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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form **990-EZ**

2007

Open to Public Inspection

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

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning July 1, 2007, and ending June 30, 20 08

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
OCCF Supporting Organization
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
30 Corporate Park 410
 City or town, state or country, and ZIP + 4
Irvine, CA 92606

D Employer identification number
26 0564840

E Telephone number
(949) 553-4202

F Group Exemption Number . . . ▶

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

G Accounting method Cash Accrual
 Other (specify) ▶

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

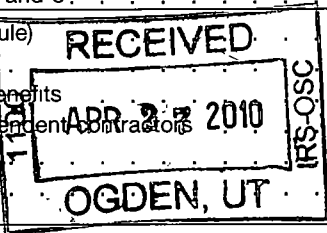
I Website: ▶ None

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	5b Less: cost or other basis and sales expenses	5b
	5c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
6b Less: direct expenses other than fundraising expenses	6b	
6c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
7a Gross sales of inventory, less returns and allowances	7a	
7b Less: cost of goods sold	7b	
7c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
8 Other revenue (describe ▶ _____)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9 0	
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ▶ _____)	16
17 Total expenses. Add lines 10 through 16. ▶	17 0	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18 0
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21 0



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See page 60 of the instructions.)

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

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

Cat No 106421

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1B

ENVELOPE POSTMARK DATE APR 23 2010

SCANNED MAY 21 2008

SCANNED JUL 19 2010

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <i>To provide financial support to OCCF</i>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) _____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. Add lines 28a through 31a _____	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 1				

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0	37a		
b Did the organization file Form 1120-POL for this year?	37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		N/A
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a		N/A
b Gross receipts, included on line 9, for public use of club facilities	39b		N/A

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 Section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- | | Yes | No |
|------------|-----|----|
| 40b | | ✓ |
| 40c | | |
| 40d | | |
| 40e | | ✓ |
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .
- 41** List the states with which a copy of this return is filed. ▶ None
- 42a** The books are in care of ▶ Shelley Hoss Telephone no. ▶ (949) 553-4202
 Located at ▶ 30 Corporate Park, Suite 410, Irvine, CA ZIP + 4 ▶ 92606
- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .
- | | Yes | No |
|------------|-----|----|
| 42b | | ✓ |
| 42c | | ✓ |
- If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .
 If "Yes," enter the name of the foreign country: ▶ _____
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43 | N/A

Please 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 officer) is based on all information of which preparer has any knowledge.

Shelley Hoss
 Signature of officer Date 4/22/10

Shelley Hoss, Secretary
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Patricia J. Mayer, CPA Date 4/19/10 Check if self-employed ▶ Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Moss Adams, LLP EIN ▶ _____
9665 Granite Ridge Dr., Suite 600, San Diego, CA 92123 Phone no ▶ (858) 627-1400

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization OCCF Supporting Organization	Employer identification number 26 : 0564840
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 . ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		0

Part III Statements About Activities (See page 2 of the instructions.)

Table with columns for question number, description, Yes, and No. Includes questions 1 through 4g regarding lobbying activities, grants, and donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33% 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Orange County Community Fdn.	33-0378778	11a	✓		0
Total ▶					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

OCCE Supporting Organization

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. N/A

Table with columns for years (a) 2006, (b) 2005, (c) 2004, (d) 2003, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

N/A

(a) Affiliated group totals (b) To be completed for all electing organizations

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Table with 3 columns: Yes, No, Amount. Rows for items a through i.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

OCCF Supporting Organization

EIN-26-0564840

Year Ended June 30, 2008

Part IV - List of Officers, Directors, Trustees, and Key Employees

Name/Address	Title and Average Hours per Week	Compensation	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances
Paul Frederic Marx 30 Corporate Park, Suite 410 Irvine, CA 92606	Chairman Governor Less than 1 hour per week	0	0	0
Dick Allen 30 Corporate Park, Suite 410 Irvine, CA 92606	Vice-Chair & Treasurer Governor Less than 1 hour per week	0	0	0
Jeff Dankberg 30 Corporate Park, Suite 410 Irvine, CA 92606	Governor Less than 1 hour per week	0	0	0
Paul Heeschen 30 Corporate Park, Suite 410 Irvine, CA 92606	Governor Less than 1 hour per week	0	0	0
Timothy J. Kay 30 Corporate Park, Suite 410 Irvine, CA 92606	Governor Less than 1 hour per week	0	0	0
Shelley Hoss 30 Corporate Park, Suite 410 Irvine, CA 92606	President Less than 1 hour per week	0	0	0