



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 2010, and ending

B Check if applicable

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

ORANGE COUNTY COMMUNITY HOUSING CORP
 1833 E. 17TH. ST. #207
 SANTA ANA, CA 92705-8629

D Employer Identification Number

95-3221290

E Telephone number

(714) 558-8161

G Gross receipts \$ 3,382,332.

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.OCCHC.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of Formation 1977

M State of legal domicile CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>FOUNDED IN 1977, OCCHC HAS A MISSION TO TRANSITION EXTREMELY LOW-INCOME FAMILIES TOWARDS GREATER SELF-SUFFICIENCY BY ASSISTING THEM WITH HOUSING AND EDUCATION. OVER THE PAST 32 YEARS THE ORGANIZATION HAS CREATED AND CONTINUES TO OWN AND MANAGE 225 APARTMENTS, SERVING EXTREMELY</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	13	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	17	
	6	Total number of volunteers (estimate if necessary)	30	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 204,891.	Current Year 267,432.
	9	Program service revenue (Part VIII, line 2g)	2,419,547.	2,444,689.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,585.	22,360.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,703.	77,744.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,686,726.	2,812,225.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,861.	2,971.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	488,438.	509,408.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,056.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,327,143.	2,345,051.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,819,442.	2,857,430.
	19	Revenue less expenses. Subtract line 18 from line 12	-132,716.	-45,205.
	20	Total assets (Part X, line 16)	Beginning of Current Year 14,589,319.	End of Year 13,698,685.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	16,476,919.	15,595,870.
	22	Net assets or fund balances. Subtract line 21 from line 20	-1,887,600.	-1,897,185.

Part II Signature Block

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

Sign Here	Signature of officer <u>Yesenia V. Ochoa</u>		Date <u>May 12, 2011</u>		
	YESENIA VELEZ OCHOA		CHAIRPERSON		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <u>Robert Lopez</u>	Date <u>5/11/11</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>N/A</u>
	Firm's name	ROBERT LOPEZ ACCOUNTANCY CORP.			
	Firm's address	1442 IRVINE BLVD., STE. 227 TUSTIN, CA 92780			
	Firm's EIN	N/A			
Phone no (714) 731-9009					

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

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

G17

3

SCANNED JUN 13 2011

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these new services on Schedule O

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these changes on Schedule O

- 4**
- Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 2,302,389. including grants of \$) (Revenue \$)
ORANGE COUNTY COMMUNITY HOUSING CORPORATION (OCCHC) PROVIDES HOUSING AND RELATED
SERVICES TO LOW AND MODERATE INCOME PERSONS. DURING 2010 THE ORGANIZATION MAINTAINED
UNITS AT 25 LOCATIONS. SEE SCHEDULE O ON ACCOMPLISHMENTS.

4b (Code:) (Expenses \$ 317,974. including grants of \$ 2,971.) (Revenue \$)
STEPPING UP ASSISTS FAMILIES TO IMPROVE THEIR QUALITY OF LIFE. SEE SCHEDULE O
ON ACCOMPLISHMENTS.
IN PRIOR YEARS THIS PROGRAM WAS INCLUDED AS PART OF THE HOUSING PROGRAM. THE
CONTRIBUTIONS OF \$257,313 ON PAGE 1, LINE 8 ARE FOR THE STEPPING UP PROGRAM.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

- 4d**
- Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses 2,620,363.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		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	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b 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		X
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		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, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		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 (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
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-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	13	
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a 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	17	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a 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)?		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a 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	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13	
1b Enter the number of voting members included in line 1a, above, who are independent	13	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	X	
b Other officers of key employees of the organization SEE SCHEDULE O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
 ▶ ALLEN BALDWIN 1833 E 17TH ST STE 207 SANTA ANA, CA 92705-8629 (714) 558-8161

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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

- 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, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT A. JOHNSON SECRETARY	0	X						0.	0.	0.
(2) GARRETT BLAND DIRECTOR	0	X						0.	0.	0.
(3) ELSA MONTE DIRECTOR	0	X						0.	0.	0.
(4) SAMUEL ROMERO TREASURER	0	X						0.	0.	0.
(5) JIM COX DIRECTOR	0	X						0.	0.	0.
(6) FR. ED POETTGEN DIRECTOR	0	X						0.	0.	0.
(7) AMIN DAVID DIRECTOR	0	X						0.	0.	0.
(8) ANTONIO NUNEZ DIRECTOR	0	X						0.	0.	0.
(9) SASKIA KNIGHT DIRECTOR	0	X						0.	0.	0.
(10) JONATHAN WARD DIRECTOR	0	X						0.	0.	0.
(11) CHARLIE HARRISON DIRECTOR	0	X						0.	0.	0.
(12) CRYSTAL SIMS DIRECTOR	0	X						0.	0.	0.
(13) JON TIMMONS DIRECTOR	0	X						0.	0.	0.
(14) YESENIA VELEZ OCHOA CHAIRPERSON	0	X						0.	0.	0.
(15) FRANCISCO BARRAGAN DIRECTOR	0	X						0.	0.	0.
(16) JOSE MORENO DIRECTOR	0	X						0.	0.	0.
(17) ALLEN P. BALDWIN EXEC. DIRECTOR	40			X				113,388.	0.	10,867.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NORA MENDEZ DEPUTY EXEC DIR	40			X				79,889.	0.	14,075.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total								193,277.	0.	24,942.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								193,277.	0.	24,942.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a	54,578.			
	b Membership dues	1b				
	c Fundraising events	1c	34,937.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	10,119.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	167,798.			
	g Noncash contributions included in lns 1a-1f.		\$ 20,194.			
	h Total. Add lines 1a-1f		267,432.			
PROGRAM SERVICE REVENUE	2a <u>LOW INCOME HOUSING RENT</u>	Business Code 531110	2,444,689.	2,444,689.		
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,444,689.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		22,411.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)			-51.	-51.		
8a Gross income from fundraising events (not including \$ 34,937. of contributions reported on line 1c) See Part IV, line 18		a	39,884.			
b Less: direct expenses		b	39,884.			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a <u>FEE- LOW INCOME PROPERTY</u>	531390	60,000.	60,000.			
b <u>MISCELLANEOUS</u>	900099	9,474.	9,474.			
c <u>LATE CHARGES</u>		8,270.			8,270.	
d All other revenue						
e Total. Add lines 11a-11d		77,744.				
12 Total revenue. See instructions		2,812,225.	2,514,112.	0.	30,681.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,971.	2,971.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	224,837.	169,911.	42,416.	12,510.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	234,561.	185,250.	21,641.	27,670.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,761.	10,990.	314.	457.
9 Other employee benefits	38,249.	35,581.	930.	1,738.
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	53,396.	47,100.	3,778.	2,518.
b Legal	1,642.		1,642.	
c Accounting	68,228.	40,328.	27,900.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	5,069.		5,069.	
g Other	1,338.	1,100.	238.	
12 Advertising and promotion				
13 Office expenses	50,028.	42,501.	4,516.	3,011.
14 Information technology	16,687.	14,017.	1,602.	1,068.
15 Royalties				
16 Occupancy	39,600.	35,640.	2,376.	1,584.
17 Travel	13,694.	13,694.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,165.	575.	6,590.	
20 Interest	487,861.	487,861.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	347,225.	345,636.	953.	636.
23 Insurance	90,494.	87,533.	1,777.	1,184.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a REPAIRS	401,596.	401,596.		
b MAINTINANCE	304,600.	304,600.		
c UTILITIES	247,916.	247,916.		
d PROPERTY TAXES	59,355.	59,355.		
e COLLEGE AWARENESS	35,487.	35,487.		
f All other expenses	113,670.	50,721.	32,269.	30,680.
25 Total functional expenses. Add lines 1 through 24f	2,857,430.	2,620,363.	154,011.	83,056.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	87,936.	1	66,761.
	2 Savings and temporary cash investments	1,334,299.	2	1,004,567.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	16,334.	4	32,600.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	106,751.	9	126,374.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 18,374,045.		
	b Less accumulated depreciation	10b 6,442,659.	12,277,727.	10c 11,931,386.
	11 Investments – publicly traded securities	156,899.	11	207,399.
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	609,373.	15	329,598.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,589,319.	16	13,698,685.	
LIABILITIES	17 Accounts payable and accrued expenses	998,363.	17	1,014,038.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	15,171,186.	23	14,272,555.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	307,370.	25	309,277.
	26 Total liabilities. Add lines 17 through 25	16,476,919.	26	15,595,870.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	-2,074,126.	27	-2,141,848.
	28 Temporarily restricted net assets	56,526.	28	84,663.
	29 Permanently restricted net assets	130,000.	29	160,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	-1,887,600.	33	-1,897,185.
	34 Total liabilities and net assets/fund balances.	14,589,319.	34	13,698,685.

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,812,225.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,857,430.
3	Revenue less expenses Subtract line 2 from line 1	3	-45,205.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,887,600.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	35,620.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-1,897,185.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

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

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

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III — Functionally integrated
 - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	334,395.	303,554.	359,938.	195,039.	232,495.	1,425,421.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	334,395.	303,554.	359,938.	195,039.	232,495.	1,425,421.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						360,358.
6 Public support. Subtract line 5 from line 4						1,065,063.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	334,395.	303,554.	359,938.	195,039.	232,495.	1,425,421.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,802.	44,949.	46,249.	40,589.	22,411.	198,000.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	-826.	27,201.	-326.	31,555.	52,681.	110,285.
11 Total support. Add lines 7 through 10						1,733,706.
12 Gross receipts from related activities, etc. (see instructions)						12 12,130,069.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	61.4 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	63.6 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%
19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		

Part IV

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

[illegible]

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, lines 6, 7, 8, 9, 10, 11, or 12.**
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2010**Open to Public Inspection**

Name of the organization

Employer identification number

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 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? ☐ Yes ☐ No

6 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
a 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 (ASC 958), 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 (ASC 958), 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	► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	332,196.	240,399.	199,294.		
b Contributions	30,000.	30,000.	100,000.		
c Net investment earnings, gains, and losses	40,385.	61,797.	-58,895.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	402,581.	332,196.	240,399.		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 48.48 %

b Permanent endowment ▶ 51.52 %

c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		X

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds SEE PART XIV

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,231,776.		5,231,776.
b Buildings		13,063,766.	6,377,749.	6,686,017.
c Leasehold improvements				
d Equipment				
e Other		78,503.	64,910.	13,593.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				11,931,386.

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. (See Form 990, Part X, line 12.) N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13.) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets. (See Form 990, Part X, line 15.) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) RENT ADVANCE	31,507.
(3) RENT ADVANCE-KEEL	103,251.
(4) TENANT DEPOSITS	174,519.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	
309,277.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,812,225.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,857,430.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-45,205.
4	Net unrealized gains (losses) on investments	37,983.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	-2,363.
9	Total adjustments (net) Add lines 4 through 8	35,620.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-9,585.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,890,092.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	37,983.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	39,884.
e	Add lines 2a through 2d	2e	77,867.
3	Subtract line 2e from line 1	3	2,812,225.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,812,225.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,897,314.
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	
c	Other losses	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	39,884.
e	Add lines 2a through 2d	2e	39,884.
3	Subtract line 2e from line 1	3	2,857,430.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,857,430.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**REVENUE TO BE USED FOR STEPPING UP PROGRAM**

Part XIV Supplemental Information *(continued)*

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☒ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>LANTERN</u> (event type)	(b) Event #2 <u>AHA BREAKFAST</u> (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	57,401.	17,420.		74,821.
	2 Less Charitable contributions	28,436.	6,501.		34,937.
	3 Gross income (line 1 minus line 2)	28,965.	10,919.		39,884.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		239.		239.
	7 Food and beverages	25,342.	9,867.		35,209.
	8 Entertainment	1,078.	500.		1,578.
	9 Other direct expenses	2,545.	313.		2,858.
	10 Direct expense summary Add lines 4- through 9 in column (d)				39,884.
	11 Net income summary. Combine line 3, column (d), and line 10				

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

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

☐ Yes

☐ No

b If 'No,' explain: _____

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

☐ Yes

☐ No

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If 'Yes,' enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

PROGRAM ACCOMPLISHMENTS

ORANGE COUNTY COMMUNITY HOUSING CORPORATION CELEBRATED 33 YEARS OF SERVICE TO
EXTREMELY LOW-INCOME FAMILIES IN 2010 FULFILLING ITS MISSION "TO TRANSITION
EXTREMELY LOW-INCOME FAMILIES TOWARDS GREATER SELF-SUFFICIENCY BY ASSISTING THEM
WITH HOUSING AND EDUCATION." GENEROUS SUPPORT OF OCCHC/STEPPINGUP ALLOWED THE
PROGRAM TO EXPAND ITS SERVICES TO EXTREMELY LOW-INCOME FAMILIES THROUGHOUT ORANGE
COUNTY BREAKING THE CYCLE OF POVERTY THROUGH AFFORDABLE HOUSING AND EDUCATION.
OCCHC/STEPPINGUP'S WORK AS NAMED TRUSTEE FOR THE ETHIC HOUSING TRUST CONTINUED
STRATEGIZING ON THE PRODUCTION OF 166 AFFORDABLE HOUSING UNITS IN THE GREAT PARK
PLANNING AREA OF THE CITY OF IRVINE. PLANNING EFFORTS CONTINUED THROUGHOUT 2010
PROMISING A VERY BUSY 2011 WITH REORGANIZATION, SITE IDENTIFICATION, SITE PLANNING
AND DESIGN INVOLVEMENT.

FAMILY MENTORING

IN 2010, THE NEED FOR STEPPINGUP'S FAMILY MENTORING COMPONENT INCREASED AS 27% OF
OUR FAMILIES REPORTED TO HAVE A REDUCTION OF HOURS AT WORK, 10% EXPERIENCED A PAY
CUT AND 19% LOST THEIR JOB ENTIRELY. FAMILY MENTORING RESULTS SHOW THAT THE
PROGRAM:

-SERVED 1,429 AT-RISK INDIVIDUALS THROUGHOUT ORANGE COUNTY AND TRANSITIONED 137
INDIVIDUALS OF 31 FAMILIES FROM TRANSITIONAL SHELTERS WHO WERE ONCE ON THE BRINK OF
HOMELESSNESS AND ARE NOW PROVIDED WITH AFFORDABLE HOUSING AND EDUCATIONAL SERVICES
THROUGH STEPPINGUP.

-PROVIDED 9 SEMINARS TO 104 RESIDENTS OF 92 FAMILIES FOCUSING ON ISSUES SUCH AS
SURVIVING UNEMPLOYMENT, BUDGETING, CAREER SUCCESS, TWO 7-WEEK WOMEN'S EMPOWERMENT
SERIES IN BOTH SPANISH AND ENGLISH AND ASSISTED 4 FAMILIES IN BECOMING FIRST-TIME
HOMEOWNERS (49 FAMILIES SINCE 2003) WITH 11 FAMILIES IN THE PROCESS OF COMPLETING

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

HOME OWNERSHIP SEMINARS.

-IN ADDITION, 16% OF FAMILIES OPENED BANK ACCOUNTS, 7% IMPROVED THEIR CREDIT SCORES, 30% REPORTED A BETTER JOB OR IMPROVED POSITION, 13% ENROLLED INTO ENGLISH CLASSES AND 60 INDIVIDUALS REPORTED IMPROVING THEIR BUDGETING AND BANKING SKILLS.

COLLEGE AWARENESS PROJECT (CAP)

IN 2010 CAP PROVIDED FREE MENTORING AND ACADEMIC ADVISING TO OVER 141 AT-RISK

STUDENTS THROUGH 3,810 ONE-ON-ONE WEEKLY MEETINGS AT 3 SITES LOCATED IN HUNTINGTON

BEACH, BUENA PARK AND GARDEN GROVE. CAP CELEBRATED ITS LARGEST GRADUATING CLASS OF

13 HIGH SCHOOL SENIORS (ALL FIRST GENERATION COLLEGE STUDENTS) AND WE NOW HAVE 30

STUDENTS ATTENDING COLLEGE SINCE 2006. WHILE MAINTAINING ITS MISSION "TO EDUCATE

AND PREPARE 7-12 GRADE STUDENTS AND THEIR PARENTS WITH THE NECESSARY KNOWLEDGE AND

RESOURCES NEEDED TO PURSUE A HIGHER EDUCATION THROUGH ACADEMIC COUNSELING, CHARACTER

DEVELOPMENT, LEADERSHIP DEVELOPMENT, CULTURAL AWARENESS, CIVIC DUTY AND PARENT

INVOLVEMENT", CAP PROVIDED:

-SEVEN COLLEGE FIELD TRIPS TO PEPPERDINE, SOKA, VANGUARD, CYPRESS, SANTA ANA

COLLEGE, CHAPMAN UNIVERSITY, USC AND UCLA.

-TWELVE MONTHLY SEMINARS AT EACH OF OUR 3 SITES COMBINING ACTIVITIES WITH THE FOCUS

AREA OF THE MONTH SUCH AS LEADERSHIP, FINANCIAL LITERACY, PERSONAL IMPROVEMENT,

CAREER PLANNING, COMMUNITY SERVICE AND CULTURAL SENSITIVITY, SAT'S, COLLEGE FIELD

TRIPS, FILLING OUT COLLEGE APPLICATIONS AND 4 COMMUNITY SERVICE EVENTS WHERE

STUDENTS VOLUNTEERED AT ORGANIZATIONS SUCH AS PAINT YOUR HEART OUT, MARY'S KITCHEN

AND THE CHILD ABUSE PREVENTION CENTER.

-QUARTERLY PADRE (PARENTS ACTIVELY DEDICATED TO REINFORCING EDUCATION) MEETINGS

SERVING 87 PARENTS EDUCATING ON TOPICS SUCH AS: "4 SYSTEMS OF HIGHER EDUCATION",

"HIGH SCHOOL AND COLLEGE REQUIREMENTS", "FINANCING YOUR CHILD'S EDUCATION" AND

AB-540 STUDENTS: OVERCOMING THE CHALLENGES".

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

CAP'S LITERACY CLUB CONTINUED TO MAKE READING WORTHWHILE TO STUDENTS WHO REPORTED TO HAVE A NEW LOVE FOR READING THIS YEAR.

THE LANTERN FUNDRAISER RAISED \$20,000 IN SUPPORT OF STEPPINGUP AND SUNWEST BANK PRESENTED A \$10,000 DONATION TO OUR SCHOLAR SAVINGS PROGRAM ENCOURAGING STUDENTS TO SAVE FOR THEIR COLLEGE EDUCATION WHEREBY STEPPINGUP WILL MATCH FOR EVERY DOLLAR SAVED UP TO \$500 EACH YEAR.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

FOUNDED IN 1977, OCCHC HAS A MISSION TO TRANSITION EXTREMELY LOW-INCOME FAMILIES TOWARDS GREATER SELF-SUFFICIENCY BY ASSISTING THEM WITH HOUSING AND EDUCATION. OVER THE PAST 32 YEARS THE ORGANIZATION HAS CREATED AND CONTINUES TO OWN AND MANAGE 225 APARTMENTS, SERVING EXTREMELY LOW-INCOME FAMILIES CONSISTING OF 942 ORANGE COUNTY RESIDENTS (518 CHILDREN AND 424 ADULTS). THE ORGANIZATION'S UNIQUE STANCE IN OWNING AND MANAGING ALL OF ITS UNITS ALLOWS IT TO ENHANCE THE LIVES OF ITS FAMILIES WHILE THEY LIVE IN A STABLE ENVIRONMENT CONDUCIVE TO LEARNING AND SELF-IMPROVEMENT.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF FORM 990 AND SUPPORTING SCHEDULES IS GIVEN TO EACH BOARD MEMBER. THE FORM 990 IS REVIEWED WITH THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS APPROVE ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY CALLS FOR DISCLOSURE OF CONFLICT OF INTEREST ON APPOINTMENT OF NEW DIRECTORS OR HIRING OF NEW EMPLOYEES, AT THE TIME A CONFLICT ARISES AND, ANNUALLY AT THE JANUARY BOARD MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS FORM 990 OF OTHER NONPROFIT ORGANIZATIONS PROVIDING AFFORDABLE HOUSING, AND SUBMITS ITS

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT
RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES
THE EXECUTIVE DIRECTOR REVIEWS THE SALARIES OF OFFICERS AND KEY EMPLOYEES ON AN
ANNUAL BASIS AND CONSIDERS AMOUNTS PAID BY OTHER NONPROFIT ORGANIZATIONS, AND THE
INDIVIDUAL'S ACCOMPLISHMENTS AND RESPONSIBILITIES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND FORM 990 ARE ON THE
ORGANIZATION'S WEBSITE FOR VIEWING BY THE PUBLIC.

2010

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

01:26PM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2010	2009	2008	2007	2006
MISC. INCOME	9,474.			30.	48.
SPECIAL EVENT	34,937.	9,150.	-7,811.	19,410.	-874.
LATE CHARGES	8,270.	7,405.	7,485.	7,761.	
BAD DEBT RECOVERY		15,000.			
TOTAL	\$ 52,681.	\$ 31,555.	\$ -326.	\$ 27,201.	\$ -826.

2010**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6****CLIENT 103****ORANGE COUNTY COMMUNITY HOUSING CORP****95-3221290**

5/10/11

01 26PM

**SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN STUDENT SCHOLARSHIP ACCT.

	\$	-2,363.
TOTAL	\$	<u>-2,363.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**AHA BREAKFAST DIRECT EXPENSES
LANTERN DIRECT EXPENSES

	\$	10,919.
		28,965.
TOTAL	\$	<u>39,884.</u>

**SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**AHA BREAKFAST DIRECT EXPENSES
LANTERN DIRECT EXPENSES

	\$	10,919.
		28,965.
TOTAL	\$	<u>39,884.</u>

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

01:26PM

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN STUDENT SCHOLARSHIP ACCT	\$	-2,363.
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS		37,983.
TOTAL	\$	<u>35,620.</u>

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
1																
5	BERRY 4-PLEX	3/01/81		115,503							115,503	115,503	S/L	25		0
31	BERRY ST. FENCE	2/08/93		2,218							2,218	2,218	S/L	10		0
33	BERRY ST. BLOCK WALL	2/11/94		3,000							3,000	1,194	S/L	40		75
39	BERRY ST. TRASH ENCLOSURE	2/21/94		300							300	126	S/L	40		8
TOTAL 1				121,021		0	0	0	0	0	121,021	119,041				83
10-1																
12	252 STREAMWOOD CONDO	4/27/90		63,180							63,180	31,205	S/L	40		1,580
123	IRVINE CONDOS REFINANCE	1/01/99		2,273							2,273	836	S/L	30		76
TOTAL 10-1				65,453		0	0	0	0	0	65,453	32,041				1,656
10-2																
13	TANGELO CONDO	4/27/90		48,811							48,811	24,095	S/L	40		1,220
TOTAL 10-2				48,811		0	0	0	0	0	48,811	24,095				1,220
10-3																
14	EAGLEPOINT CONDO	5/11/90		68,005							68,005	33,433	S/L	40		1,700
TOTAL 10-3				68,005		0	0	0	0	0	68,005	33,433				1,700

FORM 990/990-PF

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
10-4																
17	7 STREAMWOOD CONDO	5/31/90		62,530							62,530	30,739	S/L	40		1,563
TOTAL 10-4				62,530		0	0	0	0	0	62,530	30,739				1,563
10-5																
15	FIRWOOD CONDO	5/23/90		58,012							58,012	28,517	S/L	40		1,450
TOTAL 10-5				58,012		0	0	0	0	0	58,012	28,517				1,450
10-6																
16	SPARROWHAWK CONDO	5/23/90		75,360							75,360	37,052	S/L	40		1,884
TOTAL 10-6				75,360		0	0	0	0	0	75,360	37,052				1,884
11																
24	CARNELIAN RESIDENCE	3/23/92		49,003							49,003	21,744	S/L	40		1,225
25	CARNELIAN IMPROVEMENTS	5/29/92		20,000							20,000	8,792	S/L	40		500
124	CARNELIAN REFINANCE	12/01/98		651							651	244	S/L	30		22
TOTAL 11				69,654		0	0	0	0	0	69,654	30,780				1,747
13																
29	CITRON BLDG	12/22/93		434,705							434,705	173,906	S/L	40		10,868
44	CITRON REHAB	6/01/95		460,044							460,044	167,723	S/L	40		11,501
125	CITRON REFINANCE	1/01/99		4,575							4,575	1,683	S/L	30		153
129	CITRON RELOCATION COSTS	1/01/98		3,324							3,324	996	S/L	40		83
TOTAL 13				902,648		0	0	0	0	0	902,648	344,308				22,605

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
14	—													
30	KEELSON BLDG	12/30/93							193,857	77,530	S/L	40		4,846
35	KEELSON REHAB	7/01/94							122,175	47,337	S/L	40		3,054
110	KEELSON REFERENCE	1/01/99							4,438	1,628	S/L	30		148
	TOTAL 14			0	0	0	0	0	320,470	126,495				8,048
15	—													
32	11TH. STREET BLDG	12/30/93							226,165	90,464	S/L	40		5,654
36	11TH. ST. REHAB	6/01/94							260,950	101,666	S/L	40		6,524
38	11TH. ST. LOANS FEES	1/01/94							1,251	672	S/L	30		42
78	11TH-AWNINGS	1/19/96							518	518	S/L	7		0
	TOTAL 15			0	0	0	0	0	488,884	193,320				12,220
16	—													
37	RAMONA 6-UNITS	10/28/94							236,108	89,531	S/L	40		5,903
76	RAMONA-REHAB	4/01/96							74,039	25,451	S/L	40		1,851
80	RAMONA-BEDROOM	12/09/96							1,515	497	S/L	40		38
126	RAMONA REFERENCE	12/01/98							1,648	610	S/L	30		55
	TOTAL 16			0	0	0	0	0	313,310	116,089				7,847
17	—													
42	17361 KOLEDO 1	3/01/95							153,920	57,079	S/L	40		3,848
43	17371 KOLEDO 1	4/27/95							140,201	51,407	S/L	40		3,505

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02.47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
79	KOLEDO 1-REHAB	6/01/96		174,226							174,226	59,169	S/L	40		4,356
102	GATES-17361 KOLEDO 1	1/10/97		780							780	260	S/L	40		20
103	SHEILD GATES-17361 KOLEDO	2/10/97		1,298							1,298	414	S/L	40		32
111	KOLEDO1 REFINANCE	1/01/99		5,086							5,086	1,870	S/L	30		170
TOTAL 17																
18				475,511		0	0	0	0	0	475,511	170,199				11,931
77	9TH. ST.-38 UNITS	9/30/96		1,070,063							1,070,063	354,464	S/L	40		26,752
86	9TH ST-REHAB	1/01/97		1,447,372							1,447,372	470,392	S/L	40		36,184
112	9TH ST REFINANCE	1/01/99		9,230							9,230	3,388	S/L	30		308
TOTAL 18																
19				2,526,665		0	0	0	0	0	2,526,665	828,244				63,244
84	QUEENS LANE-8 UNITS	12/31/96		285,082							285,082	92,651	S/L	40		7,127
87	QUEENS LANE-REHAB	1/01/97		152,202							152,202	49,465	S/L	40		3,805
127	QUEENS LANE REFINANCE	12/01/98		1,853							1,853	687	S/L	30		62
TOTAL 19																
2				439,137		0	0	0	0	0	439,137	142,803				10,994
6	CAPO 24-UNITS	4/15/84		1,277,236							1,277,236	1,135,332	S/L	30		42,575
26	CAPO LAUNDRY	9/15/92		4,094							4,094	1,768	S/L	40		102
27	CAPO LIGHTS	10/01/92		1,706							1,706	742	S/L	40		43
109	CAPO REFINANCE	12/01/98		14,508							14,508	5,364	S/L	30		484
TOTAL 2																
				1,297,544		0	0	0	0	0	1,297,544	1,143,206				43,204

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02 47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
20-1																
90	300 CARRIAGE #C-CONDO	1/01/98		34,684							34,684	10,404	S/L	40		867
104	300 CARRIAGE #C-REHAB	1/01/98		14,384							14,384	4,320	S/L	40		360
	TOTAL 20-1			49,068		0	0	0	0	0	49,068	14,724				1,227
20-2																
92	430 CARRIAGE #D-CONDO	2/01/98		34,096							34,096	10,153	S/L	40		852
105	430 CARRIAGE #D-REHAB	2/01/98		17,965							17,965	5,359	S/L	40		449
	TOTAL 20-2			52,061		0	0	0	0	0	52,061	15,512				1,301
20-3																
88	201 CARRIAGE #D-CONDO	1/01/98		34,115							34,115	10,236	S/L	40		853
106	201 CARRIAGE #D-REHAB	1/01/98		15,586							15,586	4,734	S/L	40		390
	TOTAL 20-3			49,701		0	0	0	0	0	49,701	14,970				1,243
20-4																
94	2760 SEGERSTROM #E-CONDO	5/01/98		58,104							58,104	16,951	S/L	40		1,453
107	2760 SEGERSTROM #E-REHAB	5/01/98		11,948							11,948	3,533	S/L	40		299
	TOTAL 20-4			70,052		0	0	0	0	0	70,052	20,484				1,752
20-5																
100	1725 W 3RD	5/01/98		42,150							42,150	12,297	S/L	40		1,054
108	1725 W 3RD #B-REHAB	5/01/98		14,989							14,989	4,386	S/L	40		375
	TOTAL 20-5			57,139		0	0	0	0	0	57,139	16,683				1,429

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 6

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
20-6																
113	809 DIAMOND	12/01/98		63,996							63,996	17,733	S/L	40		1,600
114	809 DIAMOND-REHAB	12/01/98		47,851							47,851	13,256	S/L	40		1,196
TOTAL 20-6				111,847		0	0	0	0	0	111,847	30,989				2,796
20-7																
115	1705 SPRUCE	1/01/99		46,814							46,814	12,870	S/L	40		1,170
116	1705 SPRUCE-REHAB	1/01/99		617							617	165	S/L	40		15
130	1705 SPRUCE-REHAB	1/01/99		34,000							34,000	9,350	S/L	40		850
167	REHABILITATION D	8/14/04		18,130							18,130	2,435	S/L	MM	40	453
TOTAL 20-7				99,561		0	0	0	0	0	99,561	24,820				2,488
21																
96	17351 KOLEDO 2	12/30/97		101,538							101,538	30,456	S/L	40		2,538
98	17291 KOLEDO 2	12/30/97		89,377							89,377	26,808	S/L	40		2,234
128	KOLEDO 2 REFINANCE	2/05/99		2,866							2,866	1,048	S/L	30		96
131	KOLEDO 2-REHAB	1/01/99		197,204							197,204	54,230	S/L	40		4,930
TOTAL 21				390,985		0	0	0	0	0	390,985	112,542				9,798
22-6																
117	1001 STEVENS 172	1/01/99		49,855							49,855	13,706	S/L	40		1,246
118	1001 STEVENS 172-REHAB	1/01/99		12,419							12,419	3,410	S/L	40		310
TOTAL 22-6				62,274		0	0	0	0	0	62,274	17,116				1,556

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 7

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
22-7																
132	1001 STEVENS 192	5/07/99		44,511							44,511	11,872	S/L	40		1,113
133	1001 STEVENS 192-REHAB	5/07/99		11,497							11,497	3,062	S/L	40		287
	TOTAL 22-7			56,008		0	0	0	0	0	56,008	14,934				1,400
23																
135	KOLEDO 3	4/18/00		401,413							401,413	97,005	S/L	40		10,035
139	KOLEDO 3-REHAB	6/30/01		182,925							182,925	38,871	S/L	40		4,573
	TOTAL 23			584,338		0	0	0	0	0	584,338	135,876				14,608
24																
137	KOLEDO 4	9/29/00		405,597							405,597	93,795	S/L	40		10,140
140	KOLEDO 4-REHAB	6/30/01		213,417							213,417	45,348	S/L	40		5,335
	TOTAL 24			619,014		0	0	0	0	0	619,014	139,143				15,475
25																
141	KOLEDO 5-REHAB	6/30/01		62,613							62,613	13,303	S/L	40		1,565
142	KOLEDO 5	2/01/01		210,696							210,696	46,964	S/L	40		5,267
	TOTAL 25			273,309		0	0	0	0	0	273,309	60,267				6,832
3																
7	CYP 1 4-PLEX	1/10/85		194,122							194,122	194,122	S/L	25		0
40	CYP 1 TRASH ENCLOSURE	2/21/94		150							150	63	S/L	40		4
	TOTAL 3			194,272		0	0	0	0	0	194,272	194,185				4

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 9

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
18	BUENA 2 8-UNITS	8/01/90		576,484							576,484	279,926	S/L	40		14,412
21	BUENA 2 RAINGUTTERS	4/03/91		991							991	469	S/L	40		25
TOTAL 8																
9				577,475		0	0	0	0	0	577,475	280,395				14,437
-																
19	BUENA 3 20-UNITS	12/14/90		1,372,900							1,372,900	655,016	S/L	40		34,323
20	BUENA 3 RAINGUTTERS	4/03/91		2,476							2,476	1,162	S/L	40		62
22	BUENA 3 SCREEN DOORS	7/09/91		1,500							1,500	1,463	S/L HY	5		0
23	BUENA 3 RAILINGS	11/22/91		495							495	217	S/L	40		12
TOTAL 9																
				1,377,371		0	0	0	0	0	1,377,371	657,858				34,397
FURNITURE AND FIXTURES																
1	MISC FURNITURE	7/01/83		360							360	360	S/L	5		0
2	5 FT TABLE	7/01/85		40							40	40	S/L	5		0
3	FILE CABINET	2/26/86		538							538	538	S/L	5		0
4	COMPUTER WORK DESK	2/08/93		358							358	336	S/L	7		0
83	FILE CABINETS(2)(U)	9/30/96		677							677	677	S/L	7		0
144	AVAYA TELEPHONE SYSTEM	1/02/01		3,363							3,363	2,520	S/L	12		280
145	EXEC CHAIR & DESK USED	1/02/01		218							218	162	S/L	12		18
146	DESK & FILE CABINET	8/25/01		321							321	225	S/L	12		27
147	AVAYA TELEPHONE SYSTEM	9/06/01		774							774	542	S/L	12		65
148	AVAYA TELEPHONE SYSTEM	9/06/01		1,076							1,076	750	S/L	12		90
149	BOOK CASES(2) USED	12/07/01		210							210	145	S/L	12		18
150	AVAYA TELEPHONE SYSTEM	9/24/01		460							460	314	S/L	12		38
151	OFFICE CHAIR	11/13/01		86							86	57	S/L	12		7

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 10

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
152	STORAGE CABINET TUTOR	11/13/01		290							290	196	S/L	12		24
153	"L" WORK STATION TUTOR	11/13/01		430							430	294	S/L	12		36
154	"U" WORK STATION TUTOR	11/13/01		430							430	294	S/L	12		36
155	LEATHER CHAIR TUTOR	11/13/01		215							215	147	S/L	12		18
156	LATERAL FILE TUTOR	11/13/01		430							430	294	S/L	12		36
157	72' BOOKCASE TUTOR	11/13/01		322							322	220	S/L	12		27
158	BACKUP SERVER	12/13/02		2,408							2,408	2,408	S/L	MQ	5	0
159	DELL COMPUTER	2/10/03		1,626							1,626	1,626	S/L	HY	5	0
160	FIVE DRAWER FILE CABINETS	9/11/03		2,308							2,308	2,145	S/L	HY	7	163
161	CANON CAMERA	11/25/03		380							380	351	S/L	HY	7	29
162	DELL COMPUTER	12/09/03		983							983	983	S/L	HY	5	0
163	CANON CAMERA	12/09/03		380							380	351	S/L	HY	7	29
164	PROJECTOR	11/23/04		1,858							1,858	1,461	S/L	HY	7	266
165	COMPUTER	12/28/04		1,539							1,539	1,539	S/L	HY	5	0
166	SERVER	12/28/04		460							460	460	S/L	HY	5	0
170	DELL LAPTOP	12/19/04		2,241							2,241	2,241	S/L	HY	5	0
171	DELL COMPUTER	10/03/04		1,432							1,432	1,432	S/L	HY	5	0
172	COMPUTERS (2)	2/24/04		1,330							1,330	1,330	S/L	HY	5	0
173	DELL COMPUTER	1/15/05		2,275							2,275	2,218	S/L	MQ	5	57
174	DELL SERVER	2/01/05		2,514							2,514	2,452	S/L	MQ	5	62
175	21ST CENTURY SOFTWARE	10/13/05		2,665							2,665	2,665	S/L	MQ	3	0
176	OFFICE FURNITURE	10/04/05		711							711	421	S/L	MQ	7	102
177	DELL COMPUTER (2)	11/17/05		2,528							2,528	2,087	S/L	MQ	5	441
178	DELL LAPTOP	9/09/06		1,581							1,581	1,067	S/L	MQ	5	316
179	STAFF CELL PHONES (4)	4/20/06		2,160							2,160	1,584	S/L	MQ	5	432
180	CASIO CAMERA	7/30/06		250							250	121	S/L	MQ	7	36
182	FURNITURE	1/02/07		1,250							1,250	514	S/L	MQ	7	179

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 11

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02 47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
183	CUBICLES	1/24/07		2,268							2,268	932	S/L	MQ	7 14250	324
184	SONY TAPE BACKUP	4/05/07		921							921	483	S/L	MQ	5 .20000	184
185	DELL LAPTOP COMPUTERS (5)	10/23/07		4,062							4,062	1,726	S/L	MQ	5 .20000	812
186	LAPTOP COMPUTER	11/13/07		1,480							1,480	448	S/L	MQ	7 14250	211
187	BATTERY BACKUP	12/31/07		574							574	244	S/L	MQ	5 .20000	115
188	OFFICE FURNITURE	4/12/07		804							804	302	S/L	MQ	7 14250	115
189	PAY PAL COMPUTER	12/11/07		329							329	140	S/L	MQ	5 .20000	66
190	CUBICLES	1/25/07		475							475	195	S/L	MQ	7 .14250	68
191	DELL COMPUTER	2/12/08		610							610	183	S/L	HY	5 .20000	122
192	DELL COMPUTER	5/23/08		695							695	209	S/L	HY	5 .20000	139
193	HP LAPTOP COMPUTER	8/26/08		1,040							1,040	312	S/L	HY	5 .20000	208
194	DELL COMPUTERS (2)	10/22/09		2,549							2,549	64	S/L	MQ	5 .20000	510
195	DELL COMPUTER 3610	4/15/10		884							884		S/L	HY	5 .10000	88
TOTAL FURNITURE AND FIXTURE																5,794
LAND																
45	LAND-BERRY	3/01/81		94,000							94,000					0
46	LAND-CAPO	4/15/84		305,397							305,397					0
47	LAND-CYP 1	1/10/85		58,112							58,112					0
48	LAND-BUEA 1	12/02/85		85,710							85,710					0
49	LAND-CYP 2	8/01/86		82,800							82,800					0
50	LAND-VISTA	11/01/86		87,000							87,000					0
51	LAND-POPPLAR	3/15/89		61,423							61,423					0
52	LAND-BUENA 2	4/03/90		100,377							100,377					0
53	LAND-252 STREAMWOOD	4/27/90		66,820							66,820					0
54	LAND-TANGELO	4/27/90		84,189							84,189					0

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 12

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02:47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
55	LAND-EARLEPOINT	5/11/90		76,995							76,995					0
56	LAND-FIRWOOD	5/23/90		78,488							78,488					0
57	LAND-SPARROWHAWK	5/23/90		84,640							84,640					0
58	LAND-7 STREAMWOOD	5/31/90		67,470							67,470					0
59	LAND-BUENA 3	12/14/90		250,880							250,880					0
60	LAND-CARNELIAN	3/23/92		113,152							113,152					0
61	LAND-CITRON	12/22/93		243,450							243,450					0
62	LAND-KEELSON	12/30/93		91,349							91,349					0
63	LAND-11TH. ST	12/30/93		318,811							318,811					0
64	LAND-RAMONA	10/28/94		180,034							180,034					0
65	LAND-17361 KOLEDO LANE 1	3/01/95		150,000							150,000					0
66	LAND-KOLEDO LANE-17371	4/27/95		150,000							150,000					0
82	LAND-9TH. ST.	9/30/96		688,751							688,751					0
85	LAND-QUEENS LANE	12/31/96		219,131							219,131					0
89	LAND-201 CARRIAGE #D	1/01/98		43,419							43,419					0
91	LAND-300 CARRIAGE #C	1/01/98		41,882							41,882					0
93	LAND-430 CARRIAGE #D	2/01/98		39,866							39,866					0
95	LAND-2760 SEGERSTROM #E	5/01/98		50,502							50,502					0
97	LAND-17351 KOLEDO 2	12/30/97		160,496							160,496					0
99	LAND-17291 KOLEDO 2	12/30/97		152,118							152,118					0
101	LAND-1725 W 3RD	5/01/98		30,272							30,272					0
119	LAND-809 DIAMOND	12/01/98		43,021							43,021					0
120	LAND-1705 SPRUCE	1/01/99		88,096							88,096					0
121	LAND-1001 STEVENS 172	1/01/99		40,955							40,955					0
134	LAND-1001 STEVENS 192	5/07/99		33,170							33,170					0
136	LAND-KOLEDO 3	4/18/00		331,092							331,092					0
138	LAND-KOLEDO 4	9/29/00		296,857							296,857					0

12/31/10

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 13

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/10/11

02 47PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
143	LAND-KOLEDO 5	2/01/01		141,051							141,051					0
	TOTAL LAND			5,231,776		0	0	0	0	0	5,231,776	0				0
	MISCELLANEOUS															
67	ORIGINAL PAINTING D	10/21/89		100							100	100	S/L	12		0
68	DESKS/CRENZA D	11/21/91		700							700	700	S/L	12		0
69	DESKS/CHAIRS(6) D	11/21/91		750							750	750	S/L	12		0
70	BOOKCASES(2) D	11/21/91		140							140	140	S/L	12		0
71	VISITOR CHAIRS(6) D	11/21/91		600							600	600	S/L	12		0
72	LEGAL FILE CABINET D	11/21/91		125							125	125	S/L	12		0
73	SILK OFFICE PLANTS D	11/21/91		120							120	120	S/L	12		0
74	FRAMED OFFICE PICTURE D	11/21/91		100							100	100	S/L	12		0
75	CONFERENCE ROOM TABLE D	11/21/91		150							150	150	S/L	12		0
81	FURNITURE D	10/22/96		500							500	500	S/L	12		0
168	KITCHEN APPLIANCES D 1705	8/14/04		1,950							1,950	1,532	S/L HY	7	.14290	279
169	FURNITURE D 1705	8/14/04		10,300							10,300	8,093	S/L HY	7	.14290	1,472
181	FURNITURE D POPLAR	11/30/06		2,800							2,800	1,250	S/L MQ	7	.14280	400
	TOTAL MISCELLANEOUS			18,335		0	0	0	0	0	18,335	14,160				2,151
	TOTAL DEPRECIATION			18,374,045		0	0	0	0	0	18,374,045	6,095,434				347,225
	GRAND TOTAL DEPRECIATION			18,374,045		0	0	0	0	0	18,374,045	6,095,434				347,225