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Department of the Treasury Internal Revenue Service

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 1545-0047

Inspection

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

Open to Public

A	For the	2009 ca	endar year, or tax year beginning	and ending						
В	Check if applicabl	Please use IRS	C Name of organization		D Employer identific	cation number				
_	Addre chang	s label or	IRVINE HOUSING OPPORTUNITIES, INC	_						
	Name chang	type	Doing Business As	·	95-3	068902				
L	initial return	See Specific	Number and street (or P.O. box if mail is not delivered to street addres		1					
Ļ	Termir	Instruc-	2192 DUPONT DRIVE	105	949-863-9740 G Gross receipts \$ 1,122,442					
Amended trons City or town, state or country, and ZIP + 4 G Gross receipts \$										
L	tion tion pendii	.a 	IRVINE, CA 92612		H(a) Is this a group re					
	P C	F Nar	ne and address of principal officer MARY WATSON		for affiliates?	Yes X No				
			E AS C ABOVE		H(b) Are all affiliates inc					
				527		list. (see instructions)				
			W.YESAFFORDABLEHOUSING.ORG		H(c) Group exemption					
	art I	Organizatii Summ	on: X Corporation Trust Association Other Association	L Year	of formation: 1976 N	State of legal domicile; CA				
			scribe the organization's mission or most significant activities. TH	E PURPOS	SE IS TO DEV	ELOP				
Activíties & Governance	1	-	DABLE HOUSING THAT BENEFITS EXTRE							
na T	1		s box I if the organization discontinued its operations or di							
o Ve	1		of voting members of the governing body (Part VI, line 1a)	•	3	7				
Ğ	4		of independent voting members of the governing body (Part VI, line	1b)	4	6				
S &	i		iber of employees (Part V, line 2a)	•	5	3				
vitie			ober of volunteers (estimate if necessary)		6	0				
cţi	_		ss unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	-bi	Net unrel	ated business taxable income from Form 990-T, line 34		7b	0.				
	8			<u></u>	Prior Year	Current Year				
ō	(8)	Contribut	ions and grants (Part VIII, line 1h)							
Revenue	28	Program	service revenue (Part VIII, line 2g)		855,345.	771,708.				
ě	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		65,181.	338,459.				
11.	ŬĬ	Other rev	enue (Fart VIII, Column (A), lynes 5 60, 8ey 9c, 10c, and 11e)			12,275.				
	<u>ব</u> 2	Total reve	nue · add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	920,526.	1,122,442.				
	₹13	Grants ar	id similaramounts paid (Part IX, column) (A), lines 1-3)	<u> </u>		90,000.				
			oald to or for members (Part X) (column (A), line 4)	450 550	454 500					
es	¹ /15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5	10)	170,578.	151,780.				
Expenses	16a		nal fundraising tees (Part IX, column (A), line 11e)	<u> </u>						
Š	b		draising expenses (Part IX, column ₋ (D), line 25)	<u>_</u>	254 000	101 005				
-	17		penses (Part IX, column (A), lines 11a-11d, 11f-24f)		351,999.	181,937.				
	1		enses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	522,577.	423,717.				
	19	Revenue	less expenses Subtract line 18 from line 12		397,949.	698,725.				
Net Assets or I	~	Tatalas	hts (Part V. line 16)	<u>B</u>	eginning of Current Year	End of Year				
SSE	20		ets (Part X, line 16)	}	12,678,858.	13,117,089.				
et/	21		lities (Part X, line 26)	<u> </u>	9,019,857. 3,659,001.	8,759,363. 4,357,726.				
P	art II		s or fund balances Subtract line 21 from line 20 ture Block		3,033,001.	4,357,726.				
ـــــــــــا		Under pena	ities of perjury, I declare that I have examined this return, including accompanying schedu	les and statements	, and to the best of my knowled	ge and belief, it is true, correct,				
		and comple	te Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge						
Sig	ın	\ '	Man B. Vator		1 //-/	5-2010				
He		Sigi	nature of officer		Date					
•		MA	RY WATSON , PRESIDENT							
		Тур	e or print name and title							
Pai	d	Preparer'	Date			er's identifying number structions)				
_	u parer's	signature	1 - Wy 1000		nployed 🕨 🔲					
	Only	Firm's nam yours if	NOVOGRADAC & COMPANI LLIP		EIN >					
J.50	mj	self-employ address, ar	10 2011 7033			·•				
		ZIP + 4	SAN FRANCISCO, CA 94120-7833		Phone no. ► (
Ma	y the II		s this return with the preparer shown above? (see instructions)			X Yes No				
932	001 02-0	4-10 LF	A For Privacy Act and Paperwork Reduction Act Notice, see the	e separate in	structions.	Form 990 (2009)				

Form	990 (2009) IRVINE HO	JSING OPPORTUNITIES, INC.	95-3068902	Page 2
Pa	t III Statement of Program Servic	e Accomplishments		
1	Briefly describe the organization's mission			
	TO DEVELOP AFFORDABLE I	HOUSING THAT BENEFITS EXTREMELY	Y LOW TO MODERA	TE
	INCOME HOUSEHOLDS BY D	EVELOPING HOUSING THROUGH NEW (CONSTRUCTION,	
		TING STRUCTURES AND ACQUISITION		
		OR THROUGH JOINT VENTURES.		
2		t program services during the year which were not listed on		
4	the prior Form 990 or 990-EZ?	t program sorvices saming the year which were not listed on	□ vos	X No
	•	adula O	res	LAL NO
_	If "Yes," describe these new services on Sch			X No
3	•	ake significant changes in how it conducts, any program serv	ices?	LALI NO
	If "Yes," describe these changes on Schedul			
4		for each of the organization's three largest program services	-	
		and section 4947(a)(1) trusts are required to report the amou	unt of grants and	
	allocations to others, the total expenses, and	revenue, if any, for each program service reported		
4a	• • • • • • • • • • • • • • • • • • • •			708.)
		NIZATION'S CURRENT PROJECT) HAS		
		E UNITS ARE AFFORDABLE TO LOW :		
	DISABLED PERSONS. SERV	ICES ARE PROVIDED TO THE RESIDE	ENTS THAT HELP	THEM
	STAY IN THEIR HOME, SU	CH AS HEALTH CARE SEMINARS, SOC	CIAL ACTIVITIES	}
	ESL CLASSES, CASE MANA	GMENT AND COORDINATION OF TRANS	SPORTATION. THE	}
	ORGANIZATION IS WORKING	G IN THE SOUTHERN CALIFORNIA AN	REA TO IDENTIFY	<u> </u>
		OP OR EXISTING STRUCTURES TO RE		
		TO MODERATE INCOME INDIVIDUALS		
			<u> </u>	
				
	(Code \(\frac{\(\text{VExpanses}\) \(\frac{\(\text{Expanses}\) \(\text{Expanses}\)	including grants of ¢	\ /Bayanya &	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
40	(COGE.) (Expenses 4	modeling grants of ϕ) (Heverlide w	,
				
4d	Other program services (Describe in Schedu	le O)		
		g grants of \$) (Revenue \$	1	
4e	Total program service expenses ► \$	285,041.		
<u></u> -	. C.C. Program out ties expenses - W		Enm O	90 (2009)
_	_		i Oilli 9	~ (EUU3)

	990 (2009) IRVINE HOUSING OPPORTUNITIES, INC. 95-3068	<u>902</u>	P	age S
Pai	t 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)?		:	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	L	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	<u> </u>	
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ł
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		1
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	ł	Į	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.	1		
•	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? If "Yes," complete Schedule D, Part VII.			
•	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? If "Yes," complete Schedule D, Part VIII	j	1	1
•	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	i		
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	İ		
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional]	İ	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II	15		Х
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? If "Yes," complete Schedule F, Part III	16	1	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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
_	1c and 8a? If "Yes " complete Schedule G. Part II	10	}	x

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

19

20

complete Schedule G, Part III

21 Dut 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? If "Yes," complete Schedule I, Parts I and II Dut 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? If "Yes," complete Schedule I, Parts I and III Dut the organization approximation are "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? If "Yes," complete Schedule I, Parts I and III Dut 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? If "Yes," answer lines 24b through 24d and complete Schedule II" "No", go to line 25 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? did the organization maintain an escrew account other than a refunding escrow at any time during the year? doffease any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(x)3 and 501(x)4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person or unity the year? If "Yes," complete Schedule L, Part II If yes, complete Schedule L, Part II If yes, complete Schedule L, Part III If yes					
United States on Part IX, column (A), line 17 if "rise," complete Schedule I, Parts and II 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 27 if "rise," complete Schedule I, Parts I and III Did the organization answer "rise's to Part VII, Section A, Inie 3, 4, or 5 about compensation of the organization's outent and former officers, directors, trustees, key employees, and highest compensation of the organization answer "rise's to Part VII, Section A, Inie 3, 4, or 5 about compensation of the organization answer "rise's to Part VII, Section A, Inie 3, 4, or 5 about compensation of the organization answer where the state day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule L Schedule II "Inie 25 Did the organization maintain an escribe account other than a refunding secrew at any time during the year? Did the organization maintain an escribe account other than a refunding secrew at any time during the year? Did the organization maintain an escribe account other than a refunding secrew at any time during the year? Did the organization maintain an escribe account other than a refunding secrew at any time during the year? Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization acts as in the secret of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction main the graph of the organization in prove year, and that the transaction has not been reported on any of the organization species of the organization and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EE? If "Yes," complete Schedule L, Part IV Did the organization provide a grant or other assistance to an officier, director, trustee, key employee, bighly compensated employee, or disqualified person in a prior year, and th		District the second of the sec	1	Yes	No
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? If "Yes," complete Schedule I, Parts I and III! 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, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule IX Parts IV as 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", go to line 25 24b Did the organization maintain an escrive account other than a refunding secrew at any time during the year to defease any tax-exempt bonds? 25c Did the organization maintain an escrive account other than a refunding secrew at any time during the year? 25d Did the organization maintain an escrive account other than a refunding secrew at any time during the year? 25d Did the organization and soft(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit and that the transaction has not been reported on any of the organization with a disqualified person unit aprior year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II 25d Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person unitarities and the organization of the reganization's pror Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part IV or A member of a current or former officer, director, trustee, key employee, highly compensation (Press, to complete Schedule L, Part IV or A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV or A family member of a current or former officer	21		04	v	
column (A), Ine 27 II "Yes," complete Schedule I, Parts I and III 22 X 23 Dd the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, fustees, key employees, and highest compensated employees? II "Yes," complete Schedule I, I who," go to line 25 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? If "Yes," answer lines 24b through 24d and complete Schedule I, "I" "No", go to line 25 25b Did the organization maintain an escrew account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 27d Section 501(5)(3) and 501(6)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II 27d Was a loan toor by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part II 27d Was a loan toor by a current or former officer, director, trustee, key employee, publicational contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule I, Part III 28d Was the organization a party to a business transaction with one of the following parties, (see Schedule I, Part IV 28d A current or former officer, director, furstee, or key employee? If "Yes," complete Schedule I, Part IV 28d A current or former officer, director, furstee, or key employee? If "Yes," complete Schedule I, Part IV 28d A current or former officer, or key employee? If "Yes," complete Schedule I, Part IV 28d A current or former officer, or key employee? If "Yes," complete Schedule I			21		
23 Dut the organization answer "Yes" to Part VII, Section A, Inis 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete Schedule I, If "No.", go to line 25 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? // "Yes," answer lines 24b through 24d and complete Schedule I, If "No.", go to line 25 25a Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 0 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25b 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-E27 if "Yes," complete Schedule L, Part II 27b Is the organization provide a grant or other assistance to an officer, director, fustee, key employee, prior prior grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II 27c Is a complete Schedule L, Part II 28d Was the organization provide a grant or other assistance to an officer, director, fustee, love prior the prior of the organization or particular to former officer, director, fustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A current or former officer, director, fustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A current or former officer, director, fustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A current or former officer, director, fustee, or key employee? If "Yes," complete Schedu	22		00		v
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", yo to him oz 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary penol exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary penol exception? Did the organization invest any proceeds of tax exempt bonds per any time during the year to defease any tax exempt bonds? Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 22d 24d 22d 22d 24d 22d 24d 2d	~~		22		_
Schedule J and 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b. Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization and that the transactions and that the transaction has not been reported on any of the organization engage in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E72 if "Yes," complete Schedule L, Part I yes, behalf by a current or former officer, director, trustee, key employee, highly compensated employee, or diequalified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E72 if "Yes," complete Schedule L, Part IV yes the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV yes the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV yes, and the organization provide a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV yes, organization selection of the organization organization and provide schedule II yes, comple	23				1
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 24d 24d 25d 25d 25d 25d 25d 25d 25d 25d 25d 25				•	v
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Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 pror Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Was a loan to or by a current or former assistance to an officer, director, trustee, key employee, shighly compensated employee, or disqualified person outstanding as of the end of the organization to an officer, director, trustee, with a discount individual? If "Yes," complete Schedule L, Part IV Is was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part II II, II,	248				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 24d			243		x
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sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Y 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? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O.		·	32	1	X
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If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O. 38 X			33	├	X
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35	34			Ì	
If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O. 38 X		•	34	X	┼
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O. 38 X	35				1
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X			35	X	┼
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? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X			36	 	X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O. 38 X	37			1	
Note, All Form 990 filers are required to complete Schedule O. 38 X		·	37	-	$+\frac{\mathbf{x}}{\mathbf{x}}$
	38				
		NOTE, Ail FORM 330 mers are required to complete Schedule C.			(2000

Page 5

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a (
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming]		Ì
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	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)?	4a		X
b	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 Foreign	Bank and			
	Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	ļ	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b	ļ	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			
	any contributions that were not tax deductible?		6a	}	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b	-	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	_		,,
_	provided to the payor?		7a	 	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	├	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	- -		v
_	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c_	 	X
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		1		l
e	benefit contract?	reisonai	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f	 	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	 	1
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or		7	1	
-	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	-			
	at any time during the year?	J	8	}	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		İ
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1	
	amounts due or received from them)	11b	1		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>		L

Form 990 (2009)

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

Sec	tion A. Governing Body and Management			
	toll / it develoning boar and management		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 6			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	_3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		_X_
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			}
	by the following:			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b_	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	[l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
p	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?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	├
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		٠,,	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	_12a	_X	
b			.,	
	to conflicts?	12b	X	├
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	v]
40	In Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	}	 	
_	T	15a		х
a	Other officers or key employees of the organization	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	100		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ĺ	•	i
	taxable entity during the year?	16a	x	
b	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	1	1)
	exempt status with respect to such arrangements?	16b	X	ł
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its 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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial	
	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	tion.	-	
	SANDRA WALLACE - 949-863-9740			
	2192 DUPONT DRIVE, SUITE 105, IRVINE, CA 92612			

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.

X Check this box if the organization did not		y cu	rren			, dire	ecto	·		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	١.,	Position					Reportable	Reportable	Estimated
	hours	(C	(check all that			nat apply)		compensation	compensation	amount of
	per week	ek ja						from the	from related organizations	other compensation
	Week	븀			ļ	夏		organization	(W-2/1099-MISC)	from the
	1	stee	l se		9.	bens		(W-2/1099-MISC)	(** 2, .000 ,00)	organization
		ual tr	onal		ploye	E 93				and related ,
	1	P	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
MARY WATSON	-	Ē	<u> </u>	<u> </u>	<u> </u>	-	-			
PRESIDENT	25.00	v	1	X	Ì		1	0.	0.	_
JOHN PETRY	25.00	┝≏	╁	^				<u> </u>	U •	0.
VICE PRESIDENT	1.50	Y	l	1	1		1	0.	0.	0.
LEON NAPPER	1.50	 ^			\vdash	 	 	ļ		<u></u>
SECRETARY	1.50	×	l		l			0.	0.	0.
NOEL NICHOLAS	1.30	1	t –	-	┢	 				<u> </u>
TREASURER	1.50	x						0.	0.	0.
JIM JIMENEZ	1.30	 "	 	-	\vdash			<u> </u>		
BOARD MEMBER	1.50	x						0.	0.	0.
JEFF PARSELL	1		-	T	_	ì		<u> </u>		
BOARD MEMBER	1.00	X	ļ					0.	0.	0.
LUKE WRIGHT					Г					1
BOARD MEMBER	1.50	X	L				L	0.	0.	0.
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	Section A. Officers, Directors, Iru	1	IIDIC	yee			ugn	est						
	(A)	(B)	<u> </u>						(D)	(E)			(F)	
	Name and title	Average	١,.		Pos				Reportable	Reportable		Estimated		
		hours	(ct	neck	all	nat	арр	ly)	compensation	compensation			ount o)Ť
		per week	ecto						from the	from related organizations		comp	ther ensat	tion
		WEEK	Individual trustee or director	يو			ated		organization	(W-2/1099-MISC	- 1		m the	
			ustee	truste		9 2	beus		(W-2/1099-MISC)	(** = *********************************	´		nızatı	
		l .	nal tr	nstitutional trustee		Key employee	Highest compensated employee	_			-	and	relate	∌d
			ndivic	nstitu	Officer	(ey en	E Be	Former			- 1	orgai	nizatio	วทร
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1b	Total	·		4		1	•		0.		0.			0.
	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bov	e) w	ho re	'					
	compensation from the organization						,		• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
		-											Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y em	olqr	yee,	or t	nighest compensated er	mployee on	Γ			
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	Γ			
	and related organizations greater than \$150									-		4		X
5	Did any person listed on line 1a receive or a	accrue compei	าsat	ion f	rom	any	y uni	relat	ed organization for serv	rices rendered to	Γ			
	the organization? If "Yes," complete Sched	ule J for such	pers	on							\bot	5		Х
Sect	ion B. Independent Contractors		_											
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensa	tion fr	om	
	the organization NONE													
	(A)								(B)		_	(C)	
	Name and business	address						_	Description of s	services	Co	mpen	satio	n
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	Total number of independent contractors (i	ncluding but =	ot le	mito	d +~	the	eo l		d above) who received =	nore than				
2	\$100,000 in compensation from the organic	_	i C IIi	·······································	J 10		0 0	31 8 0	anove) who received h	note man				
	w 100,000 in compensation non-the organi	canon					<u> </u>					orm C	200 (2000

4 Income from investment of tax-exempt bond proceeds 6 Royalities (i) Real (ii) Personal (ii) Personal (iii) Personal (iv)	Form					G OPPORT	UNITIES, I	NC	<u>95-3068</u>	902 Page 9
1 a Federated campaigne 1a 1b 1b 1c 1c 1c 1c 1c 1c	Pa	rt V	111	Statement of Rever	nue					
Section Sect								Related or exempt function	Unrelated business	excluded from tax under sections 512,
Section Sect	nts ts	1	а	Federated campaigns	1a					
Section Sect	E Z	-	b	Membership dues	1b					
Section Sect	a, S	1	С	Fundraising events .	1c					
Section Sect	gift	1	d	Related organizations	1d					
2 a BOND INTERST	S.E		е	Government grants (contribut	ions) <u>1e</u>					
2 a BOND INTERST	it o	•	f	All other contributions, gifts, gran	ts, and					
2 a BOND INTERST	호텔			similar amounts not included abo	ve 1f					
2 a BOND INTERST	a p		g	Noncash contributions included in lines	1a-1f \$					
2 a BOND INTEREST LOAN ADMINISTRATIVE FE 531390	<u>Q g</u>		<u>h</u>	Total, Add lines 1a-1f		<u>_</u>	· · · · · · · · · · · · · · · · · · ·			
December 2012 December 2013 December 2014 December 201	1									
g Total, Add lines 2a2f	8	2								_
g Total, Add lines 2a2f	re cz		b							
g Total, Add lines 2a2f	S S		С	FLOW THROUGH LO	oss	900003	< 57,643.	<57,643.	<u>></u>	
g Total, Add lines 2a2f	Sev S		d							
g Total, Add lines 2a2f	<u>5</u> _		е							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalites (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Not rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Not gain or (loss) 8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from sales of inventory Miscollareous Revenue Business Code 11 a MISC. INCOME 5 31390 12,275. 12,275. 4 12,275. 1122442. 1038983. 0,83,459. 83,45	۵	•	f	• •	enue		554 500			
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Real (ii) Personal (iii) Personal (iii) Personal (iii) Personal (iii) Personal (iii) Personal (iii) Personal (iv) Cher Sasets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Real (iii) Personal (iv) Cher Sasets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Real (iv) Personal (iv) Cher Sasets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Real (iv) Personal (iv) Cher Sasets other than inventory Sasets other than inventory Sasets other than inventory Income from sales of inventory less returns and allowances a bless. cost of goods sold content or the saset of inventory Miscellaneous Revenue In a MISC. INCOME Salay 150. Salay 150			9			_	771,708.			
A Income from investment of tax-exempt bond proceeds Royalties	- 1	3			dividends, inter	_	00 450	ļ		03 450
6 a Gross Rents 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 b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) e a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from gaming activities 11 a MISC. TNCOME MISCI TNCOME 531390 12,275. 112,275. 112,275. 112,275. 112,275. 112,275. 112,275. 112,275.		_		•		-	83,459.			83,459.
(i) 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 b Less cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) d Net gain or (loss) c Table Signature of the sales of the sales of the sales of the sales expenses c Gam or (loss) d Net gain or (loss) d Net gain or (loss) for contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. Cost of goods sold c Net income or (loss) from gaming activities 11 a MISC. INCOME MISC. INCOME 531390 12,275. 12,275. 122,442. 1038983. 0.83,459.	}				x-exempt bond (proceeds				
6 a Gross Rents 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 b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$		5		Hoyaities	(3.51	(2 D			 	
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7 a Gross amount from sales of assets other than inventory 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 \$				` '	L					
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISC. INCOME 531390 12,275. b c d All other revenue e Total. Add lines 11a-11d 12,275. 12 Total revenue See instructions. 11 22442. 1038983. 0.83,459.	Ĭ.			including \$	of					
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c d All other revenue e Total. Add lines 11a-11d ► 12,275. 12 Total revenue See instructions. ► 1122442. 1038983. 0.83,459.	1					331390	12,2/5.	14,4/5.		
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e Total. Add lines 11a-11d 12 Total revenue See instructions. 12 Total revenue See instructions. 12 122442. 1038983. 0. 83,459.				All other revenue						
12 Total revenue See instructions. ► 1122442. 1038983. 0. 83,459.	}						12 275			
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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).

	All other organizations must complete the include amounts reported on lines 6b, 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		CAPONISCS	general expenses	- Oxponsos
'	organizations in the U.S. See Part IV, line 21	90,000.	90,000.		
2	Grants and other assistance to individuals in		20/0001		
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
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	109,204.	54,602.	54,602.	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	1,510.	1,208.	302.	
9	Other employee benefits	29,018.	23,213.	5,805.	
10	Payroll taxes	12,048.	6,024.	6,024.	
11	Fees for services (non-employees).				
a	Management				
b	Legal	5,024.		5,024.	
С	Accounting	15,020.		15,020.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	26,824.	14,185.	12,639.	
14	Information technology				
15	Royalties				
16	Occupancy	29,124.	23,299.	5,825.	
17	Travel	7,141.	7,141.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	<u>5,571.</u>		5,571.	
23	Insurance	20,794.	3,613.	17,181.	
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.)				
а	PROGRAM EXPENSES	59,106.	59,106.		
b	REPAIRS AND MAINTENANCE	6,619.	2,650.	3,969.	
С	PAYROLL SERVICES	6,532.		6,532.	
d	TAX	182.		182.	
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	423,717.	285,041.	138,676.	0.
26	Joint costs Check here If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	<u></u>		<u> </u>	
					Form 990 (2009

		•			(A) Beginning of year		(B) End of year
-T	1	Cash · non-interest-bearing			5,050.	1	5,041
	2	Savings and temporary cash investments			2,685,893.	2	3,470,854
	3	Pledges and grants receivable, net			<u> </u>	3	3/1/0/031
	4	Accounts receivable, net		Ī	364,428.	4	388,484
	5	Receivables from current and former officers, du	ectors	trustees key	001/1201	1	300/101
	•	employees, and highest compensated employee					
		of Schedule L				5	
- }	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)) and persons described in section 495					
		Part II of Schedule L	- (-/(-/	,-,-		6	
,	7	Notes and loans receivable, net		Ĭ	9,012,588.	7	8,757,588
	8	Inventories for sale or use			<u> </u>	8	7.000
	9	Prepaid expenses and deferred charges			, , <u></u>	9	
.		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	28,771.			
	b	Less accumulated depreciation	10b	19,960.	14,382.	10c	8,811
.	11	Investments - publicly traded securities				11	
- 1	12	Investments - other securities See Part IV, line 1	1			12	
	13	Investments - program-related See Part IV, line	11		<198.		<57,841
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	596,715.	15	544,152		
Ŀ	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	12,678,858.	16	13,117,089
	17	Accounts payable and accrued expenses		7,269.	17	1,775	
	18	Grants payable		18			
	19	Deferred revenue		9,012,588.	19	8,757,588	
:	20	Tax-exempt bond liabilities			<u>.</u>	20	
: ا	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
	22	Payables to current and former officers, director	s, trus	tees, key employees,			
		highest compensated employees, and disqualific	ed per	sons Complete Part II			
'		of Schedule L				22	
:	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
2	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			<u>9,019,857.</u>	26	8,759,363
		Organizations that follow SFAS 117, check he	re 🕨	X and complete			
		lines 27 through 29, and lines 33 and 34.					
2	27	Unrestricted net assets			3,659,001.		4,357,726
2	28	Temporarily restricted net assets				_28	
3	29	Permanently restricted net assets		, , , ,		29	
!		Organizations that do not follow SFAS 117, cl	ieck h	ere 🕨 📖 and			
		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or eq				31	
;	32	Retained earnings, endowment, accumulated in	come,	or other funds	2 CEO 001	32	4 255 500
- 1,	33	Total net assets or fund balances		-	3,659,001.	33	4,357,726
ئل	34	Total liabilities and net assets/fund balances			12,678,858.	34	13,117,089 Form 990 (2009

rm 990 (2009)	IR	VINE	HOUSING	OPPORTU	NITIES,	INC.	95-	3068902	Page 12

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	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?	2c	X	
	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:			ĺ
	Separate basis X Consolidated basis Both consolidated and separate basis	1	Ì '	İ
за	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?	3a		X
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	3b		
		Form	990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number 95-3068902 IRVINE HOUSING OPPORTUNITIES, INC.

Part I	Reason 1	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions			 -	
he organ	zation is not a	private foundation	because it is: (For lines 1	through 1	1, check	only one b	ox)					
1 🔲	A church, cor	nvention of churche	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hosp	tal service organization o	described i	n section	170(b)(1)(A)(iii).					
4 🔲	A medical res	earch organization	operated in conjunction	with a hos	pıtal desci	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter the	e hospital'	s nam	ө,
	city, and state	e·										
5 🔲	An organization	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t described	l in		
	section 170((b)(1)(A)(iv). (Compl	ete Part II)									
6	A federal, sta	te, or local governm	ent or governmental unit	t described	ın sectio	n 170(b)(1)(A)(v).					
7	An organization	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ıblic desc	ribed ir	n
	section 170(l	b)(1)(A)(vi). (Comple	ete Part II)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 [X]	An organization	on that normally red	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	embershi	p fees, and	gross red	eipts f	from
	activities relat	ted to its exempt fu	nctions - subject to certa	ain exception	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross	invest	ment
	income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon afi	ter June 3	0, 197	5
	See section	509(a)(2). (Complete	e Part III)									
ю <u> </u>	An organizati	on organized and o	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4).				
1	_	-	perated exclusively for th		•					•		or
	more publicly	supported organiz	ations described in secti	on 509(a)(1	1) or section	on 509(a)(2	e) See sec	tion 509(a)(3). Chec	k the box	that	
	describes the		organization and compl		•							
	a L Type I	ь	_ Type II c	Typ	e III - Fund	tionally int	egrated		الله.	Type III · C	Other	
e 📖	By checking t	this box, I certify tha	at the organization is not	controlled	directly o	r ındırectly	by one o	more dis	qualified pe	ersons oth	er tha	ח
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2)	
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	ill -				
	supporting or	rganization, check ti	nis box									
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontabution	from any	of the folk	owing per	sons?			
	(i) A persor	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons d	lescribed i	n (ii) and (ιιί) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)	Ļ	
	(ii) A family	member of a perso	n described in (i) above?	1						11g(ii)	Ļ	
	(iii) A 35% c	controlled entity of a	ı person described in (i) d	or (ii) above	∍?					11g(iii)	$oxed{oxed}$	
h	Provide the fo	ollowing information	about the supported or	ganızatıon	(s).							
			/:::) Type of						46			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizati	on in col.	(vii) An	nount o	f
orga	inization		(described on lines 1-9	governing	sted in your		ion in col.	(i) organiz U.S	ed in the l	sup	port	
	Ï		above or IRC section			<u> </u>						
			(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>			ļ				
			 	 	 	·	ļ	 	 			
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				-					-			

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A	(Form 990 or 990-EZ) 2009					
Part II	Support Schedule for	Organizations	Described in	Sections	170(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)

Page 2

6	Complete only if you checker	d the box on line s	5, 7, 01 0 01 Fait 1.)				
	ction A. Public Support	4 > 0005		(1) 0007	(1) 0000	() 0000	10.7.1.
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants.")		İ	1			
_	- · · · · · · · · · · · · · · · · · · ·					-	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1	}			
_	or expended on its behalf						
3	The value of services or facilities		\				
	furnished by a governmental unit to the organization without charge						
	•		 	 	 	 	
4	Total. Add lines 1 through 3	<u> </u>			 	 	
5	The portion of total contributions		ŀ				
	by each person (other than a governmental unit or publicly			}			
	supported organization) included						
	on line 1 that exceeds 2% of the					1	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4			<u> </u>		 	
	ction B. Total Support		<u> </u>	<u> </u>	<u> </u>	.l	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(4) 5000	(0) = 000	10, 233.	(4) = 333	(0)=000	17.0
8	Gross income from interest,					 	
Ŭ	dividends, payments received on		1			1	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						<u> </u>
•	activities, whether or not the						
	business is regularly carried on					1	
10	Other income. Do not include gain						
	or loss from the sale of capital					1	
	assets (Explain in Part IV.)						
11						1	
12	Gross receipts from related activities,	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (lıne 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	t II, line 14			15	%
16a	1 33 1/3% support test - 2009.If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	
	stop here. The organization qualifies						▶ □
t	33 1/3% support test - 2008. If the o	-		•	l line 15 is 33 1/3%	6 or more, check	this box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac					art IV how the org	anization
	meets the "facts-and-circumstances"	-	•		•	•	
Ł	10% -facts-and-circumstances tes	_				•	
	more, and if the organization meets the				•		the . —
	organization meets the "facts-and-cire		-	•		•	▶⊢
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	5a, 16b, 17a, or <u>17</u>	b, check this box	and see instructi	ons . 🕨 📖

	rt III Support Schedule for C	Organizations	Described in S	Section 509(a)	(2) (Complete only	f you checked the bo	x on line 9 of Part I.)
<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005_	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		j				
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,482,593,	120,473.	854,384.	855,345.	771,708.	4,084,503,
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	1,482,593,	120,473.	854,384.	855,345.	771,708.	4,084,503,
	Amounts included on lines 1, 2, and	1,302,333.	## U	332/30-21	333,343.	1,2,,000	4,004,303,
ıa	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				_		0.
С	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						4 084 503
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	1,482,593,	120,473.	854,384.		771,708.	4.084.503.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,409.	9,785.	82,953.	65,181.	83,459.	246,787.
b	Unrelated business taxable income			02/3000	- 55/2523	00,100	22011011
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	5,409.	9,785.	82,953.	65,181.	83,459.	246,787.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital					10 075	10 075
40	assets (Explain in Part IV.)	1 100 000	130,258.	027 227	020 F26	12,275.	12,275.
	Total support (Add lines 9, 10c, 11, and 12)	1 488 002					4,343,565.
14	First five years. If the Form 990 is for	r trie organization's	s iirst, secona, thir	a, rounn, or tinh ta	ax year as a sectio	n out (c)(3) organiz	ation,
500	check this box and stop here stion C. Computation of Publ	ic Support Pa	rcentane				
	Public support percentage for 2009 (40	04 04 04
• -	. ,, ,	•	•	olumn (I))		15	94.04 %
	Public support percentage from 2008 ation D. Computation of Investigation				·	16	95.82 %
						[25]	E 60 %
_	Investment income percentage for 20			ie 13, column (i))		17	5.68 % 4.18 %
18	Investment income percentage from : 33 1/3% support tests - 2009. If the			on line 14 and line	a 15 io more that	18 3 1/3% and line 1	
ısa	more than 33 1/3%, check this box a	•		•		•	/ is not
b	33 1/3% support tests - 2008. If the	•	•	, -	• • •		-
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nızatıon qualıfies a	as a publicly suppo	orted organization	ightharpoons
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶□
					Cak	adula A (Earm 90)	000 EZ) 0000

Schedule A (Form 990 or 990-EZ) 2009 IRVINE HOUSING OPPORTUNITIES, INC. 95-3068902 Page 3

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization Employer identification number IRVINE HOUSING OPPORTUNITIES, INC. 95-3068902 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

		HOUSING OP								Page 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, c	or Othe	<u>er Simila</u>	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	at are a s	ignificant ι	use of its	collection	items -
	(check all that apply)									
а	Public exhibition	d	ו 🖳 ו	oan or excl	nange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizati	on's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nzation's co	llection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if org	anızatıon ar	swered "Ye	s" to For	m 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	s or other as	sets not	included			
	on Form 990, Part X?		,					[Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowina t	able:						•
•	, ree, explainting an angeniest in a district								Amount	
•	Beginning balance						1c		7 4110 4110	
	Additions during the year						1d			
e	Distributions during the year						1e			
•	Ending balance						1f			
00	Did the organization include an amount on Fe	orm 000 Part V line	212						Yes	□ No
	If "Yes," explain the arrangement in Part XIV.		21:					L	res	NO
Par			ewered	"Vos" to Fo	rm 990 Part	IV line 1	10			
_ u	Eliaconnicite and Complete							oara baak	(=) Four	vears back
4-	Decisions of war belongs	(a) Current year	(0) F	rior year	(c) Two yea	IS DACK	(d) Three y	ears Dack	(e) rour	years back
1a	Beginning of year balance								 	
b	Contributions									
C.	Net investment earnings, gains, and losses		 		<u> </u>				 	
ď	Grants or scholarships		 						 	
е	Other expenditures for facilities									
	and programs								 	
f	Administrative expenses		<u> </u>		 				 	
g	End of year balance				l				L	
2	Provide the estimated percentage of the year	r end balance held a								
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
C		%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	nd administe	ered for t	the organiz	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R?					3b	
4	Describe in Part XIV the intended uses of the						·			
Pa	t VI Investments - Land, Building	s, and Equipm	<u>ent. Se</u>	e Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or o			or other (other)	, , ,	ccumulate preciation		(d) Book	value
1a	Land									
þ	Buildings									
c	Leasehold improvements									
d	Equipment									
	Other			2	8,771.		19,9	60.		3,811.
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colun					•		3,811.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 IRVINE HOU	ISING OPPORTUNITIES	INC.	95-3068902 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category	(b) Book value		c) Method of valuation.
(including name of security)	(b) Book value	Cost	or end-of-year market value
Financial derivatives			·
Closely-held equity interests			
Other			
			-
			· · · · · · · · · · · · · · · · · · ·
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value		c) Method of valuation.
		Cost	or end-of-year market value
			
			
	 		
Tatal (Col /h) must squal Form 000, Part V col /P) line 12)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, Is	ine 15		
	(a) Description		(b) Book value
	(4) 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(b) Book Yaldo
	· · · · · · · · · · · · · · · · · · ·	·	
		·	-
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		>
Part X Other Liabilities. See Form 990, Part	X, line 25		
1 (a) Description of liability	(b) Amo	ount	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B)			
2. FIN 48 Footnote In Part XIV, provide the text of the	footnote to the organization's financial	l statements t	that reports the organization's liability for

	dule D (Form 990) 2009 IRVINE HOUSING OPPORTUNITI		.:-1 04 -4 -		3068902	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ment		110
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		<u>1,122,</u>	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			717.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		698,	725.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses .		6			
7	Prior period adjustments	•	7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Stateme		10	oturn		725.
		iits with nevel	iue pei n	T		175
1	Total revenue, gains, and other support per audited financial statements			1	2,725,	4/5.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	100				
a	Net unrealized gains on investments Donated services and use of facilities	2a		1 1		
b		2b		1		
0	Recoveries of prior year grants Other (Describe in Part XIV)	2c 2d 2,62	5,437.	1		
d	Other (Describe in Part XIV)	20 2,02	J, 4J/ •	1	2,625	127
e	Add lines 2a through 2d Subtract line 2e from line 1			2e 3		038.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			13+	100	.030.
4	Investment expenses not included on Form 990, Part VIII, line 7b	1 42				
a	Other (Describe in Part XIV)	4a 1,02	2,404.	1 [
b	Add lines 4a and 4b	40 1,02	2,303.	4c	1,022	404
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,122	
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per			112.
1	Total expenses and losses per audited financial statements			1	2,612	157.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1		
c	Other losses	2c		1		
d	Other (Describe in Part XIV.)		0,913.	1		
e	Add lines 2a through 2d			2e	3,330	913.
3	Subtract line 2e from line 1			3		756.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					72~
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
b	Other (Describe in Part XIV)	4b 1,14	2,473.]		
	Add lines 4a and 4b			4c	1,142	473.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	::		5		717.
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					4; Part
<u>PAI</u>	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
REV	VENUE REPORTED ON SUBSIDIARY TAX RETURN		 			
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:					
INT	TERCOMPANY ACTIVITIES ELIMINATED ON FINANC	IAL STATEM	<u>IENTS</u>			
	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					

Schedule D (Form 990) 2009 IRVINE HOUSING OPPORTUNITIES, INC. Part XIV Supplemental Information (continued)	95-3068902 Page 5
EXPENSES REPORTED ON SUBSIDIARY TAX RETURN	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
INTERCOMPANY ACTIVITIES ELIMINATED ON FINANCIAL STATEMENTS	
·	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047	2009	0.4.0
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Open to Public Inspection

Name of the organization IRVINE HOUSING OPPORTUNI	USING OPE	PORTUNITIES	INC.				Employer identification number 95-3068902
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	tion
	stance?					,	X Yes
앎	ocedures for moni	toring the use of grant	funds in the United	States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 lise Part IV and Schedule 1:1 (Form 990) if additional snace is needed	Governments an	d Organizations in the s box if no one recipien	e United States. Control of the the	omplete if the orga	anization answered "Y	es" to Form 990, Part (Form 990) if addition	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES FORWARD 9221 IRVINE BLVD. IRVINE, CA 92618	33-0086043	501(C)(3)	15,000,	0			GENERAL OPERATING SUPPORT
REBUILDING TOGETHER ORANGE COUNTY 625 CYPRESS AVENUE SANTA ANA, CA 92701	33-0587571	501(C)(3)	30,000.	0			GENERAL OPERATING SUPPORT
HOMEAID ORANGE COUNTY 17744 SKY PARK CIRCLE, SUITE 170 IRVINE, CA 92614	33_0568079	501(C)(3)	30,000.	0			GENERAL OPERATING SUPPORT
ORANGE COUNTY COMMUNITY FOUNDÂTION 30 CORPORATE PARK, SUITE 410 IRVINE, CA 92606	33-0378778	501(C)(3)	15,000	0			GENERAL OPERATING SUPPORT
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	nd government or	ganizations					
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions f	for Form 990.				Schedule I (Form 990) 2009

Page 2 (f) Description of non-cash assistance 95-3068902 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. TO SUBMIT OBJECTIVES ARE ON TRACK/ACHIEVED AND TO NOTE ANY OBSTACLES OR CHALLENGES MID-YEAR PROGRESS REPORT AND YEAR END FINAL REPORT TO ENSURE THAT THE ORGANIZATION REQUIRES GRANTEES (d) Amount of non-cash assistance IRVINE HOUSING OPPORTUNITIES, INC. (c) Amount of cash grant (b) Number of recipients PART I, LINE 2: (a) Type of grant or assistance Schedule I (Form 990) 2009 SCHEDULE I, Part III

Schedule I (Form 990) 2009

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.

2009
Open to Public Inspection

Name of the organization

IRVINE HOUSING OPPORTUNITIES, INC.

Employer identification number 95-3068902

RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number IRVINE HOUSING OPPORTUNITIES 95-3068902 INC. STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection OMB No 1545-0047

Schedule R (Form 990) 2009 Employer identification number Direct controlling Direct controlling 95-3068902 entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section 501(c)(3)) Public charity ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section ਰ ਉ ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) INC. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ▶ Attach to Form 990. IRVINE HOUSING OPPORTUNITIES, Primary activity Primary activity Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part Part II

95-3068902 Page 2

Schedule R (Form 990) 2009 IRVINE HOUSING OPPORTUNITIES, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

(j) General or managing partner? Yes No	×	ated	(h) Percentage ownership) 2009
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	N/A	ane or more reli	Share of Percend-of-year own assets	Schedule R (Form 990) 2009
oortion- ations?		use it had c	end-c-	Schedul
	944.	line 34 becc	Share of total income	
(g) Share of end-of-year assets	998 6	990, Part IV	(e) Type of entity (C corp., S corp, or trust)	
(f) Share of total income	<57,637	se" to Form	Type o C Coop or the	
		nswered "Ye	(d) Direct controlling entity	
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	RELATED	organization a	Legal domicite (state or foreign country)	
	REI	olete if the c	69	_
(d) Direct controlling entity	N/A	Trust (Com	(b) Primary activity	
(c) Legal domicile (state or foreign country)	СА	poration or	× year.)	
(b) Primary activity	TO OPERATE LOW INCOME HOUSING PROJECTS	anizations Taxable as a Corp	Poration or trust during the tax	
(a) Name, address, and EIN of related organization	WOODBRIDGE MANOR, L.P 33-1084267, 2192 DUFONT DRIVE, IRVINE, CA 92612	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related		932162 07-21-10

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

₽		Yes No
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		1a X
b Gift, grant, or capital contribution to other organization(s)		ф Ж
c Gift, grant, or capital contribution from other organization(s)		
d Loans or loan guarantees to or for other organization(s)	·	>
	•	4
e Loans or loan guarantees by other organization(s)		Te X
t Sale of assets to other organization(s)		14 X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets	;	
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
	•	1; X
k Performance of services or membership or fundraising solicitations for other organization(s)		¥
		Tm X
n Sharing of paid employees		Th.
o Reimbursement baid to other organization for expenses		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		2 4
	;	+
 Qther transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s) 		t X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	insaction thresholds.	
(a)	(9)	(2)
Name of other organization(s)	Transaction type (a-r)	Amount involved
(1) WOODBRIDGE MANOR, L.P.	D	8,757,588.
2) WOODBRIDGE MANOR, L.P.	Ą	825,047.
3) WOODBRIDGE MANOR, L.P.	Ţ	255.000.
	•	•
4) WOODBRIDGE MANOR, L.P.	×	4,304.
(9)		
(9)		
32163 02-04-10	Schec	Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37) INC. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b)	(q)	(0)	6	(e)	9	(6)	3
NID to southful condi	retrutor recurso	oli Olici	Are all nartners	Choro	-Joannoor-	Idi IV obo	
valie, doutess, and Env of entity	רוווומיץ מכנועונץ	_	section 501(c)(3)		tionate tionate allocations?	amount in box 20	managing partner?
		country)	Yes No		Yes No	(Form 1065)	, ,
							_
							
					_		
					_		
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							-
	1						
	-						
	:						
					_		
							-
						Schedule R (Form 990) 2009	1 990) 2009

Asset				-	Description o	f property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
2		IAIR,	BUFF	la .c.	4 540		4 4 6 0	
	013105		5.00	16	1,548.		1,162.	310.
3	020205		ABINE 5.00	16	5,375.		4,020.	1,075.
4	RECEPTION			12.0	3/3/34		= 70201	1,013.
	03,08,05	SL	5.00	16	1,872.		1,403.	374.
5	DESKS, C			TIM				
	060905			16	1,089.		817.	218.
12	FURNITUF 042607			16	725.		242.	145.
14	FURNITUE						242.	145.
7.3	01,28,08		5.00	16	1,729.	 	317.	346.
15	FURNITUE				·			
	032708	SSL	5.00	16	575.		86.	115.
16	FURNITUE							
	1 0 2 7 0 8		5.00	16	3,277.		109.	655.
17	FURNITUE 112608			16	106.		2.	21.
	* 990 PZ				100.			41.
	J J T T	TOB IC	1012	<u> </u>	16,296.	0.	8,158.	3,259.
1	DELL INS	PIRON	1					
	11,23,04			16	1,944.		1,457.	356.
6	DELL DI							
	06,23,05		5.00	16	2,368.		1,777.	474.
۲	COMPUTER 050106		5.00	16	1,902.		998.	380.
	COMPUTER		5.00	110	1,302.		330.	
-	011707		5.00	16	1,091.		418.	218.
10	COMPUTER	RS						
	0 4,0 3,0 7		5.00	16	1,343.		470.	269.
11	COMPUTER		JE 00	14 6	0.005		000	450
12	040507 COMPUTER		5.00	16	2,295.	····	803.	459.
13	08,26,08		5.00	16	407.		27.	81.
	* 990 PA						21.	01.
					11,350.	0.	5,950.	2,237.
7	DRYWALL			1	·		· · · · · · · · · · · · · · · · · · ·	
	020105		15.00		1,125.		281.	75.
	* 990 PA	AGE IC) TOTA	<u>уг –</u>	1,125.	0.	281.	75.
	* GRAND	TATOTA I	990	PAG	E 10 DEPR	0.	201.	/5.
	GIULID	101111	<u> </u>	1	28,771.	0.	14,389.	5,571.
				-1				
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		Τ -	Т	1	T			
							T	
								
				Ĺ				
			Ţ	Ţ				
916261 04-24-09			•	#	· Current year section 179	(D) - Asset dispo	sed	······································

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
-	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led For	m 8868
Pai	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and con I only	plete	▶ □
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	exten	sion of time
	e income tax returns.	. 0,,,,,,,	
noted (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or compust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic firms.gov/efile and click on e-file for Chanties & Nonprofits.	ically if nsolida	(1) you want the additional ated Form 990-T. Instead,
Type		Emp	loyer identification number
print	IRVINE HOUSING OPPORTUNITIES, INC.	وا	5-3068902
File by due da filing y	Number, street, and room or suite no If a P.O. box, see instructions.	·	
return instruc	560		
Che	ck type of return to be filed(file a separate application for each return):		
X	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5 Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990-PF Form 1041-A Form 8	227 069	
Te ● If ● If	SANDRA WALLACE the books are in the care of ▶ 2192 DUPONT DRIVE, SUITE 105 - IRVINE, elephone No. ▶ 949-863-9740 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the ■ . If it is for part of the group, check this box ▶ ■ and attach a list with the names and EINs of all	ıs ıs fo	r the whole group, check this
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named a second formula of the organization of time under the		The extension
2	If this tax year is for less than 12 months, check reason: Initial return		Change in accounting period
2 3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated.	3a	
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.		\$

Form 8868 (Rev. 4-2009)			Page :
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	box		$\triangleright \mathbf{X}$
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously f	led Form	8868	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (n	copies	needed)	
Type or Name of Exempt Organization	Emp	loyer iden	tification number
IRVINE HOUSING OPPORTUNITIES, INC.	وا	5-306	8902
Number, street, and room or suite no. If a P.O. box, see instructions due date for 2192 DUPONT DRIVE, NO. 105	For I	RS use on	у
tiling the return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions IRVINE, CA 92612			
Check type of return to be filed (File a separate application for each return) X Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 5227 orm 6069	Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a prev	iously file	ed Form 88	368.
SANDRA WALLACE • The books are in the care of • 2192 DUPONT DRIVE, SUITE 105 - IRVINE	, CA	92612	
Telephone No ▶ 949-863-9740 FAX No. ▶			
If the organization does not have an office or place of business in the United States, check this box			•
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
box If it is for part of the group, check this box and attach a list with the names and EINs of	all memb	ers the ext	ension is for
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.			
5 For calendar year 2009, or other tax year beginning , and endin	9——	01	
6 If this tax year is for less than 12 months, check reason: Initial return Final return		Change in	accounting period
7 State in detail why you need the extension TAXPAYER REQUESTS ADDITIONAL TIME IN ORDER TO GATHER	กนะ	TNEOD	MATION
NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.	IDE	INF OR.	MATION
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	1		
nonrefundable credits. See instructions.	8a	s	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	- Oa	<u> </u>	
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
previously with Form 8868	8b	s	
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit		<u> </u>	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	ns 8c	s	N/A
Signature and Verification		•	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to it is true, correct, and complete, and that I am authorized to prepare this form.	the best o	of my knowle	dge and belief,
Signature > CPA	Date	(2112110

Form 8868 (Rev 4-2009)

Novogradac & Company LLP PO Box 7833 San Francisco, CA 94120-7833 EIN 94-3108253