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Form **990-EZ**

# Short Form

## Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

► 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****A For the 2009 calendar year, or tax year beginning , 2009, and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C**  
**COMMUNITY FOUNDATION OF ORANGE**  
**940 W CHAPMAN #204**  
**ORANGE, CA 92868**

**D** Employer identification number

33-0890035

**E** Telephone number

(714) 288-9909

**F** Group Exemption Number

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

**G** Accounting method: ☐ Cash ☒ Accrual  
 Other (specify) ►

**I** Website: ► WWW.COMMUNITYFOUNDATIONOFORANGE.ORG**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 135,547.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	94,201.
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	3,103.
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including \$ 41,931. of contributions reported on line 1)	<b>6a</b>	37,136.
<b>6b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>	37,136.
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe ► See Statement 1)	<b>8</b>	1,107.
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	98,411.
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	4,325.
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	6,000.
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	3,128.
<b>16</b>	Other expenses (describe ► See Statement 2)	<b>16</b>	101,115.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16.	<b>17</b>	114,568.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-16,157.
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	372,911.
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	356,754.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

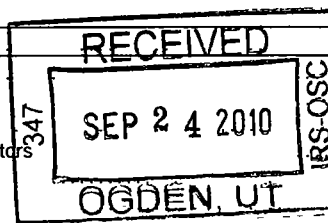
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	376,603.	<b>22</b> 360,484.
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe ► See Statement 3)	979.	<b>24</b> 3,136.
<b>25</b> <b>Total assets</b>	377,582.	<b>25</b> 363,620.
<b>26</b> <b>Total liabilities</b> (describe ► See Statement 4)	4,671.	<b>26</b> 6,866.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	372,911.	<b>27</b> 356,754.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.Form **990-EZ** (2009)

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**Expenses**

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

## 28 COMMUNITY BASED IMPROVEMENT PROJECTS IN THE CITY OF ORANGE

29	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	87,355.
30	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31	Other program services (attach schedule)			
32	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	32a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<input type="checkbox"/>	32	87,355.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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[illegible]

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 7

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	<b>34</b>	X
<b>35</b> 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.		
<b>a</b> 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?	<b>35a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	
<b>36</b> 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	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	X
<b>38a</b> 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?	<b>38a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> , section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 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 <b>40b</b> X		
<b>c</b> 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 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b> X		
<b>41</b> List the states with which a copy of this return is filed <b>CA</b>		
<b>42a</b> The organization's books are in care of <b>BOOKKEEPER</b> Telephone no <b>(714) 288-9909</b> Located at <b>940 W CHAPMAN SUITE 204 ORANGE CA</b> ZIP + 4 <b>92868</b>		
<b>b</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)? If 'Yes,' enter the name of the foreign country	<b>42b</b>	X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44</b> X		
<b>45</b> 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 <b>45</b> X		

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		X
47		X
48		X
49a		X
49b		

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

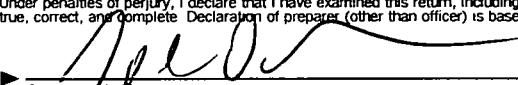
f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

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:  Date: 9/31/10

Signature of officer: JOHN OLIVIER

Type or print name and title: CURRENT PRESIDENT

Paid Preparer's Use Only

Preparer's signature: PATRICK S. GUZMAN, CPA Date: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: Guzman & Gray, Certified Public Accountants  
4510 E. Pacific Coast Highway, Suite 270  
Long Beach, CA 90804

Check if self-employed: ☐ Preparer's Identifying Number (See instructions): N/A

EIN: N/A Phone no: (562) 498-0997

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	221,437.	261,263.	104,989.	133,655.	94,201.	815,545.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> 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.						0.
<b>4 Total.</b> Add lines 1 through 3	221,437.	261,263.	104,989.	133,655.	94,201.	815,545.
<b>5</b> 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).						262,234.
<b>6 Public support.</b> Subtract line 5 from line 4						553,311.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	221,437.	261,263.	104,989.	133,655.	94,201.	815,545.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,848.	8,060.	11,410.	9,463.	3,103.	34,884.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV				382.	1,107.	1,489.
<b>11 Total support.</b> Add lines 7 through 10						851,918.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	65.0 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	69.1 %

**16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒**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. ☐**17a 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. ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

**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**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</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 year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33-1/3 support tests – 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>b 33-1/3 support tests – 2008.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		



**Part IV: Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

COMMUNITY FOUNDATION OF ORANGE

33-0890035

## Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Total	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		FUND RAISING E (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts	79,067.			79,067.
	2 Less Charitable contributions	41,931.			41,931.
	3 Gross income (line 1 minus line 2)	37,136.			37,136.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	37,136.			37,136.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				37,136.
	11 Net income summary. Combine lines 3, column (d) and line 10				

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

		YES	NO
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility	<b>13a</b> %		
<b>b</b> An outside facility	<b>13b</b> %		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name. ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contact with a third party from whom the organization receives gaming revenue?		<b>15a</b>	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
<b>c</b> If 'Yes,' enter name and address of the third party:			
Name. ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided. ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

## COMMUNITY FOUNDATION OF ORANGE

33-0890035

**Statement 1**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

MISCELLANEOUS INCOME	\$	982.
ADVERTISEMENT INCOME		125.
<b>Total</b>	<b>\$</b>	<b><u>1,107.</u></b>

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

BANK CHARGES	\$	1,794.
BOARD EXPENSE		1,922.
Depreciation		49.
DUES & PERMITS		1,791.
FUNDRAISING		2,777.
INSURANCE		1,643.
LOSS FROM RETURN OF CONTRIBUTI		10,730.
MARKETING SUPPLIES		293.
OFFICE SUPPLIES		1,046.
OUTSIDE SERVICES		32,425.
PROGRAM EXPENSE		46,364.
TELEPHONE		281.
<b>Total</b>	<b>\$</b>	<b><u>101,115.</u></b>

**Statement 3**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 33.	\$ 0.
Machinery and Equipment	16.	0.
Prepaid Expenses and Deferred Charges	930.	3,136.
<b>Total</b>	<b>\$ <u>979.</u></b>	<b>\$ <u>3,136.</u></b>

**Statement 4**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 4,671.	\$ 2,566.
Deferred Revenue	0.	4,300.
<b>Total</b>	<b>\$ <u>4,671.</u></b>	<b>\$ <u>6,866.</u></b>

## COMMUNITY FOUNDATION OF ORANGE

33-0890035

**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

TO ENHANCE THE QUALITY OF LIFE IN THE COMMUNITY OF ORANGE BY PROMOTING HEALTHY LIFESTYLES AND PROVIDING SUPPORT TO COMMUNITY RESIDENTS.

**Statement 6**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
ARIANNA BARRIOS 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
ELIZABETH ZAMORA-MEJIA 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
PHILLIP L BONINA 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
CRAIG REINHARDT 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
DAVID CURREY 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
LISA J. BLANC 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	Secretary 1.00	0.	0.	0.
SANDRA BROWN 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
PAT BUTTRESS 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
JOHN HANNA 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
JOHN OLIVIER 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	Vice President 1.00	0.	0.	0.

## COMMUNITY FOUNDATION OF ORANGE

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Statement 6 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
ROGER HOBBS 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	Chairman 1.00	\$ 0.	\$ 0.	\$ 0.
LARRY COHN 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
WOODY RICKERL 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	Treasurer 1.00	0.	0.	0.
PHILIP L HUMMEL IV 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
VIKI ORTEGA 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
MOIRA SINGER 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
FRED WHITAKER 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
STU LIVINGSTONE 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
JOHN ORTEGA 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
WILLIAM G. STEINER 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
BEN PRUETT 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
DOUG WILLITS 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.



## COMMUNITY FOUNDATION OF ORANGE

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**Statement 6 (continued)**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
DENISE BITTEL 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	President 1.00	\$ 0.	\$ 0.	\$ 0.
JUAN VAZQUEZ 940 WEST CHAPMAN AVENUE #204 ORANGE, CA 92868	BOARD MEMBER 1.00	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

**Statement 7**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

## COMMUNITY FOUNDATION OF ORANGE

33-0890035

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep'r Allow.	Prior 179/ Bonus/ Sp. Dep'r	Prior Dec. Bal Dep'r	Salvage /Basis Reductn.	Depr Basis	Prior Depr	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Amortization																
5	WEBSITE	7/01/04		4,000							4,000	4,000	S/L	3		0
	Total Amortization			4,000		0	0	0	0	0	4,000	4,000				0
Furniture and Fixtures																
4	FURNITURE	1/12/04		228							228	195	S/L	7		33
	Total Furniture and Fixtures			228		0	0	0	0	0	228	195				33
Machinery and Equipment																
1	COMPUTER	1/27/04		1,125							1,125	1,125	S/L	5		0
2	PRINTER	1/27/04		100							100	100	S/L	5		0
3	PRINTER	6/08/04		273							273	257	S/L	5		16
	Total Machinery and Equipment			1,498		0	0	0	0	0	1,498	1,482				16
	Total Depreciation			1,726		0	0	0	0	0	1,726	1,677				49
	Grand Total Amortization			4,000		0	0	0	0	0	4,000	4,000				0
	Grand Total Depreciation			1,726		0	0	0	0	0	1,726	1,677				49

## COMMUNITY FOUNDATION OF ORANGE

33-0890035

	2009	2008	Diff
<b>FORM 990-EZ REVENUE</b>			
Contributions, gifts, and grants	94,201	133,655	-39,454
Investment income	3,103	9,463	-6,360
Other revenue	1,107	382	725
Total revenue	98,411	143,500	-45,089
<b>EXPENSES</b>			
Professional fees/pymt to contractors	4,325	10,282	-5,957
Occupancy/rent/utilities/maintenance	6,000	5,000	1,000
Printing, publications, and postage	3,128	739	2,389
Other expenses	101,115	100,727	388
Total expenses	114,568	116,748	-2,180
<b>NET ASSETS OR FUND BALANCES</b>			
Excess or (deficit) for the year	-16,157	26,752	-42,909
Net assets/fund bal. at beg. of year	372,911	346,159	26,752
Net assets/fund bal. at end of year	356,754	372,911	-16,157

	2009	2008	Diff
<b>REVENUE</b>			
Other income	41,346	61,052	-19,706
Gross contributions, gifts, & grants	94,201	133,655	-39,454
Total income.	135,547	194,707	-59,160
<b>EXPENSES AND DISBURSEMENTS</b>			
Interest	0	689	-689
Rents	6,000	5,000	1,000
Depreciation and depletion	49	274	-225
Other deductions	145,655	161,992	-16,337
Total deductions	151,704	167,955	-16,251
Excess of receipts over disbursements	-16,157	26,752	-42,909
<b>FILING FEE</b>			
Filing fee	10	10	0
Balance due	10	10	0
<b>SCHEDULE L</b>			
Beginning Assets	377,582	386,216	-8,634
Beginning Liabilities & Net Worth	377,582	386,216	-8,634
Ending Assets	363,620	377,582	-13,962
Ending Liabilities & Net Worth	363,620	377,582	-13,962