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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	AF	or the 2	of the calendar year, or tax year beginning	and	enaing	_			
	Вс	heck if pplicable	C Name of organization			D Employer identifica	ation number		
	Г	Address change	The Illumination Found	ation					
		Name change	Doing Business As			71-10	47686		
	$\overline{}$	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number			
		Termin-	2691 Richter Avenue Su	•	1100111100110	949 273-0555			
		Amended	City or town, state or country, and ZIP + 4		<u> </u>	G Gross receipts \$	3,645,014.		
		Applica-	Irvine, CA 92606			H(a) Is this a group reti			
		pending	F Name and address of principal officer:Pau	l Leon		for affiliates?	Yes X No		
			2691 Richter Ave. #107,		606	H(b) Are all affiliates inclu			
	IT	ax-exem				1 ' '	st. (see instructions)		
			▶ www.ifhomeless.org			H(c) Group exemption	•		
				sociation Other	L Year		State of legal domicile: CA		
			ummary		•				
	0)	1 Bri	efly describe the organization's mission or most	significant activities Prov	ide ho	using and he	althcare		
7	Activities & Governance		ervices to break or prev						
2012	rus	2 Ch	eck this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net ass	ets.		
	Š	3 Nu	mber of voting members of the governing body	(Part VI, line 1a)		3	13		
6 0	9	4 Nu	mber of independent voting members of the go	verning body (Part VI, line 1b)		4	10		
<u>.</u>	es	5 To	tal number of individuals employed in calendar y	ear 2011 (Part V, line 2a)		5	58		
Ę	viti	6 To	tal number of volunteers (estimate if necessary)			6	3623		
<u></u>	Act	7 a To	tal unrelated business revenue from Part VIII, co	olumn (C), line 12		7a	0.		
Ш	_	b Ne	t unrelated business taxable income from Form	990-T, line 34		7b	0.		
SCANNED AUG						Prior Year	Current Year		
ð	单		ntributions and grants (Part VIII, line 1h)		ļ	76,145.	<u>1,753,886.</u>		
ပ္ထ	Revenue	1	ogram service revenue (Part VIII, line 2g)	·*		2,939.	<u>1,789,338.</u>		
U	é		estment income (Part VIII, column (A), lines 3,4			0.	<u> </u>		
	_	•	ner revenue (Part VIII, column (A); lines 5, 6d; 86		<u> </u>	0.	<u>77,630.</u>		
			tal revenue - add lines 8-through 1-1 (must equal			79,084.	3,620,854.		
		13 Gr	ants and similar amounts paid (Part IX, columia)		101,950.	7,224.			
		14 Be	nefits paid to or for members (Part(IX, column (A	<u> </u>	0.	0.			
	Ses		aries, other compensation, employee benefits (0.	1,442,290.				
	Expenses		ofessional fundraising fees (Rart IX column A)	0.	0.				
	Ä		tal fundraising expenses (Part IX, Column (D), lin		98.	F 766	2 020 100		
			ner expenses (Part IX, column (A), lines 11a-11d	•	ļ	5,766.	2,039,102.		
			tal expenses Add lines 13-17 (must equal Part I		-	107,716.	3,488,616.		
	<u>=8</u>	19 Re	venue less expenses Subtract line 18 from line	12		<28,632.>			
	ance	00 To	tal assats (Dart V. line 16)		Re	ginning of Current Year	End of Year		
	Asse	20 To	tal assets (Part X, line 16) tal liabilities (Part X, line 26)			26,414. 103,355.	718,822.		
	Net Assets or Fund Balances	21 10 22 Ne	t assets or fund balances Subtract line 21 from	line 20		<76,941.>	558,815. 160,007.		
	Pa	rt II	Signature Block	Time 20		V10, 341.0	100,007.		
			s of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the hest of my	knowledge and helief it is		
			nd complete. Declaration of preparer (other than office			•	/		
					· · · · · · · · · · · · · · · · · · ·	7/27	1/12		
	Sigr	, /	Signature of office		•	Date	/		
	Here	e L	Paul Cho, CFO						
			Type or print name and title						
		Pr	ınt/Type preparer's name	Preparer's signature		Date Check	PTIN		
	Paid		avid R. Stephens	Mavil Sty	hem	725/20/Belf-employed			
	Prep			ger & Beller LL	P	Firm's EIN	33-0639599		
	Use	Only Fi	m's address 1301 Dove Street						
		\leftarrow	Newport Beach, C			Phone no. (9	49) 752-7400		
		i	discuss this return with the preparer shown abo		·	·	X Yes No		
—	1690	01-23-1	LHA For Paperwork Reduction Act Notice	e, see the senarate instructi	ons		Form 990 (2011)		

	990 (2011) The Illumination Foundation	71-1047686	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	Our vision is to break the cycle of homelessness. Our		e
	partnership combines healthcare and mental health serv	vices with	
	housing and social services to reduce the impacts of l	<u>homelessness a</u>	nd
	reduce people's vulerability to future homelessness.		
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	X 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 service	es? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	• •	
	others, the total expenses, and revenue, if any, for each program service reported	.	_
4a	(Code (Expenses 2, 946, 746 including grants of \$) (R	Revenue \$ 3,620,	854.)
·u	Provide housing and social services to homeless indiv		55 - 1 ,
	families.	radarb and	
	TOTAL TELEVISION OF THE PROPERTY OF THE PROPER		
4b	(Code) (Expenses \$	Zevenue \$	<u> </u>
710	(Code) (Expenses a	levelide #	
		** ***********************************	
			-
			• • •
4c	(Code) (Expenses \$	Revenue \$)
			,
		-	
			· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O)		
. •	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,946,746.		
		Form 9 9	90 (2011)

The Illumination Foundation 71-1047686 Form 990 (2011) Page 3 Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 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 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 98-197 If "Yes," complete Schedule C. Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D. Part III 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 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 169 If "Yes," complete Schedule D, Part VIII 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

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.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	3		X
t	4		X
	5		<u>x</u>
,	6		Х
	7		Х
	8		X
	9		x
	10		х
	11a	X	<u></u>
	11b		X
	11c		х
	11d		X
	11e	X	
	11f		<u>X</u>
	12a	Х	
	12b		<u>X</u>
	13		<u>X</u>
	14a		X
	14b		x
	15		X
	16	· ·	х
	17		х
	18_	X	
	19		_X_
	20a		X
	20b		
	Form	990 (2011)

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Part IV Checklist of Required Schedules (continued)

	·			·
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? If "Yes," complete			
	Schedule J	23		х
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	İ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			4,5
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00	v	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
24	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_ _		
U.	Schedule N, Part II	32		_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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		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	38	_X_	<u> </u>
		Form	990 (2011)

Form 990 (2011) The Illumination Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 109			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible? .	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f_		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8_		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	 		
11	Section 501(c)(12) organizations. Enter:	ł		
''	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	i		
b	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	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			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			200	

Form 990 (2011) The Illumination Foundation 71-1047686 Page 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				LX.				
<u>Sec</u>	tion 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 1a	13							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	10							
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?	L	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	İ							
	of officers, directors, or trustees, or key employees to a management company or other person?	L	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	L	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х				
6	Did the organization have members or stockholders?		6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	L	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?		8a	X					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	Ŀ	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	Ŀ	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	m?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Ŀ	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Ŀ	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	Ŀ	12c	_X_					
13	Did the organization have a written whistleblower policy?		13	_X					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent		İ						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	Ŀ	15a	X					
þ	Other officers or key employees of the organization	Ŀ	15b	Х					
	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?	L.	16a		X				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Ì						
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure	-							
17	List the states with which a copy of this Form 990 is required to be filed ►CA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of the control of th	only) av	aılabi	le					
	for public inspection. Indicate how you made these available. Check all that apply								
	X Own website X Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest police	y, and	finan	cıal					
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	anızatıc	n: 🕨						
	Paul Cho - 949 273-0559								
	2691 Richter Avenue Suite 107, Irvine, CA 92606								

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The Illumination Foundation

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 organ (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	s person is both and a director/trustee)			compensation from	compensation from related	amount of other
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Michael Haynes		1								
Chairman	5.00	X		X		ļ	_	0.	0.	0.
(2) Jack Toan									_	_
Vice Chairman	5.00	X	-	X	<u> </u>		L_	0.	0.	0.
(3) Aiko Tan		l								
Secretary	40.00	X	_	Х	ļ	├		54,826.	0.	0.
(4) Paul Cho			ĺ		l	Ì	l	05 556		
Treasurer	40.00	X	<u> </u>	X	_	ļ		85,756.	0.	0.
(5) Paul Leon	40.00	Ì			1			105 150		•
CEO	40.00	X	├	X		+-		105,150.	0.	0.
(6) Mark Austin	F 00								0.	0
Board director	5.00	├		\vdash	├─	┼		0.	U •	0.
(7) Ripa Arora, MD	5.00			1	l		ļ	0.	0.	0.
Board director	3.00	 	\vdash	├	 	╁	-			<u> </u>
(8) Larry Haynes	5.00		ĺ					0.	0.	0.
Board director (9) Scott Kelly		_	-		┞	1			0.	•
Board director	5.00		ĺ	ĺ			ĺ	0.	0.	0.
(10) Greg Pena		-		1	l					
Board director	5.00							0.	0.	0.
(11) Ginny Ripslinger		Ì	Ì			1				
Board director	5.00							0.	0.	0.
(12) Barbara Scheinman										
Board director	5.00		L	L	L			0.	0.	0.
(13) Steve Schoger										
Board director	0.00	İ	ļ					0.	0.	0.
		-	-	├	-	ļ	_			
		_	-	-	-	-	-			
		1		┸	Ь					- 000

i ai	(A) Name and title	(B) Average hours per week	(do	not c	(C Pos heck ss pe	c) ition more		one h an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate ount o	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	3	comp fro orga and	pensa om the anizati I relate nizatio	e ion ed
		•												
	Sub-total						•		245,732.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but in		nose	liste	ed al	bov	e) wh	no re	0. 245,732. eceived more than \$100	0,000 of reportabl	0. 0. e			0.
	compensation from the organization										Г		Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual					•		-		-	3		х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edule	e <i>J f</i>	for such ındıvıdual		ļ	4		X
5 —	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ed organization or indiv	idual for services		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co										pens	ation f	rom	
	the organization Report compensation for (A)	-	ear	endi	ng v	vith	or w	rithir	(B)			(C		
	Name and business	address	N	ONI	E				Description of s	services	С	ompei	nsatio	л ——
			-		-		•							
	Total number of independent contractors	includina but r	not l	mite	d to	the	se li	ster	d above) who received n	nore than	-			
	\$100,000 of compensation from the organ						0					Form !	000 /	0044

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<u> </u>					(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	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	4,930. 1748956. 303,926.	1753886.			
Program Service Revenue	2 a b c	Program service		Business Code 624200	1789338.	1789338.		
Progra Re	e f		nue	est, and	1789338.			
	4 5	other similar amounts) Income from investment of tax Royalties	k-exempt bond p	roceeds				
	С	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(ii) Other				
ıue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising	- '	>				
Other Revenu		contributions reported on line Part IV, line 18 Less direct expenses	a b	101790. 24,160.	77,630.			77,630.
	9 a b	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less direct expenses	tivities See a b		77,030.			77,030.
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale:	returns a b					
-	11 a b	Miscellaneous Revenu	e	Business Code				
13200 01-23-	d e 12	All other revenue Total. Add lines 11a-11d Total revenue See instructions.		>	3620854.	1789338.	0.	77,630. Form 990 (2011)

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).

7b, 8b 1 0 2 0 t 3 0 4 E	Check if Schedule O contains a response trinclude amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 (1 3 (1 4 E	organizations in the United States. See Part IV, line 21				exhenses
2 (3 (4 E	· F				
3 (C	Grants and other assistance to individuals in	7,224.	7,224.		
3 () (4 E					
4 E	he United States. See Part IV, line 22				······································
4 E	Grants and other assistance to governments,				
4 E	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
F '	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	rustees, and key employees	245,732.	196,586.	49,146.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	···	<u></u> -		
	Other salaries and wages	1,018,774.	721,222.	172,781.	124,771.
8 F	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
	Other employee benefits	69,137.	51,455.	11,128.	6,554. 11,716.
	Payroll taxes	108,647.	80,346.	16,585.	11,716.
11 F	Fees for services (non-employees)				
a M	Management				
b L	_egal				
c A	Accounting				
d L	_obbying				
e F	Professional fundraising services. See Part IV, line 17				
f I	nvestment management fees				
g (Other .	150,241.	126,848.	22,897.	496.
12	Advertising and promotion				
13 (Office expenses .				
14 l	nformation technology	60,203.	46,452.	5,280.	8,471.
15 F	Royalties				
16 (Occupancy	98,935.	83,022.	8,890.	7,023.
17	Travel	36,251.	30,579.	2,193.	3,479.
18 F	Payments of travel or entertainment expenses				
f	for any federal, state, or local public officials				
19 (Conferences, conventions, and meetings	4,916.	2,299.	2,344.	273.
20 I	nterest	4,252.		4,252.	
21 F	Payments to affiliates				
22 [Depreciation, depletion, and amortization	10,812.	6,971.	2,898.	943.
	Insurance	36,690.	27,928.	4,794.	3,968.
2	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	Direct client care	1,226,510.	1,226,355.	12.	143.
_	Donated materials and s	230,070.	230,070.		
_	Supplies	36,296.	28,983.	5,435.	1,878.
d <u>'</u>	Telephone	32,032.	23,039.	7,589.	1,404.
e /	All other expenses	111,894.	57,367.	27,748.	<u>26,779.</u>
<u>25 1</u>	Total functional expenses. Add lines 1 through 24e	3,488,616.	2,946,746.	343,972.	197,898.
26 .	Joint costs. Complete this line only if the organization				
r	reported in column (B) joint costs from a combined			1	
6	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2011)

	t X	Balance Sheet				
			Beginn	(A) ing of year		(B) End of year
Т	1	Cash - non-interest-bearing		26,414.	1	237,311.
	2	Savings and temporary cash investments			2	2377311
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	343,085
	5	Receivables from current and former officers, directors, trustees, key				343,003
	•	employees, and highest compensated employees. Complete Part II]	
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section			-	·- ·· · · · · · · · · · · · · · · · · ·
İ	•	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)				
1	7	Notes and loans receivable, net			6	
	7	Inventories for sale or use			7	74 066
	8				8	74,066 23,444
	9	Prepaid expenses and deferred charges			9	43,444
	iva	Land, buildings, and equipment cost or other	,522.			
			,879.	0.		20 642
			,013.	0.	10c	29,643
	11	Investments - publicly traded securities			11	
- 1	12	Investments - other securities. See Part IV, line 11	<u> </u>		12	
- 1	13	Investments - program-related. See Part IV, line 11			13	· · · · · · · · · · · · · · · · · · ·
	14 45	Intangible assets Other assets See Part IV less 11	<u> </u>	0.	14	11 072
- 1	15	Other assets. See Part IV, line 11	·		15	11,273
	<u> 16</u>	Total assets. Add lines 1 through 15 (must equal line 34)		26,414. 3,355.	16	718,822
- 1	17 10	Accounts payable and accrued expenses		_3,333.	17	331,351
	18 10	Grants payable Deferred revenue			18	
	19 20				19	
	20 21	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 emplo				
		highest compensated employees, and disqualified persons. Complete of Schedule L.	ran II			
	00	Secured mortgages and notes payable to unrelated third parties			22	
	23 24	. ,	1	00,000.	23	200 000
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tay, possibles to related third.)	<u> </u>	00,000.	24	200,000
	23	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Par	. V of			
		Schedule D	. ^ 01	0.	0.	27 464
	26	Total liabilities. Add lines 17 through 25	1	03,355.	25 26	27,464 558,815
+	20	Organizations that follow SFAS 117, check here		03,333.	20	330,613
			iibiete			
	07	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		76,941.	07	-17 056
	27 20		`	0.		<17,956 177,963
	28 20	Temporarily restricted net assets		<u> </u>	28	111,303
	29	Permanently restricted net assets			29	·-
		,	and			
	~~	complete lines 30 through 34.				
	30 31	Capital stock or trust principal, or current funds			30	
- 1	31	Paid-in or capital surplus, or land, building, or equipment fund	 		31	
	32	Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances.		76,941.	32	160,007
- 1	33					

-orn	1990 (2011) THE III UNITIDATION FOUNDACTOR	/ T -T04	7000	Pac	ge 12
Pa	rt 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	3,620),8	54.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,488	3,6	16.
3	Revenue less expenses. Subtract line 2 from line 1	3	132	2,2	38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<76	5,9	41.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	104	1,7	10.
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	160	0,0	07.
Pa	rt XII Financial Statements and Reporting			,	
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?	_	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form 9	990 (2	2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public

Employer identification number

Name of the organization

The Illumination Foundation 71-1047686 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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: 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. **b** Type II c ____ Type III - Functionally integrated d ___ Type III - Other __ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (v) Did you notify the (vi) Is the (i) Name of supported (iv) is the organization (vii) Amount of (ii) EIN organization organization in col. (i) organized in the in col. (i) listed in your organization in col organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

Total

Pa	Support Schedule for (Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I o	or if the organization			-
50	ction A. Public Support	, notou bolow, plac		····,			
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(a) 2007	(b) 2008	(6) 2003	(u) 2010	(e) 2011	(I) Total
•	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf			İ			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			1			
	column (f)						
	Public support. Subtract line 5 from line 4		<u> </u>			<u> </u>	
	ction B. Total Support	4 3 0007	# > 0000	1 ,,,,,,,,,	4 0 0010	4 > 0044	40 T-4-1
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	Amounts from line 4						
8	Gross income from interest,					ļ	
	dividends, payments received on		İ				
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for			rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
	organization, check this box and stor						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage			., 	
14	Public support percentage for 2011 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2010					15	%
16a	a 33 1/3% support test - 2011. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies		-				▶
ŀ	o 33 1/3% support test - 2010. If the o	•			d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual	•					▶∟⊥
17a	a 10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			-	*	art IV how the organ	nization
	meets the "facts-and-circumstances"	•	•	• • •	-	سند بدي	100/
ŀ	o 10% -facts-and-circumstances tes	_					
	more, and if the organization meets the	ne "tacts-and-circu	ımstances" test, c	neck this box and	stop here. Expla	in in Part IV how the	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

(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)

Sec	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		1			i	
	include any "unusual grants.")			3,940.	76,145.	1,855,676.	1,935,761.
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				2,939.	1 789 338.	1,792,277,
3	Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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			3,940.	79,084.	3,645,014.	3,728,038.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						3.728.038.
	ction B. Total Support		•		300		
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6		,::,	3,940.	79,084.	3,645,014.	3,728,038.
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	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)		L	3,940.	79,084.	3,645,014.	3,728,038.
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
	Public support percentage for 2011 (I			column (f))		15	100.00 %
	Public support percentage from 2010			,		16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	,		18	%
	a 33 1/3% support tests - 2011. If the			on line 14, and line	15 is more than 3		
15	more than 33 1/3%, check this box a						▶ X
ı	o 33 1/3% support tests - 2010. If the	organization did	not check a box or	n line 14 or line 19a,	and line 16 is mo	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	l box on line 14, 19	<u>ia, or 19b, che</u> ck thi	is box and see ins	structions	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

The Illumination Foundation

Employer identification number

71-1047686

Pa		ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be use	ed only
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histori	ically important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture 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, re	leased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements	(A A II' - A	0: 1 4
Pai	t III Organizations Maintaining Collections o	-	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	,,	•
	historical treasures, or other similar assets held for public ext	·	e of public service, provide, in Part XIV,
_	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, 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 tre		ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	•	\$
b	Assets included in Form 990, Part X		▶ \$

		<u>umination</u>							4/686	
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	r Simil	ar Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	t are a sig	ınıficant	use of its	collection i	tems
	(check all that apply).									
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	ıms				
b	Scholarly research	•	, [_]	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how th	ney further t	he organization	on's exem	npt purpo	ose ın Paı	t XIV	
5	During the year, did the organization solicit of	r receive donations	of art, hi	stoncal trea	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	on answered "	"Yes" to F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as:	sets not i	ncluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table						
		•	Ū						Amount	
С	Beginning balance						1c			
	Additions during the year					•	1d			
e	Distributions during the year						1e			
f	Ending balance	•					1f			
	Did the organization include an amount on F	orm 990 Part X line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV.		,						_ 103	
Par			nswered	"Yes" to Fo	rm 990 Part	IV line 10)			
	T T T T T T T T T T T T T T T T T T T	(a) Current year	Τ	rior year	(c) Two year			years back	(e) Four ye	ears hack
10	Beginning of year balance	(a) Ourient year	(6)	noi yeai	(c) 1 wo year	3 Back 1	u) IIIIco	years back	(e) rour y	Jai J Daok
1a	Contributions									
b			-							
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									<u> </u>
е	Other expenditures for facilities									
_	and programs				-					
T	Administrative expenses					-		<u> </u>		
g	End of year balance		<u> </u>		<u></u>				1	
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) neld as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for th	e organi	zation	<u></u>	
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	•							3b	
4	Describe in Part XIV the intended uses of the									<u>-</u>
Pai	t VI Land, Buildings, and Equipm			I	· r			 		
	Description of property	(a) Cost or o			t or other		cumulate		(d) Book	value
		basis (invest	ment)	basis	(other)	dep	reciation	٠		
1a	Land .									
b	Buildings									
С	Leasehold improvements									
d	Equipment				31,907.		9,4		22	,456.
е	Other	_ <u>., </u>		1	L 4 ,615.		7,4	28.	7	<u>,187.</u>
T-4-	Add lines 1a through 1a (Column (d) must s	and Farm 000 Par	+ V	mm (D) lung	10/011				29	613

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

71-1047686 Page 3

	rt XI Reconciliation of Change in Net Assets from Form 990 to		Financial St	atomoni	104/086 Page 4
		Auditeu	1	atemeni	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,620,854.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		3,488,616.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-	132,238.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities	•	. 5		
6	Investment expenses		6	~	
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		. 8		
9	Total adjustments (net). Add lines 4 through 8		9		
10 Do	Excess or (deficit) for the year per audited financial statements. Combine lines 3 art XII Reconciliation of Revenue per Audited Financial Statements.		10	r Dotur	132,238.
		ento with	nevenue pe		3,645,014.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12.	-	• -	. 1	3,043,014.
2	, ,	ا ۔ ا			
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	24 16	_	
d	Other (Describe in Part XIV.)	2d	24,16		24 160
e	Add lines 2a through 2d			2e	24,160.
3	Subtract line 2e from line 1			3	3,620,854.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment 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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	\A/:4b	-	5	3,620,854.
	t XIII Reconciliation of Expenses per Audited Financial Statem	ients with	Expenses p		
1	Total expenses and losses per audited financial statements			1	3,512,776.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	. 1			
а	Donated services and use of facilities	2a	-		
b	Prior year adjustments	2b			
С	Other losses .	2c		_	
d	Other (Describe in Part XIV.)	2d	24,16	0.	
е	Add lines 2a through 2d .	-		2e	24,160.
3	Subtract line 2e from line 1	-		3	3,488,616.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		,	5	<u>3,488,616.</u>
	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II, lines 1a an	d 4, Part IV, line	es 1b and 2	2b; Part V, line 4, Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp	plete this part	to provide any	additional	ınformation
_	. WIT I' 03 OLD 33'				
Pa	ct XII, Line 2d - Other Adjustments:				
a					24 160
Spe	ecial event expenses				24,160.
Par	rt XIII, Line 2d - Other Adjustments:				
_ (1)	other Adjustments:				
Sne	ecial event expenses				24,160.
<u> </u>	TOTAL CIONAL CARPONION			<u>_</u>	27,100.
	""	·			

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open To Public Inspection

Name of the organization Employer identification number The Illumination Foundation 71-1047686 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events С In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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 (v) Amount paid (iii) Did (vi) Amount paid (iv) Gross receipts (i) Name and address of individual (or retained by) have custody or control of contributions? to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No 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

	edu I rt I	le G (Form 990 or 990-EZ) 2011 The III Fundraising Events. Complete if the of fundraising event contributions and grant productions.	ne organization answered	"Yes" to Form 990, Par	t IV, line 18, or reported	
өг			(a) Event #1 Racing for	(b) Event #2 Women's Tea (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	84,925.	21,795.		106,720.
	2	Less: Charitable contributions	4,930.			4,930.
	3	Gross income (line 1 minus line 2)	79,995.	21,795.		101,790.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages .	11,708.	1,541.	-	13,249.
	8	Entertainment				
	9	Other direct expenses	5,661.	5,250.	·	10,911.
		Direct expense summary. Add lines 4 throug			. •	(24,160)
Da		Net income summary Combine line 3, column		000 P-+IV/140	<u> </u>	77,630.
Га	rt I		answered yes to Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Т	(t-) Dull tobe (notes)		(D T-4-1 (1-1
ıпе			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue				- mga progression amgo		(u)cag ca. (u)
	1	Gross revenue				
ses	2	Cash prizes .				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	(
	8	Net gaming income summary. Combine line	1, column d, and line 7			<u> </u>
а	ls t	ter the state(s) in which the organization opera he organization licensed to operate gaming ac No," explain	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r	•	•	year?	Yes No

Sch	edule G (Form 990 or 990-EZ) 2011 The Illumination Foundation 71-	<u>1047686</u>	Page 3
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 Yes	∐ No
13	Indicate the percentage of gaming activity operated in		
а	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 contract 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 > \$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<u> </u>	organization's own exempt activities during the tax year ▶ \$		
Pa —	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Open to Public Inspection

% ⊠ Employer identification number 71-1047686 Build community clinic (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed (i) Method of valuation (book, recash assistance or government assistance cash grant or government of the contraction of cash grant assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 7,224 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line is easien.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. The Illumination Foundation 03-0437935 General Information on Grants and Assistance criteria used to award the grants or assistance? Solutions - 8332 Commonwealth Ave. 1 (a) Name and address of organization Itegrated Community Healthcare - Buena Park, CA 90621 Name of the organization Part Part II

Schedule I (Form 990) (2011)

71-1047686

Page 2

Schedule I (Form 990) (2011) The Illumination Foundation

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance								
(e) Method of valuation (book, FMV, appraisal, other)			r additional information.					
(d) Amount of non-cash assistance			line 2, and any othe					
(c) Amount of cash grant			n required in Part I,					
(b) Number of recipients			ide the information				:	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

Schedule I (Form 990) (2011)

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	The	<u>= 111m</u>	<u>inati</u>	on For	<u>indatio</u>	n			T-10	4/68	<u> </u>	
						n 501(c)(4) organizatı						
Co	mplete if the orga	anızatıon ans	wered "Yes	" on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	b.		
1	(a) Name of dis	an baitlenn:	eon			(b) Description	of transa	ection			(c) Con	ected?
	(a) Name of dis		3011			(b) Description					Yes	No
····												
···					<u> </u>							
	•	osed on the	organizatioi	n manager	s or disqualifi	ied persons during the	year un	der				
section 495							•		> \$			
3 Enter the a	mount of tax, if a	ny, on line 2,	above, rein	nbursed by	the organiza	ation			▶ \$			
Part II Lo	ans to and/o	r From In	toractad	Darsons	•							
							D					
				T		line 26, or Form 990-E			38a (f) Approved		(=\ \\A	rtton
	of interested nd purpose		to or from inization?	(c) Origi	nal principal mount	(d) Balance due) In ault?	by bo	ard or	(g) W agreei	
		То	From	-			Yes	No	Yes	No	Yes	No
		- 10	FIGIII	+			res	INO	res	NO	res	NO
			-	+					 			-
	,	<u> </u>		 			+					
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		 	-	1			1	 -				
		1			,							
							1					
				-								
otal			1		▶ \$			1.				
Part III Gr	ants or Assis	stance Be	nefiting l	ntereste		S.						
Co	mplete if the orga	anization ans	wered "Yes	" on Form	990, Part IV,	line 27						
	me of interested				ionship betw	een interested person	and			ount an		f
					the or	ganization				assistan	ce	
								- 1				

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

Schedule L (Form 990 or 990-EZ) 2011

	volving Interested Persons.			
	rered "Yes" on Form 990, Part IV, line 28a, 20	•	(D D	(e) Sharing o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organization
	porcon and the organization			revenues? Yes No
Steve Schoger	Director	34 670	Behavioral	Tes No
sceve Schoger	DITECTOL	34,010	Dellaviorar	1 2
				†
		•		1
				<u> </u>
Part V Supplemental Information	1			
Complete this part to provide add	itional information for responses to question	s on Schedule L (see	instructions)	
Sch L, Part IV, Business	s Transactions Involvi	<u>ng Interest</u>	ted Persons:	:
	_			
a) Name of Person: Ster	ve Schoger			
(d) Description of Trans	saction: Behavioral He	alth servi	ces	
		•••		
				· · · · · · · · · · · · · · · · · · ·
		_ _	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

The Illumination Foundation 71-1047686 Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications X 303,926. Thrift store value 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other Other 26 Other 27 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Х b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х 32a b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

describe in Part II

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 Open to Public Inspection

Name of the organization

The Illumination Foundation

Employer identification number 71-1047686

Form 990, Part VI, Section B, line 11: The Finance Committee reviews the completed Form 990 and makes a recommendation to the full board for approval. A copy is made available for any board members who want to receive a copy.

Form 990, Part VI, Section B, Line 12c: The conflict of interest policy is signed annually by the members of the Board and reviewed by the Financial committee Chair and Chairman of the Board. If there is an apparent conflict of interest it is investigated immediately by the head of the Finance committee.

If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the members has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Form 990, Part VI, Section B, Line 15: The review procedures for the CEO are: the CFO is asked to provide comparable salaries from the most recent edition of Compensation & Benefits Survey from the Center for Nonprofit Management. This information is reviewed periodically by the Board Chair and is available upon request for other Board members. The Board may also

ask for information from other similar nonprofits whose CEO/ED performs LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Identifying number

990

Name(s) shown on return

Attach to your tax return. ➤ See separate instructions. Business or activity to which this form relates

OMB No 1545-0172

The Illumination Foun	dation	For	m 990 Pa	age 10		71-1047686
Part I Election To Expense Certain Prope					t V before vo	
Maximum amount (see instructions)	nty onder occurs.	TO HOLD, IT YOU THAVO GITY IN	sted property, e	ompicie i ui	1	500,000.
· ·	end in service (see	instructions)	•-		2	300,000.
2 Total cost of section 179 property placed in service (see instructions)						2,000,000.
3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-						2,000,000.
		•			5	
5 Dollar limitation for tax year Subtract line 4 from lin 6 (a) Description of pi			ness use only)	(c) Elect	 	
(4) 2334 (311 11 11 11 11 11 11 11 11 11 11 11 11		(5) 5551 (545)	ileas das Grily)	(0) 21001		
					···-	
						
· · · · · · · · · · · · · · · · · · ·						
7 Listed property. Enter the amount from	n line 20		7			
8 Total elected cost of section 179 proper			1			
9 Tentative deduction Enter the smaller	8					
10 Carryover of disallowed deduction from	9					
11 Business income limitation Enter the s					10	
12 Section 179 expense deduction Add I			-		11	
•	•				12	
13 Carryover of disallowed deduction to 2 Note: Do not use Part II or Part III below for			▶ 13			
Part II Special Depreciation Allowa			ide listed proper			
14 Special depreciation allowance for qua						
the tax year	linea property (oti	ier triair listed property, p	iaceu iii seivice	during	44	
15 Property subject to section 168(f)(1) el	ection				14	
16 Other depreciation (including ACRS)	ection	•	•		15	
Part III MACRS Depreciation (Do no	nt include listed n	operty \ (See instructions	1		1 10	
in to 10 Depresidation (De in	ot molado notos pi	Section A	'			
17 MACRS deductions for assets placed	in service in tax ve		1		17	8,733.
18 If you are electing to group any assets placed in ser	•	• •		ьг	¬ " '	0,133.
		e During 2011 Tax Year		eral Deprec	iation Syste	
	(b) Month and (c) Basis for depreciation		T	Jul Depree		
(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Conventio	n (f) Method	(g) Depreciation deduction
19a 3-year property	 	14,555.	3 Yrs.	HY	SL	1,566.
b 5-year property		3,715.		HY	SL	513.
c 7-year property		3,713.	3 113.	1111		<u> </u>
d 10-year property			 			
e 15-year property	_		 		+	
f 20-year property			 		+	
05			25 yrs	1	S/L	
g 25-year property			27 5 yrs	MM	S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
			† <u>-</u>	MM	S/L	
 Nonresidential real property 	,		39 yrs.	MM	S/L	
Section C - Assets I	Placed in Service	During 2011 Tax Year U	sing the Altern			tom
20a Class life	1	Daning 2011 tax roar 0	I I I I I I I I I I I I I I I I I I I	T	S/L	
b 12-year	-		12 yrs.	 	S/L	
c 40-year			40 yrs.	MM		
Part IV Summary (See instructions)			1 TO yis.	T IAIIAI	_ S/L	
21 Listed property. Enter amount from line	. 29					
22 Total. Add amounts from line 12, lines			a) and less 21		21	
Enter here and on the appropriate lines						10 010
23 For assets shown above and placed in	-	•	mons · see instr	·	22	10,812.
portion of the basis attributable to seci		s current year, enter the	_			
116251 11-21-11 LHA For Paperwork Reduction		senarate instructions	23			Form 4562 (2011)

The Illumination Foundation Form 4562 (2011) 71-1047686 Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes (b) (c) (e) (i) (d) Date Business/ Basis for depreciation Elected Type of property Recovery Method/ Depreciation Cost or placed in investment section 179 (list vehicles first) other basis period Convention deduction use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use % S/L· % S/L -% S/L· 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) **(f)** 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use No No No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, o	or 41 is "Yes," do not co	omplete Section B for	the covered vehic	les	
Part VI Amortization					
(a) Description of costs	(b) Date amorbzabon begins	Date amortization Amortizable		(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during	g your 2011 tax year				
			<u> </u>		
43 Amortization of costs that began before your 2011 tax year					
44 Total. Add amounts in column (f) See the instructions for where to report					

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons	
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)			
Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.		
Electroni	ic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file (6 months for a	a corporation	
	to file Form 990-T), or an additional (not automatic) 3-mo			-		•	
	file any of the forms listed in Part I or Part II with the ex				-		
	Benefit Contracts, which must be sent to the IRS in page						
	urs gov/efile and click on e-file for Chanties & Nonprofits		,		g	,,	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor						
Part I onl				,		▶ □	
	, corporations (including 1120-C filers), partnerships, REM	IICs. and t	nusts must use Form 7004 to reques	st an exter	sion of time		
	ome tax returns	.,		or an exten	Sion of thine		
Type or Name of exempt organization or other filer, see instructions Employer					r identification	number (FIN) or	
print	The st exempt enganization of other mor, ede motion	0110710		Employer identification number (EIN) or			
print	The Illumination Foundation	n					
le by the	Number, street, and room or suite no. If a P O box, s		tions				
due date for iling your	2691 Richter Avenue Suite		tions.	Social security number (SSN)			
eturn See							
nstructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions				
	Irvine, CA 92606						
	D						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
		T = '	T				
Applicati	on	Return	1			Return	
ls For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
Form 990	·EZ	01	Form 4720			09	
Form 990		04	Form 5227	10			
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069				
Form 990	-T (trust other than above)	06	Form 8870			12	
	Paul Cho						
The bo	boks are in the care of \triangleright 2691 Richter A	venue	Suite 107 - Irvin	e, CA	92606		
	one No. ► 949 273-0559		FAX No ▶				
If the c	organization does not have an office or place of business	s in the Ur	nited States, check this box				
If this	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole a	oup, check this	
oox ► [If it is for part of the group, check this box						
1 I re	quest an automatic 3-month (6 months for a corporation						
			tion return for the organization name		The extension	n	
ıs fo	or the organization's return for	t organiza	tion rotall for the organization harm	ca above.	THE CATCHOLO	•	
	X calendar year 2011 or						
Ĭ			d ondere				
	tax year beginning	, an	d ending		<u> </u>		
0 16.46	on tour year entered in line 1 in fairless their 10the						
2 If th	ne tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return	Fınal retur	n		
L	Change in accounting period						
							
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, enter the tentative tax, less any				_	
nonrefundable credits See instructions				3a	\$	<u> </u>	
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any refundable credits and					
est	mated tax payments made Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.	
c Balance due. Subtract line 3b from line 3a Include your		yment wit	h this form, if required,				
by i	using EFTPS (Electronic Federal Tax Payment System).	See ınstru	ctions	3c	\$	0.	
	If you are going to make an electronic fund withdrawal v				EO for navme		