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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

	Α	For the 2009 calendar year, or tax year beginning , 2009, and ending						
	_	Check if applicable C	ployer id	entification number				
		Address change Use IRS CHARITABLE VENTURES OF ORANGE COUNTY	2	0-879	56660			
	—	Name change label or 2101 E. FOURTH ST 180B		Telephone number				
		Initial return type SANTA ANA. CA 92705	7	14-64	17-0900			
		Termination See Specific						
		Amended return Application pending		oup Ex mber	emption			
			ccounting metho ther (specify) 🟲	q. 📋	Cash X Accrual			
		H CI	heck ► X if	he org	anization is not			
	-		equired to attach 90-EZ, or 990-Pf	Sched	ule B (Form 990,			
		Tax-exempt status (check only one) $= 121 \text{ sol(c)} (3) = (11 \text{ sert no}) = 14347(a)(1) \text{ or } 1327$						
	K	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return to the organization of the organization chooses to file a return to the organization of the organization chooses to file a return to the organization of the organi	receipts are nor urn, be sure to file	mally r	ot more than plete return			
	L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 99 instead of Form 990-EZ	90	▶ \$	270,594.			
	Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (S	See the instru	iction	s for Part I.)			
		1 Contributions, gifts, grants, and similar amounts received		1	140,990.			
		Program service revenue including government fees and contracts		2	74,021.			
		3 Membership dues and assessments		3	37,607.			
		4 Investment income		4	557.			
		5a Gross amount from sale of assets other than inventory 5a		1				
	_	b Less: cost or other basis and sales expenses 5b		ا -				
	R E V	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)	►□	5c				
	E	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		- 1				
	NU	a Gross revenue (not including \$ 5,045. of contributions	14,420.	l				
_	E	reported on line 1) b Less direct expenses other than fundraising expenses 6b	14,420.					
2010		b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	14,420.	6c				
		7a Gross sales of inventory, less returns and allowances 7a	ŀ					
4		b Less cost of goods sold. 7b						
N		c Gross profit or (loss) from Electrical Manager (Subtract line 7b from line 7a)		7c				
JUN		8 Other revenue (describe See Statement 10)	8	2,999.			
=		9 Total revenue Ado ines 18 இ. 31 475 ஒ டு 7 c. இ 8		9	256,174.			
		10 Grants and similar mounts paid (attach schedule)		10				
SCANNED	_	11 Benefits paid to pr for members	ľ	11				
Ź	E			12				
X	E	12 Salaries, other compensation professional fees and other payments to independent contractors		13	5,144.			
S	N S	14 Occupancy, rent, utilities, and maintenance		14	3,250.			
90	E S	15 Printing, publications, postage, and shipping		15	280.			
	1	16 Other expenses (describe ► See Statement 2)	16	188,886.			
		17 Total expenses. Add lines 10 through 16	>	17	197,560.			
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	58,614.			
	N S E E T E	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w figure reported on prior year's return).	vith end-of-year	19	124,542.			
	ŦĘ	20 Other changes in net assets or fund balances (attach explanation) See States	ment 3	20	-211.			
	S	21 Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	182,945.			
	Pa	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file	e Form 990 inste	ad of F	orm 990-EZ.			
		(See the instructions for Part II.) (A)	Beginning of year		(B) End of year			
	22	Cash, savings, and investments	124,467		181,225.			
	23			23				
	24	` 	75	. 24	1,865.			
	25		124,542		183,090.			
	26 27	5 Total liabilities (describe > See Statement 5) 7 Net assets or fund balances (line 27 of column (B) must agree with line 21)	124.542	. 26 . 27	145. 182.945.			
		rice gaacta ve fully paralless one 27 to colored (D) Hust duice will like 211	エムセ・コサル	4/ '	TOT. 727.			

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

Form 990-EZ (2009) CHARITABLE VENT		<u>-875</u>	56660 Page 2		
Part III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	_	Expenses
What is the organization's primary exempt purpose? See	e Statement 6			(Reg 501 (uired for section c)(3) and (4)
Describe what was achieved in carrying out the describe the services provided, the number of program title	e organization's exempt purp persons benefited, or other	poses. In a clear and co relevant information for	oncise manner, each	orgà 4947 for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers)
28 See Statement 7					
(Grants \$) If the	is amount includes foreign gi	rants, check here		28 a	82,130.
29 See Statement 8					, ,
(Grants \$) If the	 is amount includes foreign gi			29 a	59,082.
30 See Statement 9					
	is amount includes foreign gi	rants, check here	-	30 a	18,057.
Other program services (attach schedule	See Statement 10	ranta abaak bara	▶ □	31 a	20,991.
(Grants \$) If the 32 Total program service expenses (add II	ns amount includes foreign gr	rants, check here	_	32	180, 260.
Part IV List of Officers, Directors		nlovees List each or	ne even if not com	<u> </u>	
Part IV List of Officers, Directors	(b) Title and average hours		(d) Contributions	to	(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	ns and ition	and other allowances
ANNE OLIN	CHAIRMAN/SEC			0.	0.
2101 E. 4TH ST STE 180B SANTA ANA, CA 92705	15.00				
STEVE KAMPFF	MEMBER	0.		0.	0.
2101 E. FOURTH ST	1.00				
SANTA ANA, CA 92705					
STEVE KIGHT	Treasurer	0.		0.	0.
2101 E. FOURTH ST	1.00				
SANTA ANA, CA 92705					
-					
BAA	TEEA0812L C	01/30/10			Form 990-EZ (2009)

ı a	Te V Other information (Note the Statement requirements in the information of the Viv		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting, and proxy tax requirements?	35 a		x
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter.			
	a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39a N/A 39b N/A	4		
	b Gross receipts, included on line 9, for public use of club facilities a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
40	section 4911 ► 0 . , section 4912 ► 0 . ; section 4955 ► 0 .			
	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4950 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		x
	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		- <u>x</u> -
	List the states with which a copy of this return is filed CA			
42	a The organization's books are in care of ► THE OLIN GROUP Telephone no. ►			
	Located at ► 2101 E. FOURTH STREET #180B SANTA ANA CA ZIP + 4 ► 92705			
		ſ	Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	163	X
	If 'Yes,' enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
	If 'Yes,' enter the name of the foreign country	<u> </u>		
				NT / T
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			N/A N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			IV/ A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х
RΔ		rm 990)-F7	

, Form 990-E	EZ (2009) CHARITA	BLE VENTURES	OF ORANGE COU	NTY		20-875	5660	Р	age 4
Part VI	Section 501(c)(501(c)(3) organ	3) organization izations and se	s and section 4947 ction 4947(a)(1) no s for lines 50 and 5	7(a)(1) nonexe	empt charital ritable trusts	must answei	ly. All se questio tatemen	ction ns	1
		<u> </u>		 -				Yes	No
46 Did th	ne organization engag ublic office? If 'Yes,' c	e in direct or indire omplete Schedule (ct political campaign a	ctivities on beha	lf of or in opposi	tion to candidat	es 46		X
•	•	•	ties? If 'Yes,' complete	Schedule C. Pa	rt II .		47		X
			ection 170(b)(1)(A)(ii)?				. 48		X
	~		exempt non-charitable				49a		X
	s,' was the related org	-	•				49b		
50 Comp	olete this table for the	organization's five	highest compensated e						
	Name and address of each e more than \$100,000	mployee paid	(b) Title and average hours per week devoted to position	(c) Compensat	tion (d) Contribi	tions to employee fit plans and I compensation	(e) Ex accou other all	nt and	
None									
			-						
f Total	number of other empl	loyees paid over \$1	00,000						
51 Comp	lete this table for the ensation from the org	organization's five anization If there i	highest compensated is none, enter 'None.'	ndependent con	tractors who eac	h received more	e than \$10	0,000	of
	(a) Name and address of	of each independent contr	actor paid more than \$100,000		(b) Type of	service	(c) Comp	ensation	<u> </u>
None									
							_	_	
d Total	number of other indep	pendent contractors	s each receiving over \$	100,000	<u> </u>				
	Under penalties of perjury, I true, correct, and complete	declare that I have exam Declaration of preparer (nned this return, including according than officer) is based on	empanying schedules a all information of whice	and statements, and to th preparer has any kr	o the best of my know nowledge	wledge and be	lief, it is	
Sign Here	Signature of officer	Deli			Date	5-11-	10	_,,,,	
	_								

Sign Here	Signature of of	ne lli	V 5-11-10					
пеге	ANNE OI	JIN	_	AIRMAN/SECF	RETARY			
	Type or print n	ame and title						
Paid Pre-	Preparer's signature	PATRICK S. GUZMAN, CPA	Date 4-30-10	Check if self-employed	Preparer's Identifying Number (See instructions) N/A			
parer's	Firm's name (or	Guzman & Gray, Certified Public Acc	ountants					
Use	yours if self- employed),	4510 E. Pacific Coast Highway, Suit	e 270	EIN •	N/A			
Only	address, and ZIP + 4	Long Beach, CA 90804		Phone no ► (5	62) 498-0997			
May the IR:	S discuss this r	eturn with the preparer shown above? See instructions			►X Yes No			

BAA

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Name of the organization	ne of the organization Employer identification number									
CHARITABLE VENTURES OF ORANGE	COUNTY					20-8	<u>756660</u>)		
Part I Reason for Public Charity Sta	itus (All organizations	must o	comple	te this	part.)	See II	<u>nstruct</u>	ions	_	
The organization is not a private foundation be	cause it is (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1 A church, convention of churches or a	association of churches des	cribed in	section	170(b)	(i)(A)(i)					
2 A school described in section 170(b)	1)(A)(ii). (Attach Schedule I	E)								
3 A hospital or cooperative hospital ser	vice organization described	ın secti	on 170(l	χ1χΑχ	iii).					
4 A medical research organization oper						0(b)(1)(A	A)(iii) Er	nter the hosp	oital's	
name, city, and state.	•									
5 An organization operated for the bendance 170(b)(1)(A)(iv). (Complete Part II.)										
7 An organization that normally receive	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8 A community trust described in section		te Part I	I)							
from activities related to its exempt functions investment income and unrelated bus	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10 An organization organized and opera	ted exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).				
An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
a Type I b Type II c Type III — Functionally integrated d Type III — Other										
e By checking this box, I certify that the than foundation managers and other 509(a)(2)	e organization is not control than one or more publicly s	led direc upportec	tly or in	directly zations	by one describe	or more ed in se	disqual ction 509	ified persor 9(a)(1) or se	ns other ection	
f If the organization received a written check this box	determination from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting	organization	, [
g Since August 17, 2006, has the organ	ization accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons			
									Yes No	
(i) a person who directly or indirect below, the governing body of the	tly controls, either alone or	together	with pe	rsons d	escribe	d in (ii)	and (III)	11 g (i)		
(ii) a family member of a person d	-							11 g (ii)		
(iii) a 35% controlled entity of a per		hove?						11 g (iii)		
h Provide the following information abo										
(i) Name of Supported (ii) EIN	(iii) Type of organization	T	ls the	(v) Did v	ou notify	(vi)	s the	(vii) Amount	of Support	
Organization (ii) Liv	(described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	tion in col d in your erning ment?	the organ	ization in (i) of ipport?	organizat		(III)	от Саррон	
		Yes	No	Yes	No	Yes	No			
		<u></u>								
									_	
Total				·				, , , , , , , , , , , , , , , , , , ,		

Sche	dule A (Form 990 or 990-EZ) 200	9 CHARITAB	LE VENTURES	OF ORANGE	COUNTY	20-875		Page 2	
Par	t II Support Schedule for				(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(/i)	
	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	tl)			. —		
	tion A. Public Support	<u> </u>				Ī			
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009)	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3					-			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support		<u> </u>	1			J		
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	rities, etc (see in:	structions)				12		
13	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)(3	3) ▶ □	
	tion C. Computation of Pu								
	Public support percentage for 20 Public support percentage from			ne 11, column (f).			15	<u>%</u> %	
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ox on line 13, an irganization.	d the line 14 is 33	3-1/3 % or mo	ore, ch	eck this box	
t	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17 a	17 a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	b 10%-facts-and-circumstances test − 2008. 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 organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 1 <u>6b, 17</u>				tructions ► 0 or 990-EZ) 2009	
BAA					50	euule 🗚 (F(ハロロ マブ	いっしょうけいにんしていしょ	

Page 3

Schedule A (Form 990 or 990-EZ) 2009 CHARITABLE VENTURES OF ORANGE COUNTY

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

	(Complete only if you che	cked the box on lir	ne 9 of Part I.)							
	tion A. Public Support	() 0000	4 > 0000	4 > 0007	(4) 0000	(-) 2020 I	(D. Total			
	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
'	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')				192,918.	178,597.	371,515.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose					74,021.	74,021.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
	Total. Add lines 1 through 5	0.	0.	0.	192,918.	252,618.	445,536.			
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0	0	0	0	0.				
_	year Add lines 7a and 7b	0.	0.	0. 0.	0.	0.	0.			
	Public support (Subtract line	0.	<u> </u>	U.	<u>0.</u>					
0	7c from line 6)						445,536.			
Sec	tion B. Total Support		L							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Amounts from line 6	0.	0.	0.	192,918.	252,618.	445,536.			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				443.	557.	1,000.			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.			
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	0.	0.	0.,	443.	557.	1,000.			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV					2,999.	2,999.			
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990	is for the organiza	tion's first, second	d, third, fourth,	or fifth tax year as	a section 501(c)(3	449,535.			
	organization, check this box and tion C. Computation of Pul	stop here				·	' ► X			
<u> 5ec</u>	Public support percentage for 20			13 column (A)		15				
	-	· ·		: 13, Column (1 <i>))</i>	•	16				
	16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage									
17										
18	Investment income percentage f	18	%							
19 a	33-1/3 support tests - 2009. If the omore than 33-1/3%, check this b	organization did not ook ook and stop here.	check the box on lir The organization	ne 14, and line 15 qualifies as a pu	blicly supported o	rganızatıon	▶ 🗌			
b	33-1/3 support tests — 2008. If the state of the stat	ne organization did this box and stop	I not check a box here. The organiz	on line 14 or 19a ation qualifies a	a, and line 16 is m s a publicly suppo	nore than 33-1/3%, orted organization	and line 18 ☐			
20	Private foundation. If the organi	*	-		- · · · ·	_	▶□			

Scheduk & (Form 990 or 990-E2) 2009 CHARITABLE VENTURES OF ORANGE COUNTY 20-8756660 Page A Part IV Supplemental Information. Complete this part to provide the explanations required by Part III, line 10-2. Provide any other additional information. See instructions.	Schedule A	(Form 990 o	r 990-EZ)	2009	CHARIT	ABLE	VENTU	JRES	OF C	RANGE	COUNTY	20-8756660	Page 4
Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	Part IV	Suppleme	ental Info	ormatio	n. Com	plete tl	ns pai	rt to i	provid	e the e	explanation	ns required by Part II,	ine 10;
		Part II, Im	e 17a or	17b; a	nd Part	III, line	e 12. F	Provid	de any	y other	additiona	I information. See insti	uctions.
					- 						-		·
													
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CHARITABLE VENTURES OF ORANGE COUNTY 20-8	age
Part III, Line 12 - Other Income Nature and Source 2009 2008 2007 2006 2005 DISCOUNTS/REFUNDS 2,999 2008 2007 2006 2005	756
<u>Nature and Source</u> 2009 2008 2007 2006 2005 DISCOUNTS/REFUNDS 2.999.	
DISCOUNTS/REFUNDS 2.999.	
DISCOUNTS/REFUNDS 2,999. 5 0. 5 0. 5 5. 5	
	0.

2009	Federal Statements		Page 1
	CHARITABLE VENTURES OF ORANGE COU	NTY	20-8756660
Statement 1 Form 990-EZ, Part I, Li Other Revenue DISCOUNTS/REFUNDS	ne 8	Total \$	2,999. 2,999.
Statement 2 Form 990-EZ, Part I, Lie Other Expenses BANK CHARGES CABO PROGRAM CITY OF SANTA ANA COMMUNITY OF FAITH DIABETES AWARENESS DUES & SUBSCRIPTIO Insurance OC ADULT DAY SRVCS OC DEAF LITERACY Office Expenses SOCIAL ENTERPRISE SOCIAL ENTERPRISE SOCIAL ENTRPSE INS SUPPLIES TAXES & LICENSES TRAINING WEBSITE	PARKS H S ONS COALITION	\$ Total \$	1,238. 20,057. 12,468. 2,707. 2,324. 419. 3,403. 59,082. 3,492. 90. 31,332. 50,798. 16. 184. 175. 1,101. 188,886.
-	ne 20 Assets Or Fund Balances STMENT TO TIE NET ASSETS TO PY REVIEW	\$ Total <mark>\$</mark>	-211. -211.
Statement 4 Form 990-EZ, Part II, Li Other Assets	ine 24		
Accounts Receivabl	Le Tota	Beginning	Ending 1,865. 1,865.
			:

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Federal Statements

Page 2

CHARITABLE VENTURES OF ORANGE COUNTY

20-8756660

Statement 5 Form 990-EZ, Part II, Line 26 Total Liabilities

Accounts Payable and Accrued Expenses

	<u>Beginnir</u>	ıg_	<u>Ending</u>		
	\$	0.	\$	145.	
Total	\$	0.	\$	145.	

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

THE ORGANIZATION IS DEDICATED TO PROVIDING RESOURCES AND SUPPORT SERVICES (SUCH AS INCUBATION AND FISCAL ACCOUNTING) TO EMERGING CHARITABLE VENTURES AND PROJECTS IN ORANGE COUNTY, CALIFORNIA.

Statement 7
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

SOCIAL ENTERPRISE ACADEMIES
SOCIAL ENTERPRISE ACADEMIES CREATES TRAINING AND MENTORING PROGRAMS FOR
SUSTAINABLE, MISSION-BASED BUSINESSES. SOCIAL ENTERPRISE ACADEMIES PLAYS THE ROLE
OF CONVERNER AND CATALYST, CONNECTING THE ORGANIZATIONS AND PEOPLE NEEDED TO
CREATE, GROW AND CELEBRATE SOCIAL ENTERPRISES.

Statement 8
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

ORANGE COUNTY ADULT DAY SERVICES COALITION
A COLLABORATIVE OF ADULT DAY CARE SERVICE PROVIDERS WHOSE MISSION IS TO PROVIDE
RESOURCES AND REFERRALS TO SUPPORT THE CAREGIVERS OF ADULTS IN NEED OF SUPERVISED
CARE. SERVE ORANGE COUNTY FUNDERS HAVE PROVIDED SEED GRANT FUNDING TO THE
INITIATIVE. INTERLOCK CARE HAS ALSO CONTRACTED WITH VARIOUS VENDORS, INCLUDING
THE OLIN GROUP, TO PROVIDE GRANTWRITING SERVICES AND MARKETING AND BRANDING
SUPPORT.

Statement 9
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

COMMUNITY ALLIANCE FOR BIRTH OPTIONS (CABO)
TO PROTECT ACCESS TO OPTIONS FOR CHILDBIRTH, INCLUDING COLLABORATIVE PROACTICE OF
NURSE-MIDWIVES AND PHYSICIANS IN HOSPITALS.

2009	Federal Statements		Page 3
	CHARITABLE VENTURES OF ORANGE COUNTY	_	20-8756660
Statement 10 Form 990-EZ, Statement of	Part III, Line 31 Program Service Accomplishments		
	Description	Grants	Program Service Expenses
THE FUND WI	NTA ANA - GRANTS FOR PARKS ILL BE USED TO IMPROVE CITY PARKS ONCE THE RE IDENTIFIED. Includes Foreign Grants: No		12,468.
A NEW INITI RESOURCES A HARD OF HEA RAISED WILL IN ENGLISH COMMUNITY C TO SUPPORT	Includes Foreign Grants: No		3,492.
HOMELESS IN GRANT WRITI	ORANGE COUNTY BY PROVIDING THE ORGANIZATION OR AND DIRECT MAIL CAMPAIGNS IN ORDER TO RAISE OF THE HOMELESS. Includes Foreign Grants: No		2,707.
A SPECIAL E	VARENESS RUN EVENT FUNDRAISER CONDUCTED IN MARCH OF 2009 TO ENESS ABOUT DIABETES. Includes Foreign Grants: No		2,324.
	Includes Foreign Grants: No	0. \$	20,991.
(a) Did th indirectly, (b) Did th	Part VI ansfers Associated with Personal Benefit Contracts are organization, during the year, receive any funds, to pay premiums on a personal benefit contract? are organization, during the year, pay premiums, dire on a personal benefit contract?	_	No No

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