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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address Change, Name Change, Initial Return, Terminated, Amended Return, Application pending

C Name of organization: **ORANGE COUNTY TECHNOLOGY ACTION NETWORK (OCTANE)**
Doing Business As **OCTANE**
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **65 ENTERPRISE**
City or town, state or country, and ZIP + 4: **ALISO VIEJO, CA 92656-2601**

D Employer identification number: **04-3723991**

E Telephone number: **(949)-330-6569**

F Name and address of principal officer: **MATTHEW JENUSAITIS SAME AS C ABOVE**

G Gross receipts \$: **928,792.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (6) (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.OCTANEOC.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2002** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance			
1	Briefly describe the organization's mission or most significant activities: TO CREATE, SUPPORT, AND FUND MORE INNOVATIVE BIOMED AND I.T. COMPANIES IN O.C. AND SO. CALIFORNIA		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of employees (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	765,136.	600,278.
9	Program service revenue (Part VIII, line 2g)	334,345.	328,514.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,099,665.	928,792.
Expenses		Prior Year	Current Year
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)	474,153.	493,650.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	547,236.	339,976.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,021,389.	833,626.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	78,276.	95,166.
19	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	173,794.	259,281.
21	Total liabilities (Part X, line 26)	9,679.	
22	Net assets or fund balances. Subtract line 21 from line 20	164,115.	259,281.

Part II Signature Block

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

Sign Here: **Matthew Jenusaitis** Signature of officer, Date: **11/15/10**
MATTHEW JENUSAITIS, PRESIDENT & CEO Type or print name and title

Paid Preparer's Use Only: Preparer's signature: **Diana G. McCutchen**, Date: **11/12/10**, Check if self-employed: , Preparer's identifying number (see instructions): **PC0545657**
Firm's name (or yours if self-employed), address, and ZIP + 4: **DELOITTE TAX LLP, 695 TOWN CENTER DRIVE, SUITE 1200, COSTA MESA, CA 92626**
EIN ▶, Phone no. ▶ **(714) 436-7100**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED DEC 2 2 2010

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ORANGE COUNTY TECHNOLOGY ACTION NETWORK
(OCTANE)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
OCTANE HELPS CREATE, GROW, SUPPORT, STAFF, AND FUND MORE INNOVATIVE
BIOMEDICAL AND INFORMATION TECHNOLOGY COMPANIES IN ORANGE COUNTY AND
SOUTHERN CALIFORNIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt 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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
EACH YEAR, OCTANE HOSTS TWO SIGNATURE EVENTS TO SHOWCASE AND PROMOTE
INNOVATION IN ORANGE COUNTY. THESE CONFERENCES ATTRACT NEARLY 2,000
PEOPLE, AND ARE DESIGNED TO PROVIDE THE LATEST INDUSTRY TRENDS,
SPOTLIGHT HIGH-GROWTH COMPANIES, AND FACILITATE POWERFUL NETWORKING
CONNECTIONS.

VC IN THE OC - THIS EVENT SHOWCASES THE BEST OF ORANGE COUNTY
INNOVATION. FROM INVESTMENT PRESENTATIONS TO KEYNOTE SPEAKERS TO
INDUSTRY DISCUSSIONS, THIS IS OC'S PREMIER VENTURE CAPITAL CONFERENCE.
VC IN THE OC TAKES PLACE EACH MAY, AND YOU CAN VIEW LAST YEAR'S
CONFERENCE HERE: WWW.VCINTHEOC2010.COM.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
OCTANE PROGRAMS BRING TOGETHER PEOPLE, CAPITAL, IDEAS, AND TECHNOLOGY
IN ORANGE COUNTY. WE HAVE SEVERAL ESTABLISHED PROGRAM SERIES THAT
BOLSTER THE TECHNOLOGY, BIOMEDICAL, AND CLEAN TECH INDUSTRIES IN OUR
REGION. EACH YEAR, OCTANE PROGRAMS AND SIGNATURE EVENTS ATTRACT OVER
7,000 PEOPLE, RANGING FROM ENTREPRENEURS TO VCS TO LARGE COMPANY CEOS.

WHETHER WE ARE PROVIDING A FORUM TO TEACH ENTREPRENEURIAL SKILL SETS,
DISCUSS THE LATEST INDUSTRY TRENDS, PAIR MINDS AND MONEY, OR TO NETWORK
WITH PEERS, OCTANE PROGRAMS PROMOTE INNOVATION IN THE OC.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
LAUNCHPAD IS OCTANE'S HAND'S-ON, PRO-BONO ACCELERATOR FOR START-UP
COMPANIES IN THE TECHNOLOGY, LIFE SCIENCE, AND CLEAN TECH INDUSTRIES.
LAUNCHPAD HELPS ENTREPRENEURS TURN IDEAS INTO SUCCESSFUL BUSINESSES.

OCTANE'S GOAL IS TO HELP NEW COMPANIES GET STARTED, START-UPS GET
FUNDED, FUNDED COMPANIES GROW, AND GROWING COMPANIES GET TO LIQUIDITY
EXITS, AND CREATE NEW JOBS, AND LAUNCHPAD IS ONE OF THE WAYS WE GET
THAT DONE.

OVER 35 LAUNCHPAD COMPANIES HAVE RECEIVED MORE THAN \$76 MILLION IN
INVESTMENT (WITHIN 12 MONTHS OF COMPLETING LAUNCHPAD OR PRESENTING AT
AN OCTANE INVESTMENT CONFERENCE). LAUNCHPAD ALUMNI AND INVESTMENT

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	24	
1b	Enter the number of voting members that are independent	24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (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 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: **JANELLE BRUNETTE - (949) 330-6569**
65 ENTERPRISE, ALISO VIEJO, CA 92656-2601

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL AGHAJANIAN BOARD MEMBER (JAN - JUN)	0.50	X					0.	0.	0.	
JOHN BELLI BOARD MEMBER	0.50	X					0.	0.	0.	
THOMAS BERRYMAN BOARD MEMBER	0.50	X					0.	0.	0.	
SUE BRYANT BOARD MEMBER	0.50	X					0.	0.	0.	
CHRIS CALLERO BOARD MEMBER (JAN - JUN)	0.50	X					0.	0.	0.	
DWIGHT DECKER BOARD MEMBER	0.50	X					0.	0.	0.	
MIKE DEVICO BOARD MEMBER	0.50	X					0.	0.	0.	
RICK DEGABRIELLE BOARD MEMBER	0.50	X					0.	0.	0.	
ROBERT DEUSTER BOARD MEMBER	0.50	X					0.	0.	0.	
MICHAEL DRAKE BOARD MEMBER (JAN - JUN)	0.50	X					0.	0.	0.	
MICHAEL FLYNN BOARD MEMBER	0.50	X					0.	0.	0.	
MICHAEL GOTTFREDSON BOARD MEMBER (JAN - JUN)	0.50	X					0.	0.	0.	
BRUCE HALLETT BOARD MEMBER	0.50	X					0.	0.	0.	
RICH HENSON BOARD MEMBER	0.50	X					0.	0.	0.	
JAY HOULIHAN BOARD MEMBER	0.50	X					0.	0.	0.	
BRUCE LACHENAEUR BOARD MEMBER	0.50	X					0.	0.	0.	
RANDY LUNN BOARD MEMBER	0.50	X					0.	0.	0.	

**ORANGE COUNTY TECHNOLOGY ACTION NETWORK
(OCTANE)**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JIM MAZZO BOARD MEMBER	0.50	X					0.	0.	0.	
DON MILDER BOARD MEMBER	0.50	X					0.	0.	0.	
MIKE MUSSALLEM BOARD MEMBER	0.50	X					0.	0.	0.	
JOHN ONOPCHENKO BOARD MEMBER	0.50	X					0.	0.	0.	
BOB ROSENBLUTH BOARD MEMBER	0.50	X					0.	0.	0.	
WALTER SCHINDLER BOARD MEMBER	0.50	X					0.	0.	0.	
HENRY SAMUELI BOARD MEMBER (JAN - JUN)	0.50	X					0.	0.	0.	
FRED THIEL BOARD MEMBER	0.50	X					0.	0.	0.	
GERARD VON HOFFMANN BOARD MEMBER	0.50	X					0.	0.	0.	
SCOTT WHITCUP BOARD MEMBER	0.50	X					0.	0.	0.	
1b Total							347,083.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

**ORANGE COUNTY TECHNOLOGY ACTION NETWORK
(OCTANE)**

Form 990 (2009)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	600,278.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f			600,278.			
Program Service Revenue	2 a <u>PROGRAMS</u>	Business Code				
		900099	258,138.	258,138.		
	b <u>OCTANE FDN FOR INNOVAT</u>	900099	70,376.	70,376.		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f			328,514.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			928,792.	328,514.	0.	

932009 02-04-10

**ORANGE COUNTY TECHNOLOGY ACTION NETWORK
(OCTANE)**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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 U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	400,958.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	48,150.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	16,433.			
10 Payroll taxes	28,109.			
11 Fees for services (non-employees):				
a Management				
b Legal	335.			
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	152,934.			
12 Advertising and promotion	10,022.			
13 Office expenses	5,793.			
14 Information technology	7,380.			
15 Royalties				
16 Occupancy				
17 Travel	8,365.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,503.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,572.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD & BEVERAGE	103,846.			
b VENUE	15,473.			
c PRINTING & COPYING	10,882.			
d CREDIT CARD FEES	6,008.			
e BUSINESS DEVELOPMENT	4,209.			
f All other expenses	3,654.			
25 Total functional expenses. Add lines 1 through 24f	833,626.			
26 Joint costs. Check here <input type="checkbox"/> 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				

**ORANGE COUNTY TECHNOLOGY ACTION NETWORK
(OCTANE)**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	173,794.	1	259,081.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	200.
16 Total assets. Add lines 1 through 15 (must equal line 34)		173,794.	16	259,281.
Liabilities	17 Accounts payable and accrued expenses	9,679.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		9,679.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	164,115.	32	259,281.
33 Total net assets or fund balances	164,115.	33	259,281.	
34 Total liabilities and net assets/fund balances	173,794.	34	259,281.	

Form 990 (2009)

**ORANGE COUNTY TECHNOLOGY ACTION NETWORK
(OCTANE)**

Form 990 (2009)

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Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2009)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

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

2009

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **ORANGE COUNTY TECHNOLOGY ACTION NETWORK (OCTANE)**

Employer identification number
04-3723991

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2009

ORANGE COUNTY TECHNOLOGY ACTION NETWORK
(OCTANE)

Schedule J (Form 990) 2009

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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

GARY AUGUSTA WAS THE PRESIDENT AND CEO FROM JANUARY THROUGH
MAY OF 2009 AND RECEIVED \$90,000 OF COMPENSATION IN HIS CAPACITY AS AN
OFFICER OF THE ORGANIZATION. IN 2009 HE RECEIVED A TOTAL OF \$120,000 AS A
BONUS A PORTION OF WHICH WAS EARNED DURING 2008 BUT WAS NOT PAID UNTIL
JANUARY OF 2009. GARY PROVIDED CONSULTING SERVICES FOR THE ORGANIZATION
SUBSEQUENT TO SERVING AS THE PRESIDENT AND CEO AND HE WAS ISSUED A 1099 FOR
\$35,000 FOR HIS SERVICES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ORANGE COUNTY TECHNOLOGY ACTION NETWORK
(OCTANE)

Employer identification number
04-3723991

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OCTANE'S MEDICAL DEVICE & INVESTOR FORUM - OCTANE'S MEDICAL DEVICE &
INVESTOR FORUM IS THE LEADING MEDTECH INDUSTRY CONFERENCE IN THE WEST.
IT'S WHERE INDUSTRY LEADERS, ENTREPRENEURS, AND INVESTORS COME TOGETHER
IN THE NATION'S MOST DYNAMIC MEDICAL DEVICE ENVIRONMENT TO SEE THE
LATEST TECHNOLOGIES AND INVESTMENT TRENDS. MDIF OCCURS IN THE FALL, AND
YOU CAN VIEW THE 2010 CONFERENCE HERE: WWW.MDIF2010.COM

SIGNATURE EVENT IMPACT - MANY SUCCESSFUL START-UPS HAVE THEIR ROOTS IN
INVESTMENT PRESENTATIONS DELIVERED AT OCTANE SIGNATURE EVENTS. NOTABLE
STAND-OUTS INCLUDE HELIXIS, INTEGRIEN, ORTHALIGN, AND NEOMATRIX. AND,
WITH LUMINARIES LIKE GOVERNOR ARNOLD SCHWARZENEGGER, NEEL KASHKARI,
MIKE MUSSALLEM, AND GUY KAWASAKI PARTICIPATING, THESE EVENTS ARE TRULY
"MUST ATTEND" FOR THE REGIONAL BUSINESS COMMUNITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CONFERENCE PRESENTERS HAVE GONE ON TO RECEIVE ANOTHER \$49+ MILLION IN
LATER ROUND INVESTMENT.

LAUNCHPAD COMPANIES ALSO HAVE THE OPPORTUNITY TO PRESENT AT OCTANE
INVESTMENT CONFERENCES INCLUDING THE OCTANE MEDICAL DEVICE AND INVESTOR
FORUM AND VC IN THE OC.

FORM 990, PART VI, SECTION B, LINE 11: THE FINAL FORM 990 IS REVIEWED AND
APPROVED BY OCTANE CEO.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

**ORANGE COUNTY TECHNOLOGY ACTION NETWORK
(OCTANE)**

Employer identification number

04-3723991

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, AND KEY
EMPLOYEES COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE WHICH IS UPDATED
AND REVIEWED ANNUALLY BY BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF OCTANE'S CEO,
EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIAL, OTHER OFFICERS, OR KEY
EMPLOYEES IS DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: OCTANE'S GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE KEPT ON FILE IN
THE OFFICE AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ORANGE COUNTY TECHNOLOGY ACTION NETWORK

Part V. Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	Yes	No
(1)	OCTANE FOUNDATION FOR INNOVATION	K	70,376.		X
(2)					X
(3)					X
(4)					X
(5)					X
(6)					X

