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Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

| 22 | Α | | | | | | _ , | | | | | |
|---------------------|-------------|--|----------------------------|---|---------------------------------|------------------|-----------------------------|-----------------|---|--------------------|--|--|
| 65 | <u>B_</u> | Check if applicable | | | | | | | Employer identification number | | | |
| 36 | | Address change Please Use IRS ORANGE COUNTY GANG INVESTIGATORS | | | | | | 26 | 26-3808628 | | | |
| 7 | | Name change | Iprint or 12000011111011 | | | | | | Telephone number | | | |
| 0 | ▭ | Initial return type. PO BOX 1743 | | | | | | | 949-456-5255 | | | |
| | = | Termination | Specific Instruc- | SANTA ANA, CA 92702 | | | | | | | | |
| ARE | | Amended return Application pending | tions. | | | | | | Group Exemption Number | | | |
| STATUTE CLEARED | | • Section ! | 501(c)(3 just atta |) organizations and 4947(a)(1) nonexe ch a completed Schedule A (Form 99 | mpt charitable 0 or 990-EZ). | trusts | G Accounting Other (spec | | i X | Cash Accrual | | |
| JE | H Check ► X | | | | | | | | If the organization is not Itach Schedule B (Form 990, | | | |
| | | | | | | | | | 0-PF) | | | |
| | | Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are no | | | | | | | nally r | not more than | | |
| | | \$25,000 A retu | ırn ıs no | t required, but if the organization choose | oses to file a re | eturn, be sure t | to file a complet | e returr | า | | | |
| 1 1 2014 | L | Add lines 5b, 6 instead of Form | b, and n 990-E. | 7b, to line 9 to determine gross receip | ts, if \$1,000,000 | 0 or more, file | Form 990 | | ▶ \$ | 32,914. | | |
| | Pa | rt l * Reve | enue, | Expenses, and Changes in Net | Assets or F | und Balanc | ces (See the | ınstru | ction | | | |
| | | | | ts, grants, and similar amounts receiv | | | <u> </u> | | 1 | 32,914. | | |
| SE SE | | 2 Program | service | revenue including government fees ar | nd contracts | | | | 2 | | | |
| 0, | | 3 Members | hip due | s and assessments | | | | | 3 | | | |
| | | 4 Investme | | | | | | | 4 | | | |
| | | | | om sale of assets other than inventory | | 5a | | | *411 | | | |
| | | | | er basis and sales expenses | | 5 b | | | | | | |
| | K E > E | - | • | ale of assets other than inventory (Subtract In 5b | | • | | \neg \vdash | 5c | | | |
| | E | - | | tivities (complete applicable parts of Schedule G | · - | | ck nere | | × - | | | |
| | ע | | - | not including \$ | of contribution | 1 1 | | ſ, | | | | |
| Ç0 |) E | reported | | i) Inses other than fundraising expenses | | 6a 6b | _ | | | | | |
| |) | | | from special events and activities (Subtract line) | Sh from line 6a) | [60] | | | 6c | | | |
| | | | | ventory, less returns and allowances | ob nom mic oa) | 7a | | - | | | | |
| | | b Less cos | | - · · · · · · · · · · · · · · · · · · · | | 7b | | | .3 | | | |
| Ö | | | _ | oss) from sales of inventory (Subtract | line 7b from lin | | | | 7c | | | |
| Ö | | 8 Other reven | | | | RECEI | VED | ı l | 8 | | | |
| 0CT | | 9 Total rev | enue (a | dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | | | 70 | _, ▶ | 9 | 32,914. | | |
| 9 | | | | ar amounts paid (attach schedule) | 5= | | 1011 | | 10 | <u> </u> | | |
| 8 | _ | | | or for members | 3011 | AUG 15 | 2014 000 | | 11 | | | |
| | E X P | 12 Salaries, | other co | ompensation, and employee benefits | (6) | | | | 12 | | | |
| 2014 | E | 13 Professio | nal fees | and other payments to independent of | contractors | OGDE | N. UT | | 13 | | | |
| 4€) | S | | | utilities, and maintenance | <u></u> | 0002. | | <u> </u> | 14 | | | |
| | E S | | • | ions, postage, and shipping | | | | · · | 15 | | | |
| | | | | ribe ► SEE STATEMENT 1 | | TATIL | | ´ ⊢ | 16 | 16,032. | | |
| 1 | | | | (add lines 10 through 16) | | RECEIVE | NIT | | 17 | 16,032. | | |
| 1 | Δ | 18 Excess o | r (defici | t) for the year (Subtract line 17 from li | ne 9) | | J | - | 18 33 | 16,882. | | |
| | NET | 19 Net asset | ts or fur | nd balances at beginning of year (from no prior year's return) | line 27, colum | (40) (mu 20) | gee with end-o | f-year - | | • | | |
| R | ŦĔ | i ildaie iet | JOI LEG U | n phor year's return) i net assets or fund balances (attach ε | | - | • | | 19 | 0. | | |
| ф | Ś | 21 Net asset | anges ii te or fur | id balances at end of year Combine li | nes 18 through | OGDEN | H | <u> </u> | 20 21 | 16,882. | | |
| φ | Pa | | | heets. If Total assets on line 25, colu | | | re file Form 99 | | | | | |
| sb | | iit ii Daia | ince o | (See the instructions for Part II) | min (b) are \$2, | 300,000 01 1110 | (A) Beginning | | | (B) End of year | | |
| SCANNED SEP 08 2010 | 22 | Cash, saving | s, and ir | - | | | C y Deginning | J. Jea | 22 | 16,882. | | |
| \mathbf{d} | 23 | _ | | | | | | | 23 | | | |
| 끸 | 24 | | - | pe ► |) | | | | 24 | | | |
| 2 | 25 | | | | . | | | 0. | 25 | 16,882. | | |
| ₹ / | 26 | | | |) | | | 0. | 26 | 0. | | |
| 9 | _27 | Net assets or | fund b | alances (line 27 of column (B) must a | gree with line 2 | 21) | | 0. | 27 | 16,882. | | |
| -00 | RΛ | A For Privacy | Act and | Paperwork Reduction Act Notice, see | the instruction | ns for Form 00 | n | | | Form 990-FZ (2008) | | |

| Part II | Statement of Program Se | rvice Accomplishments | See the instruction | ons.) | | Expenses |
|------------|--|---------------------------------------|--------------------------|-----------------------|--------|---------------------------------|
| What is th | ne organization's primary exempt purpose? SE | E STATEMENT 2 | | | (Req | uired for 501(c)(3) |
| Describ | e what was achieved in carrying out the the services provided, the number on title | ne organization's exempt purp | oses In a clear and co | oncise manner, | and (| (4) organizations and |
| program | e the services provided, the number o n title | t persons benefited, or other | relevant information for | eacn | for o | (a)(1) trusts, optional thers) |
| 28 | | | | | 101 0 | 11013 / |
| 20 _ | | | | | | |
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| <u>(G</u> | Grants \$) If the | nis amount includes foreign gi | rants, check here | > . | 28 a | |
| 29 | | | | | | |
| _ | | | | | | |
| | | | | | | |
| - (G | Grants \$) If ti | nis amount includes foreign g | rants chack have | | 29 a | |
| | ji ii | is amount includes loreign gr | rants, check here | | 23 a | |
| 30 | | | | | | |
| | | | | | | |
| | | . – – – – – – – – – – – – | | - - | | |
| | | nis amount includes foreign gi | rants, check here | • | 30 a | |
| | ther program services (attach schedul | = - | | | | |
| | | nis amount includes foreign gi | rants, check here | > | 31 a | |
| | otal program service expenses (add l | | | • | 32 | |
| Part I | V List of Officers, Directors | , Trustees, and Key Em | ployees. (List each o | ne even if not cor | npens | sated See the instrs) |
| | | (b) Title and average hours | (c) Compensation (If | (d) Contributions | to | (e) Expense account |
| | (a) Name and address | per week devoted to position | not paid, enter -0) | employee benefit plar | is and | and other allowances |
| TOUT | NTODO | · · · · · · · · · · · · · · · · · · · | | deferred compensa | | |
| | NIGRO | PRESIDENT | | | 0. | 0. |
| | BOX 1743 | 5.00 | | | | |
| SANTA | A ANA, CA 92705 | | | | | |
| LUCY | HERNANDEZ | SECRETARY | 0. | | 0. | 0. |
| P.O. | BOX 1743 | 5.00 | | | | |
| | A ANA, CA 92705 | 1 | | | | |
| | T JORGENSEN | TREASURER | 0. | | 0. | 0. |
| | | | | | υ. | 0. |
| | BOX 1743 | 5.00 | | | | |
| SANTA | A ANA, CA 92705 | | | | | |
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Form 990-EZ (2008) ORANGE COUNTY GANG INVESTIGATORS

26-3808628 Page **2**

| | | | Yes | No |
|-------------|--|-------------|----------|--------------|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of | | | |
| 34 | each activity | 33 34 | | X |
| 35 | | <u></u> | | Λ |
| | attach a statement explaining your reason for not reporting the income on Form 990-T | | | |
| i | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35 a | | Х |
| ı | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | х |
| 37 a | a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. | | | Y |
| ı | b Did the organization file Form 1120-POL for this year? | 37b | | Х |
| 38 : | a 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? | 38 a | | Х |
| ١ | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | 501(c)(7) organizations Enter | | | |
| • | a Initiation fees and capital contributions included on line 9 N/A | | | |
| ı | b Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40 a | a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | | | |
| | section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A | | | |
| I | 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,' complete Schedule L, Part I | 40 b | | |
| (| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| • | d Enter amount of tax on line 40c reimbursed by the organization | | | |
| • | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax | |] | j. |
| | shelter transaction? If 'Yes ' complete Form 8886.T | 400 | | Y |
| 41 | shelter transaction? If 'Yes,' complete Form 8886-T | 40 e | | Χ |
| 41 | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed CA | 40 e | | Х |
| 41 | shelter transaction? If 'Yes,' complete Form 8886-T | 40 e | - 44 | Х |
| 41 | shelter transaction? If 'Yes,' complete Form 8886-T | 40 e | | Х |
| | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► CA | | 255 | X |
| | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► CA | | 255_ | X |
| | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed CA The books are in care of JOEL NIGRO Telephone no 949-41 | 56-5 | | |
| 42: | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► | 56-5 | 255_ | No |
| 42: | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► CA Telephone no ► 949-49 Located at ► P.O. BOX 1743 SANTA ANA CA ZIP + 4 ► 92702 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)? | 56-5 | | |
| 42: | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► | 56-5 | | No |
| 42: | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► CA Telephone no ► 949-49 Located at ► P.O. BOX 1743 SANTA ANA CA ZIP + 4 ► 92702 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)? | 56-5 | | No |
| 42: | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► CA Telephone no ► 949-49 Located at ► P.O. BOX 1743 SANTA ANA CA ZIP + 4 ► 92702 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)? | 56-5 | | No |
| 42: | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► CA Telephone no ► 949-49 Located at ► P.O. BOX 1743 SANTA ANA CA ZIP + 4 ► 92702 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)? | 56-5 | | No |
| 42 i | shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ► | 56-5 | | No |
| 42 i | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts | 56-5 42b | | No X |
| 42 i | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts of At any time during the calendar year, did the organization maintain an office outside of the U S ? | 56-5 42b | | No X |
| 42 i | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts of At any time during the calendar year, did the organization maintain an office outside of the U S ? | 56-5 42b | | No X |
| 42 a | List the states with which a copy of this return is filed CA Telephone no 949-49 Located at P.O. BOX 1743 SANTA ANA CA ZIP + 4 92702 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts at At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country | 56-5 42b | | No X |
| 42 a | test the states with which a copy of this return is filed ► CA Telephone no ► 949-4. Telephone no ► 949-4. Located at ► P.O. BOX 1743 SANTA ANA CA ZIP + 4 ► 92702 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts of 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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts of 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | 56-5 42b | | N/A |
| 42 a | List the states with which a copy of this return is filed CA Telephone no 949-49 Located at P.O. BOX 1743 SANTA ANA CA ZIP + 4 92702 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts at At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country | 56-5 42b | | No X |
| 42 a | test the states with which a copy of this return is filed ► CA Telephone no ► 949-4. Telephone no ► 949-4. Located at ► P.O. BOX 1743 SANTA ANA CA ZIP + 4 ► 92702 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts of 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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts of 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | 56-5 42b | | No X X |
| 42 a | List the states with which a copy of this return is filed CA Telephone no 949-43 Total NIGRO Total NIGRO Located at Do BOX 1743 SANTA ANA CA ZIP + 4 Do 2702 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts of 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 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 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead | 56-5 42b | Yes | No X X |
| 42: | List the states with which a copy of this return is filed > CA a The books are in care of > JOEL NIGRO | 56-5 42b | Yes | No X X |

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

| 46 | Did the organization engage in for public office? If 'Yes,' comp | direct or indirect po lete Schedule C, Pa | ilitical campaign act art I | civities on behalf of or | in opposition to candidates | 46 | Yes | No | |
|--------------|---|--|---|------------------------------|---|--|-----------|-------|--|
| 47 | 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | | | | | | | | |
| 48 | | | | | | | | | |
| 49 a | Did the organization make any | transfers to an exer | mpt non-charitable i | related organization? | • | 49a | | | |
| | If 'Yes,' was the related organiz | | • | 3 | | 49b | | | |
| | | | | | | | | | |
| | (a) Name and address of each employ more than \$100,000 | ee paid (1 | b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Exp accoun other allo | t and | s | |
| | | | | | | | | | |
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| | | | | **** | | | | | |
| Total n | number of other employees paid over \$10 | 0,000 | | | | ·-··· | | | |
| 51 | Complete this table for the five from the organization. If there is | highest compensate s none, enter 'None | ed independent con | tractors who each rec | eived more than \$100,000 c | of compe | nsatı | on | |
| | (a) Name and address of each | n independent contractor p | paid more than \$100,000 | | (b) Type of service | (c) Compe | ensatio | n | |
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| | | | | | | | | | |
| Total | number of other independent co | entractors recovens | over \$100,000 | | | | | | |
| iotai | Under penalties of periury, I decla | re that I have examined th | ns return, including accom | panying schedules and stater | ments, and to the best of my knowled | lge and beli | ef, it is | | |
| | true, correct, and complete Decla | ration of preparer (other the | han officer) is based on all | Information of which prepare | er has any knowledge | | | | |
| Sian | | | | | 07/17/1 | U | | | |
| Sign Here | Signature of officer | | | _O | Date // // | 7 | | | |
| | | doeL | 1/160 | o Pr | ESIDENT | | | | |
| | Type or print name and title | | 70 | / / / | <u> </u> | | | | |
| Paid Pre- | | 1. 90m | 5 | Date 7/10/14 | | er's Identify structions) 221288 | | mber | |
| pare | Firm's name (or GONZALI | EZ CPA | J | | | | | | |
| Use | employed). ► 18662 I | MACARTHUR BL | VD STE 101 | | EIN ► 26 | -29433 | 397 | | |
| Only | address, and IRVINE | , CA 92612-12 | 207 | | Phone no ► (949) | 333-0 | | | |
| May t | the IRS discuss this return with t | he preparer shown | above? See instruc | tions | • | X Yes | T | No | |
| BAA | | · | | | | orm 990 - | EZ (| 2008) | |

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|---|----|---|----|
| | 71 | • | E) |
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| | | | |

FEDERAL STATEMENTS

ORANGE COUNTY GANG INVESTIGATORS ASSOCIATION

PAGE 1

26-3808628

STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

| ADVERTISING AND PROMOTION BANK SERVICE CHARGES COMPUTER EQUIPMENT CONFERENCES, CONVENTIONS, AND MEETINGS DUES & SUBSCRIPTIONS MEALS AND ENTERTAINMENT OFFICE EXPENSES PAYMENTS OF TRAVEL OR ENTERTAINMENT FOR PUBLIC OFFICIALS UTILITIES | \$ * | 1,336. 13. 900. 10,427. 52. 1,190. 1,075. 1,006. 33. |
|--|----------|--|
| | TOTAL \$ | 16,032. |

STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THIS CORPORATION IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER SUCH LAW. SUCH PURPOSES FOR WHICH THIS CORRUPTION IS FORMED ARE, AMONG OTHER NONPROFITABLE PURPOSES:1. TO FOSTER AND EXPAND A COMMUNITY OF LAW ENFORCEMENT PROFESSIONALS RESPONSIBLE FOR INVESTIGATING, PROSECUTING AND SUPPRESSING GANGS AND GANG VIOLENCE IN ORANGE COUNTY, CALIFORNIA, AND THE SURROUNDING AREA; 2. TO SHARE INTELLIGENCE AND RESOURCES, AND PROVIDE EDUCATIONAL TRAINING, WITHIN THE LAW ENFORCEMENT COMMUNITY TO IMPROVE EFFORTS TO INVESTIGATE, PROSECUTE AND SUPPRESS GANGS AND GANG VIOLENCE; AND 3. TO PROMOTE AND ENCOURAGE AN UNDERSTANDING OF THE CAUSES OF GANGS AND GANG ACTIVITY TO DEVELOP PROGRAMS AND METHODS TO REDUCES GANG ACTIVITY.