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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)

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

OMB No 1545-0047 2008 Open to Public Inspection

Department of the Treasury Internal Revenue Service 7/01/08 6/30/09 , and ending For the 2008 calendar year, or tax year beginning ORANGE COUNTY EDUCATIONAL ARTS Check if applicable Please C Name of organization D Employer identification number ACADEMY Address change label or 55-0874759 Doing Business As Name change print or type. Number and street (or P O box if mail is not delivered to street address) Telephone number Initial return See 825 N. BROADWAY 714-558-2787 Specific Termination 5,105,401 City or town, state or country, and ZiP + 4 G Gross receipts\$ Instruc-SANTA ANA CA 92701 tions. Amended return F Name and address of principal officer H(a) is this a group return for Application pending LINDA HARTMEN-GREEN affiliates? H(b) Are all affiliates included? 825 N. BROADWAY Yes CA 92701 SANTA ANA If "No," attach a list. (see instructions) X 501(c) (3) 4947(a)(1) or ◀ (insert no.) Website: > www.oceaa.org H(c) Group exemption number Type of organization X Corporation Trust Year of formation: 2005 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATIONAL Activities & Governance 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of employees (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) ĸ 7a 7a Total gross unrelated business revenue from Part VIII, line 12, columns (6) b Net unrelated business taxable income from Form 990-T, line 34 RECEIVED Prior Year Current Year S 4,860,854 4,298,806 Contributions and grants (Part VIII, line 1h) 0 0102 0 2 YA'M 192,909 226,937 9 Program service revenue (Part VIII, line 2g) 20,750 17,610 10 Investment income (Part VIII, column (A), lines 3, 4, and 7th) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and the DEN, UT 4,512,465 12 Total revenue—add lines 8 through 11 (must equal Part VIII column (A), line 12 5,105,401 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,349,166 2,651,322 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,395,506 1,695,259 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,744,672 4,346,581 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 767,793 Beginning of Year 758,820 19 Revenue less expenses. Subtract line 18 from line 12 End of Year 2,044,251 1,362,290 20 Total assets (Part X, line 16) 208,971 132,112 21 Total liabilities (Part X, line 26) 1,912,139 1,153,319 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of penury, 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. ∠Here Greene Principal Type or post name and title Preparer's identifying number Check if Preparer's (see instructions) Paid signature 5/17/10 employed Preparer's Morgan & Associates <u>>05-0552990</u> FIN Firm's name (or yours **Use Only** 19602 Fariman Dr if self-employed), address, and ZIP + 4 CA 90747 310-749-1014 Carson

May the IRS discuss this return with the preparer shown above? (see instructions)

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

No Form **990** (2008)

Yes

| 1 Bnefly describe the organization's mission. EDUCATIONAL 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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? If "Yes," describe these changes on Schedule O | | 990 (2008) ORANGE COUNTY EDUCATIONAL ARTS 55-0874759 | | Page 2 |
|--|-----|--|----------|-----------|
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 980-E27. If "Yes," describe these new services on Schedule O. 3 Did the organization exsets conducting, or make significant changes in how it conducts, any program services by expenses services. Section 501(c)(s) and 501(c)(e) organizations and section 4947(q)(1) ruints 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 (Cod | | · · · · · · · · · · · · · · · · · · · | | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 = 200 = EZ? If "Yes, "Geodine these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes, "Geodene the teampt purpose schievements for each of the organization's three largest program services by expenses section 501(5) and 501(5)(5) and | | | | |
| the prior Form 990 or 990.E27 | | | | |
| the prior Form 990 or 990.E27 | | | • | |
| the prior Form 990 or 990.E27 | | | | |
| If "Yes," describe these new services on Schedule C 3 Od the organization case conducting, or make significant changes in how it conducts, any program services? If "Yes," describe the seempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ including grants of \$) (Revenue \$) 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services, (Describe in Schedule O.) (Expenses \$ 4,346,551_including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ 4,346,551_including grants of \$) (Revenue \$) | 2 | Did the organization undertake any significant program services during the year which were not listed on | <u> </u> | |
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| services? | | If "Yes," describe these new services on Schedule O | _ | _ |
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| 4e Total program service expenses ▶ \$ 4,346,581 (Must equal Part IX, Line 25, column (B).) | 4d | | | |
| | 40 | | <u> </u> | |
| | 76 | Total program service expenses . • • • • • • • • • • • • • • • • • • | Form 9 | 90 (2008) |

| | Brie Oliceklist of Nedulies Conedules | - 1 | | |
|-----|--|-----|--------------|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
| _ | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | |
| - | Schedule C, Part II | 4 | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | | |
| | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete | | | |
| | Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, 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," | 1 1 | | |
| | complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | | | |
| | Parts VI, VIII, IX, or X as applicable | 11 | x | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return | | | |
| - | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | x | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | 170 | | |
| | business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I | 14b | | x |
| 45 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 140 | | - |
| 15 | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 45 | , | x |
| 46 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | 15 | | - |
| 16 | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | x |
| 47 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 17 | Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 18 | | | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 19 | | X |
| 20 | | 20 | - | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 122 | | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete | | | |
| ••• | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | 1 |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions | 04- | ŀ | - |
| | 24b-24d and complete Schedule K. If "No," go to question 25. | 24a | <u> </u> | X |
| ď | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | <u> </u> | - |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | 1 |
| | to defease any tax-exempt bonds? | 24c | | + |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified | | | |
| | person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | | 1 | |
| | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | 900 | X |

| _P | art IV Checklist of Required Schedules (continued) | | | |
|------------|---|----------|----------|----------|
| | | | Yes | No |
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | 1.0 | | 7.7 |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or | | | `` |
| | employee), or an indirect business relationship through ownership of more than 35% in another entity | 1 | 7.3 | |
| | (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, | | | |
| | Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," | | | |
| | complete Schedule L, Part IV | 28b | | х |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a | | | |
| | professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Parti | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | <u> </u> | | |
| | Schedule N. Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | - | - |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | x | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | 33 | <u> </u> | |
| • | III. IV. and V. line 1 | ١., | x | 1 |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | 34 | | |
| J J | Schedule R, Part V, line 2 | | | 1 |
| 36 | | 35 | X | |
| 30 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related | 1 | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | ļ | [|
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | | | |
| | VI | 37 | | <u> </u> |

Form **990** (2008)

| <u>Pa</u> | At V Statements Regarding Other IRS Filings and Tax Compliance | | | | _ | |
|-----------|--|-----------------|---|-----------------|---------------|--|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | \ \ | · | |
| | U.S Information Returns Enter -0- if not applicable | 1a | 4 | | ٠. | 8 |
| ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | (, , ^) | 5.0 |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and rep | ortabl | е | ,64 | No. | |
| | gaming (gambling) winnings to prize winners? | , | | 1c | | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | <i>'</i> , 、' | . ` |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 90 | 1 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | 15 ⁷ | | 2b | X | <u> </u> |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | | , | , ` |
| | instructions) | | | 3.5 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered | by . | | , | | <u>-</u> - |
| | this return? | - | | 3a | | X |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | ty | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | ancial | | | | |
| | account)? | | | 4a | · · · · · · | X |
| b | If "Yes," enter the name of the foreign country: | ٠.٠ | | | | 1 |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E | Bank | | 17.3 | | |
| | and Financial Accounts. | | | | ļ., ì | <u></u> |
| 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 transact | lion? | | 5b | | |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | | | 1_ | | i |
| ٥- | Regarding Prohibited Tax Shelter Transaction? | - | • • • • • • | 5c | | x |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | - |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributio | ns or | | | | 1 |
| - | gifts were not tax deductible? | • | ••••• | 6b | ļ | - |
| 7 | Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more | than | | | . 3 | ^ -30 |
| а | \$75? | ınan | | 7.0 | ~ | x |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | • • • • | 7a 7b | - | <u> </u> |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | | • • • | / 5 | | \vdash |
| C | required to file Form 8282? | 3 | | 7c | 1 | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | · · · · · | 70 | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a premium of the second sec | | <u> </u> | 1 () | × 7, | 1 |
| · | benefit contract? | 0100110 | | 7e | | x |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 79 | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C | as | | | | |
| | required? | | | 7h | | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section | ion | | | | |
| | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon | sonng | 1 | | | 1 % |
| | organization, have excess business holdings at any time during the year? | | | 8 | <u> </u> | X |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | | 13.0 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | ! " | J |
| þ | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | <u></u> | . (%) | | 100 |
| 11 | Section 501(c)(12) organizations. Enter | , | ı | | 1. | |
| а | Gross income from members or shareholders | 11a | | ${\mathbb R}^n$ | [. [· | 1 ^ ` |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | l | | 15.8 | | ¶ 2, s |
| | amounts due or received from them.) | 11b | <u> </u> | ₩. ~ | F zi | 4 0% 3 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | i . |) · · · · | 12a | | |
| <u>b</u> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | <u> </u> | [77.Wy | \$ 20°C | 1 |

Form 990 (2008) ORANGE COUNTY EDUCATIONAL ARTS 55-0874759

Part VI: Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| 060 | tion A. Governing Body and Management | | |
|------------|---|---------|----------|
| | For each "Ver" recover to lines 2. 7h holour and for a "bla" recover to lines 2 as 6h holour departments | Y | es No |
| | For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the | | - k |
| 4 | circumstances, processes, or changes in Schedule O See instructions. | | , . |
| 1a | Enter the number of voting members of the governing body Enter the number of voting members that are independent 1a 6 1b 6 | -1 La | X 1 |
| b | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | 1 . |
| | any other officer, director, trustee, or key employee? | 2 | <u> </u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | - |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | X |
| 6 | Does the organization have members or stockholders? | 6 | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | |
| | of the governing body? | 7a | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 13743 | |
| | the year by the following. | 14. | _ 1 ^ |
| a | The governing body? | | ζ |
| b | Each committee with authority to act on behalf of the governing body? | 8b 2 | <u>K</u> |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | X |
| þ | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | 1 | 1 |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations | | _ |
| | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | K |
| 11 | Is there any officer, director or 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 in Schedule O | 11 | X |
| <u>Sec</u> | tion B. Policies | | |
| | | | es No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a 2 | K |
| ь | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | 1 1 _ | _ |
| | rise to conflicts? | 12b | K |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | i |
| | describe in Schedule O how this is done | 12c | <u> </u> |
| 13 | Does the organization have a written whistleblower policy? | 13 | X |
| 14 | Does 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 | - [×·ľs | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | 1 % \$ | \ |
| а | The organization's CEO, Executive Director, or top management official? | | X |
| þ | Other officers or key employees of the organization? | 15b | X |
| | Describe the process in Schedule O. (see instructions) | 124 | |
| 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 | <u> </u> |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | 4.2 |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | 12. | |
| | the organization's exempt status with respect to such arrangements? | 16b | |
| Sec | tion 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) | | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | | |
| | Own website Another's website X Upon request | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest | | |
| | policy, and financial statements available to the public. | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | |
| | organization. > CSMC 27368 VIA INDUSTRIA | | |
| <u> </u> | EMECULA CA 92590 95 | 1-491 | -0446 |

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

| (A) Name and Title | (B) Average | Posi | tion (| | C) k ali t | hat a | pply) | (D) Reportable | (E) Reportable | (F) Estimated |
|---------------------------|-------------------|------|-----------------------|----------|---------------|--|----------|--|--|--|
| Maine die Tide | hours per week | | Institutional trustee | Officer | | Highest compensated employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| JOSEPH MATTH | | 7, | | | | | | | | |
| MEMBER MICHELLE NAV | 2 | X | | | _ | ┢ | ⊢ | 0 | 0 | |
| MEMBER | 2 | x | | | | | | o | o | |
| ALFONSO BUST | | 1 | | | | † | | | | |
| MEMBER | 2 | X | L | | | <u> </u> | | 0 | 0 | |
| KRISTIN COLI | | | | | | | | | _ | |
| CHAIR | 2 | | ├ ─ | X | _ | - | <u> </u> | 0 | 0 | |
| NORMAN ROGER TREASURER | 2 | | | x | | 1 | | o | o | |
| KIMBERLY BAR | | + | - | - | | ┢╾ | - | - 0 | | |
| PRESIDENT | 2 | | | X | | | | ol | o | |
| BOBBIE KRAUS SECRETARY | 2 | | | x | | | | o | 0 | |
| LINDA HARTME | | + | - | - | | | | | | |
| PRINCIPAL | 40 | | | <u> </u> | _ | X | | 106,308 | 0 | |
| | | | | | | | | | | |
| - | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | - | | | | | | | |

55-0874759

Page 8

Form 990 (2008) ORANGE COUNTY EDUCATIONAL ARTS

5,105,401

244,547

* 5 S

d All other revenue

9c, 10c, and 11e

Total. Add lines 11a-11d

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,

Form 990 (2008) **Statement of Functional Expenses** Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|-----|--|-----------------------|---|--|---------------------------------------|
| 7b, | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | , , , , , , |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | · · · · · · · · · · · · · · · · · · · |
| _ | organizations, and individuals outside the | | | Y W | |
| | U S See Part IV, lines 15 and 16 | | | | The half of the first |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | - | | |
| J | trustees, and key employees | 106,308 | 106,308 | | |
| 6 | Compensation not included above, to disqualified | 100,500 | 100,500 | · · · · · · · · · · · · · · · · · · · | |
| Ü | · • | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 2,107,111 | 2,107,111 | | |
| 7 | Other salaries and wages | 2,101,111 | 2,101,111 | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| _ | and section 403(b) employer contributions) | 427 000 | 425 000 | | |
| 9 | Other employee benefits | 437,903 | 437,903 | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| ь | Legal | | | | |
| C | Accounting | | | | |
| d | Lobbying | | *************************************** | | |
| е | Professional fundraising services. See Part IV, line 17 | · | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates . | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| | | | | | 134357 |
| 24 | Other expenses Itemize expenses not | | | 1000 to 1000 t | |
| | covered above (Expenses grouped together | | rj. 300. | | |
| | and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below.) | | 4,, , , , , , , , , , , , , , , | <u> </u> | <u> </u> |
| а | SERVICES AND OTHER OPER E | 1,590,218 | 1,590,218 | | |
| b | BOOKS AND SUPPLIES | 74,851 | 74,851 | | |
| c | DEPRECIATION | 30,190 | 30,190 | | |
| d | | | | | |
| 0 | | <u> </u> | | ļ | |
| f | All other expenses | 4 046 504 | 4 346 531 | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 4,346,581 | 4,346,581 | | |
| 26 | Joint Costs. Check here If following SOP 98-2. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation . | | <u> </u> | <u> </u> | Form 990 (2008) |

| | 451 A | Balance Sneet | | | | | |
|-------------|---------|---|------------|---------------------------------------|---------------------------------------|----------|---|
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | • • • | | 858,288 | 2 | 959,457 |
| | 3 | Pledges and grants receivable, net | • • | | | 3 | |
| | | | | • • • | 329,339 | _ | 012 323 |
| | 4 | Accounts receivable, net | | | 329,339 | 4 | 912,323 |
| | 5 | Receivables from current and former officers, directors, t | | | | | 1 |
| | | employees, or other related parties. Complete Part II of S | Schedu | ıle L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined | under | section | | € | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(l | B). Co | mplete | | N. Ý | |
| | | Part II of Schedule L | - | | | 6 | 1 |
| (0 | 7 | Notes and loans receivable, net | | •• | | 7 | |
| et | | Inventores for sale or use | | | | 8 | |
| Assets | 8 | Inventories for sale or use | • • | | | <u> </u> | |
| ⋖ | 9 | Prepaid expenses and deferred charges | i' '1 | | | 9 | <u> </u> |
| | 10a | Land, buildings, and equipment: cost basis | 10a | 204,060 | rvojski žituž | | |
| | b | Less. accumulated depreciation. Complete | | | | 100 | ₹ ^t ^^% |
| | | Part VI of Schedule D | 10b | 81,589 | 124,663 | 10c | 122,471 |
| | 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 | |
| | 14 | Intangible assets | • | | 50 000 | | FO 000 |
| | 15 | Other assets. See Part IV, line 11 | | | 50,000 | 15 | 50,000 |
| _ | 16 | Total assets. Add lines 1 through 15 (must equal line 34 | ·) | · · · · · · · · · · · · · · · · · · · | 1,362,290 | | 2,044,251 |
| | 17 | Accounts payable and accrued expenses | | | 117,333 | 17 | 132,112 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| S | 20 | Tax-exempt bond liabilities | | • | | 20 | |
| | 21 | Escrow account liability Complete Part IV of Schedule D | | • • • • • • | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, truster | | | | 17. | ************************************** |
| 豆 | ** | • | | | | 1500 | ₽ (\$*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| æ | | employees, highest compensated employees, and disqu | aillieu | | · · · · · · · · · · · · · · · · · · · | | * * ** |
| _ | | persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third | partie | s ,. | | 23 | |
| | 24 | | | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 91,638 | | |
| | 26_ | Total liabilities. Add lines 17 through 25 | | | 208,971 | 26 | 132,112 |
| S | | Organizations that follow SFAS 117, check here ▶ | and | | No. 2 Active | 1 | |
| afances | | complete lines 27 through 29, and lines 33 and 34. | | | | ľ". | Imimodi do v |
| ā | 27 | Unrestricted net assets | | | 1,153,319 | 27 | 1,912,139 |
| a | 28 | Temporanily restricted net assets | • • • • | | | 28 | |
| 70 | | | • | | | 29 | |
| Fund | 29 | Permanently restricted net assets | | | | 1.20 | (|
| Ē | | Organizations that do not follow SFAS 117, check her | | | | ľ′ . | 3 75.2000 (2007) |
| þ | | and complete lines 30 through 34. | | | Salament Comment | m: | i swiite s |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipmen | | | | 31 | ļ |
| SA | 32 | Retained earnings, endowment, accumulated income, o | r other | funds | | 32 | |
| Ŧ | 33 | Total net assets or fund balances | | | 1,153,319 | 33 | 1,912,139 |
| Net | 34 | Total liabilities and net assets/fund balances | | | 1,362,290 | 34 | |
| | art/ | | | | <u> </u> | | <u> </u> |
| <u></u> | 48 4/ d | T manoial outcinents and reporting | | · · · · · · · · · · · · · · · · · · · | | | Yes No |
| | | | | | N41 | | Tes NO |
| 1 | | | ash | | Other | | |
| 2 | | ere the organization's financial statements compiled or re- | | | ntant? | | 2a X |
| | | ere the organization's financial statements audited by an i | | | | | 2b X |
| | c If | Yes" to lines 2a or 2b, does the organization have a comi | mittee | that assumes responsibilit | y for oversight of | | |
| | | e audit, review, or compilation of its financial statements | | | | | 2c X |
| 3 | | a result of a federal award, was the organization required | | | | • | |
| • | | Single Audit Act and OMB Circular A-133? | - /- | - | | | 3a X |
| | | Yes," did the organization undergo the required audit or a | udite? | | • • | • | 3b |
| _ | ון ע | res, did the organization undergo the required addit of a | <u> </u> | ··· | · · · · · · · · · · · · · · · · · · · | | Form 990 (2008) |
| | | | | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public trispection

Department of the Treasury Internal Revenue Service

Name of the organization

ORANGE COUNTY EDUCATIONAL ARTS ACADEMY

Employer identification number 55-0874759

| P | art I | 🍕 Reas | on for Pu | blic Charity | Status (All organization | s must o | complet | e this | part.) | (see in | structio | ons) | | |
|------|--------|-----------------|--|---------------------|-------------------------------------|--|--|---------------|-------------|--|--|-------------|---------|----|
| The | orga | nization is not | a private for | undation becaus | se it is: (Please check only one | organizatı | on) | | | - | | | | |
| 1 | | A church, con | nvention of c | churches, or ass | sociation of churches described | ın sectior | 170(b)(1 |)(A)(i). | | | | | | |
| 2 | | A school des | cribed in sec | ction 170(b)(1)(| (A)(ii). (Attach Schedule E.) | | , | | | | | | | |
| 3 | П | A hospital or | a cooperatn | ve hospital servi | ice organization described in se | ction 170 | (b)(1)(A)(i | iii). (Atta | ch Sche | edule H. |) | | | |
| 4 | П | | | | d in conjunction with a hospital | | | | | | | ital's name | I. | |
| | _ | city, and state | | - | | | | ` ' | | • | | | ' | |
| 5 | \Box | An organizati | on operated | for the benefit | of a college or university owned | or operat | ed by a go | overnme | ntal uni | t descri | bed in | | | • |
| | | | | (Complete Part | | • | | | | | | | | |
| 6 | П | , | | , . | jovernmental unit described in s | section 17 | 0(Б)(1)(А |)(v). | | | | | | |
| 7 | П | | | | substantial part of its support fi | | | | from the | genera | l public | | | |
| | | | | | omplete Part II) | | | | | 30 | | | | |
| 8 | \Box | | | | 170(b)(1)(A)(vi). (Complete Par | t II.) | | | | | | | | |
| 9 | X | | | | 1) more than 33 1/3 % of its su | • | contribut | ons. me | mbersh | up fees | and gross | s | | |
| | _ | | | | npt functions-subject to certai | | | | | | _ | - | | |
| | | | | | nd unrelated business taxable i | • | | • | | | - | | | |
| | | | | | 30, 1975. See section 509(a)(2) | | | | , | | | | | |
| 10 | | | _ | | exclusively to test for public sa | | | • | (see ins | struction | ıs) | | | |
| 11 | П | | | | exclusively for the benefit of, to | | | | - | | - | | | |
| | _ | - | _ | • | ted organizations described in s | • | | | | | | | | |
| | | | | | the type of supporting organizat | | | | | | | | | |
| | | a Type | | Type II | c Type III-Function | | | a [| — · | e III–Ot | her | | | |
| е | П | By checking t | his box, I ce | ertify that the or | ganization is not controlled direct | | | ne or m | | | | | | |
| | | | | | and other than one or more pu | | | | | | section | | | |
| | | 509(a)(1) or s | | | · | | _ | | | | | | | |
| f | | If the organiz | ation receive | ed a written dete | ermination from the IRS that it is | s a Type I, | Type II, | or Type I | III suppo | orting | | | | |
| | | organization, | check this b | oox | | | | | | | | | | |
| g | | Since August | 17, 2006, h | as the organiza | ition accepted any gift or contril | bution from | any of th | ne . | • • | ••• | • | | | |
| | | following per | sons? | | | | | | | | | | | |
| | | (i) A persor | n who directl | ly or indirectly co | ontrols, either alone or together | with perse | ons descr | ıbed ın (i | iı) | | | | Yes | No |
| | | and (iii) l | oelow, the g | overning body o | of the supported organization? | | | | | | | 11g(i) | | |
| | | (ii) A family | member of | a person descri | bed in (i) above? | | | | • | | | 11g(ii) | | |
| | | (iii) A 35% c | ontrolled en | tity of a person | described in (i) or (ii) above? | | | | | | | 11g(lu | | |
| h | | Provide the | following info | ormation about t | the organizations the organizati | on suppor | ts. | | | | | | | |
| a | Nam | e of supported | (| ii) EIN | (ili) Type of organization | (iv) is the | organization | (v) Did v | ou notify | (vi) | s the | (vii) Am | ount of | |
| ν-, | | anization | , | ., | (described on lines 1-9 | 1 ' ' | sted in your | | ization in | | | supp | | |
| | | | | | above or IRC section | governing | document? | | of your | - | zed in the | | | |
| | | | | | (see instructions)) | Yes | No | Yes | No No | Yes | No | | | |
| | | | | | | 165 | 100 | 765 | 140 | 162 | NO | · | | |
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| | | | | Come at and | Kee Gardine Comment | | * * * * * * | . 4 | - 75 | 177 | 7 | | | |
| Tota | | | [| 3 3 3 3 3 3 3 3 | | A Carrier | 1 74, 37, 37 | # 27 (| . | | 202 | | | |

| Sche | edule A (Form 990 or 990-EZ) 2008 ORA | NGE COUNT | Y EDUCAT | ONAL ART | 5 55 | -0874759 | Page 2 |
|------|---|---------------------|-----------------------|------------------------|---------------------|---|-------------|
| | art II Support Schedule for O | rganizations [| escribed in S | ections 170(b) | (1)(A)(iv) and | 170(b)(1)(A)(vi) | |
| | (Complete only if you che | ecked the box | on line 5, 7, or | 8 of Part I.) | | | |
| | tion A. Public Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 1-3 | | | | | | |
| 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 | | ad 2 st 31 | | | 6 30. | |
| Sec | tion B. Total Support | | · | | | • · · · · · · · · · · · · · · · · · · · | |
| Ca | lendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 | | | | | | |
| 0 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 1 | Total support. Add lines 7 through 10 | 1 / 22 / 1 / 1 | kasias. | | | <u> </u> | |
| 2 | Gross receipts from related activities, etc. | | | | | . 12 | |
| 3 | First five years. If the Form 990 is for the | _ | t, second, third, for | urth, or fifth tax yea | ar as a section 501 | I(c)(3) | |
| | organization, check this box and stop her | e | togo | | | · | <u> </u> |
| | ction C. Computation of Public Su | | | 40) | | | |
| 4 | Public support percentage for 2008 (line 6 | , column (f) divide | d by line 11, colum | ın (f)) | | 14 | % |
| 5 | Public support percentage from 2007 Sch | equie A, Part IV-A | , line 26t | 40 | | 15 | % |
| 6a | | | | | 33 1/3 % or more, | cneck this box | |
| , | and stop here. The organization qualifies | | • | | | | ▶∟ |
| ь | 33 1/3 % support test—2007. If the organ | | | | 15 IS 33 1/3 % or r | nore, check this | |
| _ | box and stop here. The organization qual | | | | | | ▶∟ |
| 7a | 10%-facts-and-circumstances test—200 | • | | • | | | |
| | more, and if the organization meets the "fa | | · · | • | • | | ▶ [|
| | | | | | | | |

b 10%-facts-and-circumstances test—2007. 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 IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

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

| | (Complete only | if you checked | the box | on line 9 | of Part I.) |
|-----------|----------------|----------------|---------|-----------|-------------|
| Section A | Public Support | | | | |

| Sec | tion A. Public Support | | | | | | |
|-----|--|----------------|-----------------------|-------------------------|--|-----------|---------------------------------------|
| Cal | endar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include | | | | | : | · · · · · · · · · · · · · · · · · · · |
| | any "unusual grants.") | | 3,050,389 | 3,695,304 | 4,298,806 | 4,860,854 | 15,905,353 |
| 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 | | 32,423 | 145,451 | 192,909 | 164,862 | 535,645 |
| 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 | | | | | | |
| 6 | Total. Add lines 1-5 | | 3,082,812 | 3,840,755 | 4,491,715 | 5,025,716 | 16,440,998 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | 27,884 | | 27,884 |
| C | Add lines 7a and 7b | | | | 27,884 | | 27,884 |
| 8 | Public support (Subtract line 7c from | 16.13.00 | مرشر معد | | | | |
| | line 6.) | | 1 97 7 8 | 32/33.00.00 | | 37 37 3 | 16,413,114 |
| | tion B. Total Support | , | ··· | | | | |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | | 3,082,812 | 3,840,755 | 4,491,715 | 5,025,716 | 16,440,998 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | 10,026 | 13,076 | 20,750 | 17,610 | 61,462 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | 10,026 | 13,076 | 20,750 | 17,610 | 61,462 |
| 11 | Net income from unrelated business activities not included in 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 IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | military () | aran egyimi | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | |
| | and 12.) | | 347 30 1 | 38 5 7 2 2 3 3 3 | / / / / `````````````````````````````` | | 16,502,460 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop hen | • | t, second, third, fou | ırth, or fifth tax yea | ar as a section 501 | (c)(3) | ▶ 🗆 |
| Sec | tion C. Computation of Public Su | upport Percent | tage | | | | |
| 15 | Public support percentage for 2008 (line 8 | | | n (f)) | | 15 | 99.4586 % |
| 16 | Public support percentage from 2007 Sch | | | | | 16 | % |
| | tion D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2008 (i | | | , column (f)) | | 17 | 0.3724 % |
| 18 | Investment income percentage from 2007 | | • | | | 18 | % |
| 19a | 33 1/3 % support tests—2008. If the orga | | | | | | ▶ 🕱 |
| _ | 17 is not more than 33 1/3 %, check this b | | | | - | | . 🗾 🕰 |
| b | 33 1/3 % support tests—2007. If the orgaline 18 is not more than 33 1/3 %, check to | | | | | | ▶ □ |
| 20 | Private foundation. If the organization did | | | | | _ ,, | · · · • • H |
| | are realization in the organization die | | | , | | | |

| | orm 990 or 990-EZ) 2008 | ORANGE COUN' | | | | 0874759 | Page 4 |
|---------|---|---|------------------------------------|------------------------------------|--------------------------------------|--|---|
| Part IV | Supplemental Info Part II, line 17a or | rmation. Complete 17b; or Part III, line | this part to pro 12. Provide an | vide the expla v other addition | nation required onal information. | by Part II, line 10; (see instructions) | |
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SCHEDULE D

(Form 990)

Department of the Treasury nternal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2008

Name of the organization Employer identification number ORANGE COUNTY EDUCATIONAL ARTS **ACADEMY** 55-0874759 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (dunng year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-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 Year Total number of conservation easements Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶_ 6 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$_____ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

| Sche | | UNTY EDUCATION | | | 5-08747 | | | Page 2 |
|-------|--|--|--|---------------|---|------------------|--------------|---------------------------------------|
| Pa | rt III Organizations Maintaining | | | | | | (continu | ied) |
| 3 | Using the organization's accession and other items (check all that apply). | records, check any of the | following that are a | significant u | se of its colle | ction | | |
| а | Public exhibition | d Loan o | or exchange progran | ns | | | | |
| ь | Scholarly research | e 🔲 Other | | | | | | |
| С | Preservation for future generations | | | | | | | |
| | Provide a description of the organization's col | llastiana and exclain have | | _: | | | | |
| 4 | Part XIV. | nections and explain now i | mey further the orga | nization's ex | empt purpose | e in | | |
| 5 | During the year, did the organization solicit or assets to be sold to raise funds rather than to | receive donations of art, be maintained as part of | histoncal treasures, the organization's co | or other sim | ilar | 🛘 | Yes | ☐ No |
| Pa | rt 🎶 Trust, Escrow and Custod | | | | nswered " | Yes" to For | m 990, | |
| | Part IV, line 9, or reported a | an amount on Form | 990, Part X, line | 21. | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermediary fo | r contributions or oth | her assets n | ot | | | |
| | included on Form 990, Part X? | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the following | g table: | | | | | |
| | | | | | | | Amount | |
| С | Beginning balance | | | | | 1c | | · |
| d | Additions during the year | | | | | 1d | | |
| _ | Distributions during the year | • | | | • | 10 | | |
| f | Ending balance | •• • • • | • | | | 1f | | |
| | Did the organization include an amount on Fo | | | | • • • • | | | T |
| | If "Yes," explain the arrangement in Part XIV | mm 330, Fait A, line 21? | | | | | Yes | ∐ No |
| | | lete if ergenization o | newored "Vee" | lo Form O | OO Dort IV | Line 10 | | |
| ra | t V Endowment Funds. Comp | | | | | | | |
| | ŀ | (a) Current year | (b) Prior year | (c) Two yes | ILS DECK (d) I | hree years back | - 10,000 | years back |
| 1a | Beginning of year balance | | 27.2.2.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3 | 384,3 | | | 1 to 500 | <u></u> |
| b | Contributions | | | <u> </u> | | 7.77 | | 45 |
| C | Investment earnings or losses | | \$ * | | <u> </u> | | 1 | |
| d | Grants or scholarships | | 42 N 77 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | " nsn " | 19 (19) | | 125.7 | |
| е | Other expenditures for facilities | | | Mars 1880 | samer. N | | 77.7 | · · · · · · · · · · · · · · · · · · · |
| | and programs | | 1 3 12 15 | 8 . 3. 4 | | | \$ xm : | Salata (|
| f | Administrative expenses | | 11. 3.2° \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 17700 111 | " (() () () () () () () () () | *- * \$ | 4 5 > | |
| g | End of year balance | · · · · · · · · · · · · · · · · · · · | 2 7 8 7/2 | | 7 & Y | | | |
| | Provide the estimated percentage of the year | ond halance hold as: | F | • | £2 | ····· | | |
| 2 | | end balance field as. | | | | | | |
| a | Board designated or quasi-endowment | ⁷⁰ | | | | | | |
| Ь | Permanent endowment % | | | | | | | |
| С | Term endowment ▶ % | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organization th | nat are held and adn | ninistered fo | r the | | _ | |
| | organization by: | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | 3a(l) | |
| | (ii) related organizations | | | | _ | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations | listed as required on Sch | edule R? | | | . ,, | 3b | |
| 4 | Describe in Part XIV the intended uses of the | organization's endowmer | nt funds | | | | | |
| Pa | rt Vf Investments—Land, Build | | | 0. Part X | line 10. | | | |
| | Description of investment | (a) Cost or other basis | (b) Cost or ot | | (c) Deprecia | tion | (d) Book v | value |
| | | (investment) | basis (other | | (-,, | | \-, | |
| | Lond | | | | 7,31,179.5 | ///// | | |
| | Land | | | | | | | - |
| | Buildings | | 100 | 000 | 20 | 070 | | 0 110 |
| | Leasehold improvements | | | ,988 | | 710 | | 0,118 |
| | Equipment | | 103 | ,072 | 5(| 719 | <u>5</u> | 2,353 |
| | Other | <u> </u> | 15. 11. 15.11. | | | | | |
| Total | . Add lines 1a-1e (Column (d) should equal F | orm 990. Part X. column i | (B), line 10(c)) | | | ▶ | 1.2 | 2.471 |

Schedule D (Form 990) 2008

| Schedule D (Form 990) 2008 ORANGE COUNTY EDUCATI | | 55-08/4/59 | Page 3 |
|--|----------------------|--|---|
| Part VII Investments—Other Securities. See Form 99 | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| | | Cost or end-bi-year market value | |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) | | <u> </u> | |
| Part VIII Investments—Program Related. See Form 99 | 90, Part X, line 13. | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation. | |
| | | Cost or end-of-year market value |) |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX. Other Assets. See Form 990, Part X, line 15. | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| (a) Description | | (b) Boo | ok value |
| DEPOSITS | | | 50,000 |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 2 | | | 30,000 |
| | (b) Amount | | · |
| (a) Description of liability | (b) Amount | | |
| Federal income taxes | | -1 ii: 1 i i i i i i i i i i i i i i i i | 1 1 1 1 1 1 1 |
| ACCRUED SALARIES | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) | | | 3 (2) |
| In Part XIV provide the text of the footnote to the organization's financial si | | organization's liability for | |

uncertain tax positions under FIN 48.

| | dule D (Form 990) 2008 ORANGE COUNTY EDUCATIONAL ARTS 55-087475 | 9 | Page 4 |
|--------------------------------------|---|-----------|-----------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 5,105,401 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 4,346,581 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 758,820 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 758,820 |
| Pa | Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,105,401 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments 2a 2a | [] | |
| b | Donated services and use of facilities 2b | l. 1 | |
| C | Recoveries of prior year grants 2c | | |
| d | Other (Describe in Part XIV) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 5,105,401 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIV) | k `-1 | |
| C | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) | 5 | 5,105,401 |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per l | Retur | n |
| 1 | Total expenses and losses per audited financial statements | 1 | 4,346,581 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | K *** I | |
| - | | F .1 | |
| a | Donated services and use of facilities | | |
| b | Discourse advisation to | | |
| b c | | | |
| b c d | Prior year adjustments Losses reported on Form 990, Part IX, line 25 2c | | |
| c d | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 2b 2c 2c 2d | 2e | |
| c d | Prior year adjustments Losses reported on Form 990, Part IX, line 25 2c | 2e 3 | 4,346,581 |
| c d e | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d | - | 4,346,581 |
| c d e | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | - | 4,346,581 |
| c d e 3 4 | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a | - | 4,346,581 |
| c d e 3 4 a b | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) | - | 4,346,581 |
| c d e 3 4 a b | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b | 3 | |
| c d e 3 4 a b c 5 | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) | 3 4c | 4,346,581 |
| 0 d e 3 4 a b c 5 | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 3 4c | |
| d e 3 4 a b c 5 | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) Supplemental Information | 3 4c | |
| d e 3 4 a b c 5 | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) If XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b | 3 4c | |
| d e 3 4 a b c 5 | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) If XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b | 3 4c | |
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| d e 3 4 a b c 5 | Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) If XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b | 3 4c | |
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| Part XIV | <u>Su</u> | ppler | nent | ai in | forr | mati | on (| contir | iued) | | | | | | | | | | | | | | | | | | | | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations to provide additional Information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public

Internal Revenue Service inspection ORANGE COUNTY EDUCATIONAL ARTS Name of the organization Employer identification number **ACADEMY** 55-0874759 Form 990, Part III, Line 4d - All Other Achievements ORANGE COUNTY EDUCATIONAL ARTS ACADEMY IS A PUBLIC CHARTER SCHOOL THAT PROVIDED EDUCATIONAL ACTIVITIES FOR KIDS IN GRADES K THROUGH 8. Line 8a - Documentation by Governing Body YES Line 8b -Form 990, Part VI, Documentation by Committee YES Line 10 - Organization's Process Used to Review Form 990 THE FORM 990 WILL BE REVIEWED BY THE BOARD BEFORE IT IS FILED. Form 990, Part VI, Line 15a - Compensation Process for Top Official COMPARABILITY DATA FOR THE ESTABLISHMENT OF SALARIES WAS COLLECTED BY OBTAINING THE SALARY SCHEDULES FROM SURROUNDING DISTRICTS AND COMPARING JOB DESCRIPTIONS. Form 990, Part Line 15b - Compensation Process for Officers COMPARABILITY DATA FOR THE ESTABLISHMENT OF SALARIES WAS OBTAINING THE SALARY SCHEDULES FROM SURROUNDING DISTRICTS AND COMPARING JOB DESCRIPTIONS.

Form 990, Part VI, Line 17 - States Where Copy of Return is Filed

Open to Public Inspection Schedule R (Form 990) 2008 (F)
Direct controlling
entity (F)
Direct controlling
entity OMB No 1545-0047 Employer identification number 55-0874759 OCEAA 10,398,799 (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. 782,114 (D) Exempt Code section (D) Total income Related Organizations and Unrelated Partnerships (C)
Legal domicile (state
or foreign country) (C)
Legal domicile (state
or foreign country) ð ▶ See separate instructions. (B) Primary activity EDUCATION Primary activity <u>@</u> For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Identification of Related Tax-Exempt Organizations ORANGE COUNTY EDUCATIONAL ARTS Identification of Disregarded Entities (A)Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity 92701 : ្ស ACADEMY OCEAA FACILITIES LLC 825 N. BROADWAY Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R SANTA ANA Part (Form 990) Pant

Page 2

(J)
General or•
managing
partner?

Yes No

×

Schedule R (Form 990) 2008 ORANGE COUNTY EDUCATIONAL ARTS

55-0874759

Percentage ownership (I)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) end-of-year assets Share of (H)
Disproportionats
alloc ? Yes × (G) Share of end-of-year assets 10,398,799 Share of total income 782,114 (F) Share of total income Type of entity (C corp, S corp, or trust) (E)
Predominant
income (related,
investment,
unrelated) (D) Direct controlling Н Identification of Related Organizations Taxable as a Corporation or Trust (D)
Direct controlling Pentity Legal domicile (state or Identification of Related Organizations Taxable as a Partnership OCEAN foreign country) (C)
Legal
domicile
(state or
foreign ర్ EDUCATION (B) Primary activity Primary activity CA 92701 Name, address, and EIN of related organization (A)
Name, address, and EIN of related organization OCEAA FACILITIES LLC 825 N. BROADWAY SANTA ANA 海海 Part IV : Schedule R (Form 990) 2008

₽

Part W. Transactions With Related Organizations

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV. 1. During the tax year, did the omanization engage in any of the following transactions with one or more related organizations listed in Parts II—IV? | | Yes No |
|---|---|----------------------------|
| a Receipt of (i) Interest (ii) annuities (iii) royalities (iv) rent from a controlled entity | | 1a X |
| b Gift, grant, or capital contribution to other organization(s) | | - |
| c Gift, grant, or capital contribution from other organization(s) | : | 1 of |
| d Loans or loan quarantees to or for other organization(s) | | |
| θ Loans or loan quarantees by other organization(s) | | |
| | | |
| f Sale of assets to other organization(s) | | *** |
| g Purchase of assets from other organization(s) | : | 10 × |
| | : | |
| i Lease of facilities, equipment, or other assets to other organization(s) | | |
| | | |
| Lease of facilities, equipment, or other assets from other organization(s) | : | × |
| K Performance of services or membership or fundralsing solicitations for other organization(s) | : | <u> </u> |
| m Shanno of facilities, equipment, mailing lists, or other assets | | \$ E |
| n Sharing of paid employees | | X X |
| | | - |
| o Reimbursement paid to other organization for expenses | | 10 X |
| p Reimbursement paid by other organization for expenses | | 1p x |
| | | |
| | : | |
| | | 1. X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | insaction thresholds. | |
| (A) | (B) | () |
| Name of other organization(s) | I ransactron type (a-r) | Amount involved |
| | | |
| (1) OCEAR FACILITIES, LLC | Ħ | |
| (2) OCEAA FACILITIES, ILC | • | 782,114 |
| | | .I |
| (3) | | |
| (4) | | |
| (9) | | |
| (9) | | |
| |] 28 | Schedule R (Form 990) 2008 |

RetVI: Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

| or gross revenue) that was not a related organization. See instructions regarding exclusion for certain livesunein particles lips. | Clusion 10f Certain Inve | sament partnersu | -1 | į | Į | į | | |
|--|--------------------------|-------------------------------|--|-----------------------|----------------------|-------------------|----------------------|--------|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile | (D) Are all partners | (E) Share of | (F) Disproportionate | (G) Code V—UBI | (H) General or | , ö |
| | | (state or foreign country) | section 501(c)(3) organizations? | end-of-year assets | allocations? | | managing partner? | |
| | | | Yes No | | Yes No | | Yes | 2 |
| | | | | | | 4 | | |
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Schedule R (Form 990) 2008