPONSE	425,933.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICE	POST EARTHQUAKE RELIEF - EDUCATION	40,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICE	EMERGENCY SUPPORT	335,000.
SOUTH ASIA	0	0	PROGRAM SERVICE	EMERGENCY SUPPORT	28,000.
3 a Subtotal	0	0			828,933.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			828,933.

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	COMMUNITY SUPPORT	0.	N/A	164,500.	MEDICAL SUPPLIES	FMV
			NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	COMMUNITY SUPPORT	0.	N/A	261,433.	MEDICAL SUPPLIES	FMV
			CENTRAL AMERICA AND THE CARIBBEAN	POST EARTHQUAKE RELIEF - EDUCATION	40,000.	EFT/WIRE/CHECK	0.	N/A	N/A
			EUROPE (INCLUDING ICELAND & GREENLAND)	EMERGENCY SUPPORT	10,000.	EFT/WIRE/CHECK	0.	N/A	N/A
			EUROPE (INCLUDING ICELAND & GREENLAND)	EMERGENCY SUPPORT	150,000.	EFT/WIRE/CHECK	0.	N/A	N/A
			SOUTH ASIA	EMERGENCY SUPPORT	28,000.	EFT/WIRE/CHECK	0.	N/A	N/A
			EUROPE (INCLUDING ICELAND & GREENLAND)	EMERGENCY SUPPORT	75,000.	EFT/WIRE/CHECK	0.	N/A	N/A
			EUROPE (INCLUDING ICELAND & GREENLAND)	EMERGENCY SUPPORT	50,000.	EFT/WIRE/CHECK	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

9

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Part IV Foreign Forms

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

Schedule F (Form 990) 2021

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:

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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

OPERATION CALIFORNIA, INC

Employer identification number
95-3504080

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
APPALACHIA SERVICE PROJECT 4523 BRISTOL HIGHWAY JOHNSON CITY, TN 37601	62-0989383	501(C)(3)	10,000.	0.	CASH	N/A	POST FLOOD RELIEF
AMITY FOUNDATION 3745 S GRAND AVE LOS ANGELES, CA 90007	77-0418201	501(C)(3)	0.	73,755.	FMV	CLEANING SUPPLIES	COMMUNITY HEALTH
CASA DE MIGRANTE - SAN DIEGO SHELTER - CALLE GALILEO 239 - BUENA VISTA, TIJUANA, MEXICO 22416							
COPE 22287 MULHOLLAND HWY #235 CALABASAS, CA 91302	75-3231197	501(C)(3)	0.	402,300.	FMV	CLEANING SUPPLIES	COMMUNITY HEALTH
CORAZON HEALSBURG PO BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	0.	938,700.	FMV	CLEANING SUPPLIES	COMMUNITY HEALTH
CULVER CITY SCHOOL DISTRICT 4034 IRVING PL CULVER CITY, CA 90232-2810	95-3641300	501(C)(3)	0.	460,684.	FMV	MEDICAL AND CLEANING SUPPLIES	DISASTER RESPONSE (NORTHERN CA. WILD FIRES)
				239,320.	FMV	MEDICAL AND CLEANING SUPPLIES	COMMUNITY HEALTH

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

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

19.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL PICHE 3115 W 69TH ST LOS ANGELES, CA 90043	95-4554369	501(C)(3)	0.	435,825. FMV		CLEANING SUPPLIES	COMMUNITY HEALTH
EL PROYECTO DEL BARRIO 8932 WOODMAN AVENUE ARLETA, CA 91331	95-2652606	501(C)(3)	0.	26,820. FMV		CLEANING SUPPLIES	COMMUNITY HEALTH
EL SALVADOR FOUNDATION 20227 SATICOY STREET WINNETKA, CA 91306	20-2268520	501(C)(3)	0.	2,218,883. FMV		MEDICAL AND CLEANING SUPPLIES	COMMUNITY HEALTH
FEEDING SAN DIEGO 9477 WAPLES ST STE 100 SAN DIEGO, CA 92121	26-0457477	501(C)(3)	0.	268,200. FMV		CLEANING SUPPLIES	COMMUNITY HEALTH
GANG ALTERNATIVE PROGRAM 3513 UNION PACIFIC AVE LOS ANGELES, CA 90023	33-0322451	501(C)(3)	0.	33,525. FMV		CLEANING SUPPLIES	COMMUNITY HEALTH
ILWU 1500 E ANAHEIM ST WILMINGTON, CA 90744		501(C)(3)	0.	268,200. FMV		CLEANING SUPPLIES	COMMUNITY HEALTH
NUESTRA COMUNIDAD 5510 SKYLANE BLVD STE 200A SANTA ROSA, CA 95403	83-0609417	501(C)(3)	0.	134,100. FMV		CLEANING SUPPLIES	COMMUNITY HEALTH
PORT OF LOS ANGELES 425 S PALOS VERDES ST SAN PEDRO, CA 90731		501(C)(3)	0.	20,115. FMV		CLEANING SUPPLIES	COMMUNITY HEALTH
RJC 3500 BEVERLY BLVD MONTEBELLO, CA 90640	83-3901002	501(C)(3)	0.	1,877,936. FMV		CLEANING SUPPLIES	COMMUNITY HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROADS 121 S LONG BEACH BLVD COMPTON, CA 90221	45-0572757	501(C)(3)	0.	268,200.	FMV	CLEANING SUPPLIES	COMMUNITY HEALTH
SKID ROW HOUSING TRUST 1317 E 7TH STREET LOS ANGELES, CA 90021	95-4205316	501(C)(3)	0.	27,750.	FMV	MEDICAL SUPPLIES	COMMUNITY HEALTH
UNIVERSAL HEALTH FOUNDATION 2020 EAST 1ST STREET LOS ANGELES, CA 90033	91-2167533	501(C)(3)	0.	323,923.	FMV	MEDICAL AND CLEANING SUPPLIES	COMMUNITY HEALTH
OPERATION USA 7421 BEVERLY BLVD PH LOS ANGELES, CA 90036	95-3504080	501(C)(3)	0.	1,077,633.	FMV	MEDICAL AND CLEANING SUPPLIES	COMMUNITY HEALTH

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public
Inspection

Name of the organization

OPERATION CALIFORNIA, INC

Employer identification number

95-3504080

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the 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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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:		
a The organization?	5a	X
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
6 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:		
a The organization?	6a	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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 M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

OPERATION CALIFORNIA, INC

Employer identification number

95-3504080

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EMERGENCY MED)	X	95,000	2,547,900.	FMV
26 Other ▶ (EMERGENCY MED)	X	50,000	1,341,000.	FMV
27 Other ▶ (EMERGENCY MED)	X	50,000	1,341,000.	FMV
28 Other ▶ (EMERGENCY MED)	X	50,000	1,341,000.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

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?

	Yes	No
30a		X
31		X
32a		X
33		

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?

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2021

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.

PART I, OTHER TYPES OF PROPERTY:

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 550

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 855350.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 25000

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 670500.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 70

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 255000.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 44150

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 185000.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

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.

(B) NUMBER OF CONTRIBUTIONS = 36566

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 162123.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 60

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 141000.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 5000

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 134100.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 978

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 97800.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 27

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 95000.

(D) METHOD OF DETERMINING REVENUE: FMV

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.

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES(A) CHECK IF APPLICABLE = X(B) NUMBER OF CONTRIBUTIONS = 886(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 92940.(D) METHOD OF DETERMINING REVENUE: FMVEMERGENCY MEDICAL EQUIPMENT AND SUPPLIES(A) CHECK IF APPLICABLE = X(B) NUMBER OF CONTRIBUTIONS = 100(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 89740.(D) METHOD OF DETERMINING REVENUE: FMVEMERGENCY MEDICAL EQUIPMENT AND SUPPLIES(A) CHECK IF APPLICABLE = X(B) NUMBER OF CONTRIBUTIONS = 18737(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 68309.(D) METHOD OF DETERMINING REVENUE: FMVEMERGENCY MEDICAL EQUIPMENT AND SUPPLIES(A) CHECK IF APPLICABLE = X(B) NUMBER OF CONTRIBUTIONS = 12000(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 44070.(D) METHOD OF DETERMINING REVENUE: FMVEMERGENCY MEDICAL EQUIPMENT AND SUPPLIES(A) CHECK IF APPLICABLE = X

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.

(B) NUMBER OF CONTRIBUTIONS = 9

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 27530.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 5000

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 15000.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1000

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 8990.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 51

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7242.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 832

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5700.

(D) METHOD OF DETERMINING REVENUE: FMV

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.

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 84

(C) REVENUE REPORTED ON FORM 990, PART VIII § 3360.

(D) METHOD OF DETERMINING REVENUE: FMV

EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2000.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

OPERATION CALIFORNIA, INC

Employer identification number
95-3504080

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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, DESCRIPTION OF ORGANIZATION MISSION:

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PRE-VETTED COMMUNITY-BASED ORGANIZATIONS WHICH FACILITATE DISTRIBUTION
IN LINE WITH THE ORGANIZATION'S MISSION.

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

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, SECTION B, LINE 12C:

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

OPERATION CALIFORNIA, INC

Employer identification number

95-3504080

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

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD ANNUALLY REVIEWS AND APPROCES THE COMPENSATION OF CEO, OFFICER
AND KEY EMPLOYEES, REFERRING TO DATA MADE AVAILABLE BY INTERACTION SURVEY
OF CEOS.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Operation California, Inc
7421 Beverly Blvd PH
Los Angeles, CA 90036

Prepared By:

Macias Gini & O'Connell LLP
500 Capitol Mall, Suite 2200
Sacramento, CA 95814

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Operation California, Inc
7421 Beverly Blvd PH
Los Angeles, CA 90036

Prepared By:

Macias Gini & O'Connell LLP
500 Capitol Mall, Suite 2200
Sacramento, CA 95814

Amount of Tax:

Balance due of \$400

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

May 15, 2023

Special Instructions:

The report should be signed and dated by an authorized individual(s).

TAXABLE YEAR

2021

California Exempt Organization Annual Information Return

128941 12-29-21

FORM

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022

Corporation/Organization name

OPERATION CALIFORNIA, INC

Additional information. See instructions.

California corporation number

0981994

FEIN

95-3504080

Street address (suite or room)

7421 BEVERLY BLVD PH

PMB no.

City

LOS ANGELES

State

CA

ZIP code

90036

Foreign country name

Foreign province/state/county

Foreign postal code

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

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	430	00	
	2	Gross dues and assessments from members and affiliates	2		00	
	3	Gross contributions, gifts, grants, and similar amounts received	3	11,904,856	00	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	11,905,286	00	
	5	Cost of goods sold	5		00	
	6	Cost or other basis, and sales expenses of assets sold	6		00	
	7	Total costs. Add line 5 and line 6	7		00	
	8	Total gross income. Subtract line 7 from line 4	8	11,905,286	00	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	12,256,117	00	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-350,831	00	
Filing Fee	11	Total payments	11		00	
	12	Use tax. See General Information K	12		00	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00	
	15	Penalties and interest. See General Information J	15		00	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer		Title	PRESIDENT & CE	Date	5/9/2023
Paid Preparer's Use Only	Preparer's signature	PRUDENCE PUGEDA	Date	05/09/23	Check if self-employed	<input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	MACIAS GINI & O'CONNELL LLP 500 CAPITOL MALL, SUITE 2200 SACRAMENTO, CA 95814			PTIN	P00444443
					Firm's FEIN	68-0300457
					Telephone	(916) 928-4600
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

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

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	430	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6		00
	7	Other income	•	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	430	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4 STATEMENT 3	•	9	9,992,994	00
Expenses and Disbursements	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	184,950	00
	12	Other salaries and wages	•	12	320,549	00
	13	Interest	•	13		00
	14	Taxes	•	14	33,284	00
	15	Rents	•	15	95,848	00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other expenses and disbursements SEE STATEMENT 6	•	17	1,623,492	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	12,255,117	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(c)
1 Cash		1,669,815		• 2,546,536
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories		5,094,802		• 3,753,523
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	89,249		89,249	
b Less accumulated depreciation	(89,249)		(89,249)	
11 Land				•
12 Other assets STMT 7		6,900		• 6,895
13 Total assets		6,771,517		6,406,954
Liabilities and net worth				
14 Accounts payable		27,395		• 13,520
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				•
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		6,744,122		• 6,393,434
22 Total liabilities and net worth		6,771,517		6,406,954

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• -350,688	7 Income recorded on books this year not included in this return. Attach schedule *	• 143
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	143
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	-350,831
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	-350,688		

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CAROL VERNON	2271 LINDA FLORA DR LOS ANGELES, CA 90077	06/30/22	6,616.
AGINCOURT INC	15622 PRODUCER LN HUNTINGTON BEACH, CA 92649-1310	06/30/22	5,000.
ALLEN BLUE AND KIRA SNYDER FUND	5220 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91601	06/30/22	50,000.
BERNARD SMIT	1724 ST ANDREWS DRIVE MORAGA, CA 94556	06/30/22	5,160.
CECILE H. MURPHY CHARITABLE FOUNDATION	TWO INTERNATIONAL PLACE BOSTON, MA 02110	06/30/22	10,000.
CHARITIES AID FOUNDATION OF AMERICA	225 REINEKERS LN ALEXANDRIA, VA 22314	06/30/22	14,243.
DO GOOD POINT FOUNDATION	PO BOX 193446 SAN FRANCISCO, CA 94119	06/30/22	7,000.
EAST BAY COMMUNITY FOUNDATION	200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	06/30/22	11,210.
ERIC G. AND EDITH L. JULINE	4844 RIDING RIDGE RD SAN DIEGO, CA 92130	06/30/22	6,000.
EVELYN STERN	12367 DEERBROOK LANE LOS ANGELES, CA 90049	06/30/22	5,160.
FOSTER F AND PAMELA J STAHL	1375 W 11TH AVE ESCONDIDO, CA 92029	06/30/22	9,000.
IMPACT ASSETS	7315 WISCONSIN AVE. STE 1000W BETHESDA, MD 20814	06/30/22	25,000.
JEANNE AND LARRY AUFMUTH	627 SEALE AVE PALO ALTO, CA 94301	06/30/22	10,000.
JEFFREY S FRANKLIN TRUST	1236 SOUTH VENETIAN WAY MIAMI, FL 33139	06/30/22	7,500.

OPERATION CALIFORNIA, INC

95-3504080

JOHN FRIES	259 BENNETT AVENUE LONG BEACH, CA 90803-1529	06/30/22	20,000.
KAREN SLOSS	711 16TH STREET BELLINGHAM, WA 98225	06/30/22	8,000.
KAREN YUST	1058 ROSEHILL DRIVE BOULDER, CO 80302	06/30/22	10,258.
KAY FAMILY FOUNDATION, INC.	8720 GEORGIA AVENUE #410 SILVER SPRINGS, MD 20910	06/30/22	15,000.
LESLIE L. ALEXANDER FOUNDATION	110 EAST ATLANTIC AVENUE STE 320 DELRAY BEACH, FL 33444	06/30/22	100,000.
MARCIN ZUKOWSKI	ZUKOWSKI GIVING FUND: 394 PACIFIC AVENUE 2ND FL SAN FRANCISCO, CA 94111	06/30/22	250,000.
MCMASTER-CARR SUPPLY CO.	P.O. BOX 680 ELMHURST, IL 60126-0680	06/30/22	15,000.
MENAKA AND EDWARD EVANS	1400 DIAMOND STREET REDONDO BEACH, CA 90277	06/30/22	14,000.
NATALIE MAHDESIAN	13075 BLAIRWOOD DR. STUDIO CITY, CA 91604	06/30/22	5,000.
ONE VOICE CHARITABLE FUND	303 NORTH GLENOAKS BLVD. SUITE 200 BURBANK, CA 91502-1118	06/30/22	50,000.
PAUL CODORNIZ	2016 VINEYARD WAY TULARE, CA 93274	06/30/22	5,160.
PEARLMAN GELLER FAMILY FOUNDATION	VIA MORGAN STANLEY/828 WOODACRES ROAD SANTA MONICA, CA 90402	06/30/22	40,000.
PELICAN PRODUCTS, INC.	23215 EARLY AVENUE TORRANCE, CA 90505	06/30/22	10,000.
REX L. HODGES	THRU GARY LARSEN: 15622 PRODUCER LN HUNTINGTON BEACH, CA 92649	06/30/22	5,000.
RSF SOCIAL FINANCE	P. O. BOX 2007 SAN FRANCISCO, CA 94126	06/30/22	9,000.
SAINT PAUL AND MINNESOTA FOUNDATION	101 FIFTH AVENUE EAST STE 2400 ST PAUL, MN 55101	06/30/22	5,000.
SCHWAB CHARITABLE	P.O. BOX 628298 ORLANDO, FL 32862	06/30/22	5,100.
SCOTT RUSSELL	VIA LPL FINANCIAL/8836 WOODHILL CIR. SAVAGE, MN 55378	06/30/22	5,985.
SOPHAGRACE FOUNDATION	3019 WILSHIRE BLVD. SANTA MONICA, CA 90402	06/30/22	50,000.
SPRECKELS ORGAN SOCIETY	549 EL PRADO SAN DIEGO, CA 92101	06/30/22	8,158.
SUSAN OLDFIELD	P. O. BOX 92391 PASADENA, CA 91109	06/30/22	5,000.
THE ALFRED AND VICTORIA MORDECAI FAM FUND	VIA VANGUARD/1622 SHENANDOAH RD. SAN MARINO, CA 91108	06/30/22	10,000.
THE BENEVITY COMMUNITY	1521 GEORGETOWN RD. HUDSON, OH 44236	06/30/22	416,354.
THE BLINDER FAMILY FUND	107776 WILSHIRE BLVD. UNIT 1 LOS ANGELES, CA 90024	06/30/22	25,000.
THE BRUCE AND PATRICIA BARTLETT FUND	107776 WILSHIRE BLVD. UNIT 1 LOS ANGELES, CA 90024	06/30/22	25,000.
THE CATHERINE AND JOSEPH ARESTY FOUNDATION	12TH FLOOR 1333 BROADWAY NEW YORK, NY 10018	06/30/22	10,000.
THE HAGEN FAMILY CHARITABLE FUND	318 LA CASA VIA WALNUT CREEK, CA 94598	06/30/22	20,000.

OPERATION CALIFORNIA, INC			95-3504080
THE HARRY AND LINDA HALUPTZOK FUND	107776 WILSHIRE BLVD. UNIT 1 LOS ANGELES, CA 90024	06/30/22	10,000.
THE JANET AND BARRY LANG PHILANTHROPY FD	107776 WILSHIRE BLVD. UNIT 1 LOS ANGELES, CA 90024	06/30/22	50,000.
THE MALONE CHARITABLE FUND	107776 WILSHIRE BLVD. UNIT 1 LOS ANGELES, CA 90024	06/30/22	5,000.
THE MCGINNIS FUND	26071 ADAMOR RD CALABASAS, CA 91302	06/30/22	5,103.
THE MISHKIN CHARITABLE FUND	107776 WILSHIRE BLVD. UNIT 1 LOS ANGELES, CA 90024	06/30/22	10,000.
THE MOEHNKE FAMILY FUND	107776 WILSHIRE BLVD. UNIT 1 LOS ANGELES, CA 90024	06/30/22	20,000.
THE PRM CHARITABLE FUND	148 PENNSYLVANIA AVENUE BRYN MAWR, PA 19010	06/30/22	10,000.
THE RYDSTROM FAM CHARITABLE FUND	107776 WILSHIRE BLVD. UNIT 1 LOS ANGELES, CA 90024	06/30/22	5,000.
THE WILLIAM AND ANITA WAHL CHARITABLE FUND	107776 WILSHIRE BLVD. UNIT 1 LOS ANGELES, CA 90024	06/30/22	10,000.
TIDES FOUNDATION	P. O. BOX 299003 SAN FRANCISCO, CA 94129	06/30/22	102,500.
TURCAN CONNELL	1 EARL GREY STREET, EH3 9EE, UNITED KINGDOM EDINBURGH 43	06/30/22	299,962.
USA FOR AFRICA	5670 WILSHIRE BLVD. LOS ANGELES, CA 90036	06/30/22	13,500.
GIVE LIVELY FOUNDATION, INC	CO JSCM 888 7TH AVENUE 40TH FL NEW YORK, NY 10106	06/30/22	12,546.
TOTAL INCLUDED ON LINE 3			1,867,515.

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
--------	---	-------------

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
KHALED BEZZEX	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	95,000.	95,000.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
OPERATION USA	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	53,060.	53,060.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PATRICK COHEN	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	255,000.	255,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
KAISER - HARBOR CITY	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	241,182.	241,182.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
JAMES JOHNSON	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	855,350.	855,350.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
AMITY FOUNDATION	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	362,123.	362,123.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
HONEYWELL SAFETY PRODUCTS	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	97,800.	97,800.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
USC KECK MEDICAL	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	7,375,500.	7,375,500.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
WHITE PONY EXPRESS	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	74,009.	74,009.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CHROME INDUSTRIES	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	89,740.	89,740.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
COUNTY OF SAN LUIS OBISPO	AVAILABLE UPON REQUEST LOS ANGELES, CA 90036		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
EMERGENCY MEDICAL EQUIPMENT AND SUPPLIES	06/30/22	27,530.	27,530.

TOTAL INCLUDED ON LINE 3		9,526,294.	9,526,294.
--------------------------	--	------------	------------

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 3

ACTIVITY CLASSIFICATION: DONATED CONTRIBUTION - CASH GRANTS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
L'ATHLETIQUE D'HAITI	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	40,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RAZOM, INC.	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BROOK OF HOPE	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	150,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JAFFNA DIOCESAN CENTRE FOR FISHING WORKE	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	28,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HELP AGE	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	75,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NOVA UKRAINE	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CLOVEK V TISNI, O. P. S.CLOVEK V TISNI,	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OYATE TECA	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	3,945.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
APPALACHIA SERVICE PROJECT	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	10,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ERNESTO FRANCO	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	44,395.

TOTAL FOR THIS ACTIVITY	461,340.
-------------------------	----------

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	461,340.
---	----------

CA 199	NONCASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 4
--------	---	-------------

ACTIVITY CLASSIFICATION: DONATED IN-KIND CONTRIBUTION - SUPPLIES

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMITY FOUNDATION	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	73,755.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
06/30/22	73,755.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CASA DE MIGRANTE	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	402,300.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	402,300.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
COPE	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	938,700.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	938,700.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CORAZON HEALSBURG	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	54,605.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	54,605.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CULVER CITY SCHOOL DISTRICT	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	239,320.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	239,320.	DONATED GOODS BY OPUSA	DONOR PROVIDED

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EL PICHE	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	600,325.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
06/30/22	600,325.	DONATED GOODS BY OPUSA	DONOR PROVIDED

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EL PROYECTO DEL BARRIO	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	26,820.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
06/30/22	26,820.	DONATED GOODS BY OPUSA	DONOR PROVIDED

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EL SALVADOR FOUNDATION	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	2,480,315.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
06/30/22	2,480,315.	DONATED GOODS BY OPUSA	DONOR PROVIDED

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FEEDING SAN DIEGO	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	268,200.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
06/30/22	268,200.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GANG ALTERNATIVE PROGRAM	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	33,525.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	33,525.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ILWU	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	268,200.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	268,200.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
NUESTRA COMUNIDAD	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	134,100.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	134,100.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
PORT OF LOS ANGELES	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	20,115.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	20,115.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
RJC	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	1,877,936.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	1,877,936.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ROADS	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	268,200.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	268,200.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SKID ROW HOUSING TRUST	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	27,750.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	27,750.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
UNIVERSAL HEALTH FOUNDATION	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	323,923.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	323,923.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
OPERATION USA	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	1,077,633.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	1,077,633.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CORAZON HEALDSBURG	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	406,079.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	406,079.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOMELESS HEALTHCARE	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	1,073.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	1,073.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LA WORKS	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	2,580.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	2,580.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MARK FEY	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	1,700.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	1,700.	DONATED GOODS BY OPUSA	DONOR PROVIDED

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MEALS ON WHEELS SANTA MONICA	AVAILABLE UPON REQUEST - LOS ANGELES, CA 90036	NONE	4,500.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	4,500.	DONATED GOODS BY OPUSA	DONOR PROVIDED

TOTAL FOR THIS ACTIVITY	9,531,654.
-------------------------	------------

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	9,531,654.
---	------------

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 5
--------	--	-------------

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
RICHARD WALDEN 7421 BEVERLY BLVD PH LOS ANGELES, CA 90036	PRESIDENT & CEO 60.00	184,950.
MIKE MAHDESAN 7421 BEVERLY BLVD PH LOS ANGELES, CA 90036	CHAIRMAN 1.00	0.
MARIA MOHIUDDIN VERJEE 7421 BEVERLY BLVD PH LOS ANGELES, CA 90036	MANAGING MEMBER 1.00	0.
RICK ALLEN 7421 BEVERLY BLVD PH LOS ANGELES, CA 90036	MANAGING MEMBER 1.00	0.
DREW HAGEN 7421 BEVERLY BLVD PH LOS ANGELES, CA 90036	MANAGING MEMBER 1.00	0.
BOB JOHNSON 7421 BEVERLY BLVD PH LOS ANGELES, CA 90036	MANAGING MEMBER 1.00	0.
JOHNATHAN ESTRIN 7421 BEVERLY BLVD PH LOS ANGELES, CA 90036	MEMBER 1.00	0.

OPERATION CALIFORNIA, INC95-3504080

GARY LARSEN
7421 BEVERLY BLVD PH
LOS ANGELES, CA 90036

MANAGING MEMBER
1.00

0.

JULIE ANDREWS
7421 BEVERLY BLVD PH
LOS ANGELES, CA 90036

MEMBER
1.00

0.

ROSARIO DAWSON
7421 BEVERLY BLVD PH
LOS ANGELES, CA 90036

MEMBER
1.00

0.

JEFF FRANKLIN
7421 BEVERLY BLVD PH
LOS ANGELES, CA 90036

MANAGING MEMBER
1.00

0.

NOLA KAMBANDA
7421 BEVERLY BLVD PH
LOS ANGELES, CA 90036

MEMBER
1.00

0.

DAVID NIEH
7421 BEVERLY BLVD PH
LOS ANGELES, CA 90036

MEMBER
1.00

0.

SKIP WHITNEY
7421 BEVERLY BLVD PH
LOS ANGELES, CA 90036

MEMBER
1.00

0.

JULIE YANNATTA
7421 BEVERLY BLVD PH
LOS ANGELES, CA 90036

MANAGING MEMBER
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

184,950.

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
IN-KIND CONTRIBUTION WR		1,940,734.
WAREHOUSE EXPENSES		28,057.
FREIGHT & TRANSPORTATIO		22,357.
DUES & SUBSCRIPTIONS		15,566.
PENSION PLAN CONTRIBUTIONS		7,398.
OTHER EMPLOYEE BENEFITS		47,570.
ACCOUNTING FEES		30,921.
OTHER PROFESSIONAL FEES		19,247.
ADVERTISING AND PROMOTION		3,565.
OFFICE EXPENSES		15,703.
TRAVEL		13,061.
CONFERENCES AND CONVENTIONS		3,040.
INSURANCE		27,486.
ALL OTHER EXPENSES		-551,213.
TOTAL TO FORM 199, PART II, LINE 17		1,623,492.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSIT	6,900.	6,900.
CLEARING ACCOUNT	0.	-5.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	6,900.	6,895.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 8
DESCRIPTION		AMOUNT
UNREALIZED GAIN		143.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		143.

CA 199

FUND BALANCES

STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	5,233,891.	4,144,294.
NET ASSETS WITH DONOR RESTRICTIONS	1,510,231.	2,249,140.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	6,744,122.	6,393,434.

TAXABLE YEAR
2021**California e-file Return Authorization for
Exempt Organizations**FORM
8453-EO

Exempt Organization name	Identifying number
OPERATION CALIFORNIA, INC	95-3504080

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 11,905,286
2 Total gross income (Form 199, line 8)	2 11,905,286
3 Total expenses and disbursements (Form 199, line 9)	3 12,256,117

Part II Settle Your Account Electronically for Taxable Year 2021

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)


5 Routing number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign
Here

 **PRESIDENT & CEO**
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt 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.

ERO	ERO's signature	MACIAS GINI & O'CONNELL LLP	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00444443
Must Sign	Firm's name (or yours if self-employed) and address	MACIAS GINI & O'CONNELL LLP 500 CAPITOL MALL, SUITE 2200 SACRAMENTO, CA				Firm's FEIN 68-0300457 ZIP code 95814

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	Paid preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address				Firm's FEIN ZIP code

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

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

WEBSITE ADDRESS:
www.oag.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 days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

OPERATION CALIFORNIA, INC

Name of Organization

OPERATION USA

List all DBAs and names the organization uses or has used

7421 BEVERLY BLVD PH

Address (Number and Street)

LOS ANGELES, CA 90036

City or Town, State, and ZIP Code

323-413-2353

Telephone Number

LRWIYEGURA@OPUSA.ORG

E-mail Address

Check if:

- ☐ Change of address
☐ Amended report

State Charity Registration Number **CT41001**

Corporation or Organization No. **0981994**

Federal Employer ID No. **95-3504080**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

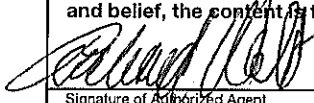
Total Revenue (including noncash contributions) \$ 11,905,286 Noncash Contributions \$ 9,531,654 Total Assets \$ 6,406,954
Program Expenses \$ 11,932,634 Total Expenses \$ 12,256,117

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

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

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

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



RICHARD WALDEN
Printed Name

PRESIDENT & CEO 5/9/2023
Title Date