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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

VOLUNTEER CENTER OF GREATER ORANGE COUNTY

Doing Business As

ONEOC

Number and street (or P O box if mail is not delivered to street address)

1901 E FOURTH STREET NO 100

Room/suite

City or town, state or country, and ZIP + 4

SANTA ANA, CA 92705

F Name and address of principal officer

DANIEL MCQUAID

1901 E FOURTH STREET NO 100

SANTA ANA,CA 92705

D Employer identification number

95-2021700

E Telephone number

(714) 953-5757

G Gross receipts \$ 9,929,659

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.ONEOC.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1958

M State of legal domicile

CA

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities VOLUNTEER CENTER OF GREATER ORANGE COUNTY STRENGTHENS OUR COMMUNITIES BY MOBILIZING VOLUNTEER ACTION AND ACCELERATING NON-PROFIT SUCCESS		
	2	Check this box ☐ 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)		24
	4	Number of independent voting members of the governing body (Part VI, line 1b)		23
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		110
	6	Total number of volunteers (estimate if necessary)		38,693
	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
	8	Contributions and grants (Part VIII, line 1h)		11,233,077
	9	Program service revenue (Part VIII, line 2g)		2,390,883
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,345
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,077
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,700,382
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,648,803
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,734,571
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 320,776		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		5,468,483
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		10,851,857
	19	Revenue less expenses Subtract line 18 from line 12		2,848,525
		Beginning of Current Year		
	20	Total assets (Part X, line 16)		6,344,314
	21	Total liabilities (Part X, line 26)		1,193,972
	22	Net assets or fund balances Subtract line 21 from line 20		5,150,342
		End of Year		

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

2012-10-08

Date

DANIEL MCQUAID PRESIDENT & CEO

Type or print name and title

Preparer's signature

TONY CHANG

Date

2012-09-27

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00291883

Firm's name (or yours if self-employed), address, and ZIP + 4

LINK MURREL & CHANG LLP

18831 BARDEEN AVENUE STE 200

IRVINE, CA 926121520

EIN

33-0158349

Phone no

(949) 261-1120

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part 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

THE VOLUNTEER CENTER OF GREATER ORANGE COUNTY (DBA ONEOC), IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION FORMED IN 1958 WITH VOLUNTEER, TRAINING, CONSULTING AND BUSINESS SERVICES, WE HELP ORANGE COUNTY'S NONPROFITS BECOME AS EFFECTIVE AND EFFICIENT AS THEY ARE PASSIONATE ABOUT THEIR MISSIONS OUR SERVICES ARE FULLY INTEGRATED, AND STRENGTHENED THROUGH PARTNERSHIP WITH OTHER LOCAL SERVICE PROVIDERS TOGETHER, WE WORK TO ACCELERATE THE SUCCESS OF ORANGE COUNTY NONPROFITS, ENABLING THEM TO REACH THEIR FULL POTENTIAL

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 organization's program service accomplishments for each of its three largest program services, 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 of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 1,474,897 including grants of \$ 391) (Revenue \$ 1,620,987)
	VOLUNTEER SERVICES VOLUNTEER SERVICES FOR INDIVIDUALS, CORPORATIONS, SELF-DIRECTED TEAMS, AND NONPROFIT ORGANIZATIONS WHO WANT MEANINGFUL VOLUNTEER EXPERIENCES THAT RESULT IN INCREASED CIVIC ENGAGEMENT
4b	(Code) (Expenses \$ 220,147 including grants of \$) (Revenue \$ 95,823)
	TRAINING SERVICES TRAINING SERVICES FOR NONPROFIT EMPLOYEES AND CURRENT AND POTENTIAL BOARD MEMBERS WHO WANT GOVERNANCE TRAINING AND PROFESSIONAL DEVELOPMENT THAT RESULT IN INCREASED LEADERSHIP AND BEST PRACTICES
4c	(Code) (Expenses \$ 211,370 including grants of \$) (Revenue \$ 186,609)
	CONSULTING SERVICES CONSULTING SERVICES FOR NONPROFIT ORGANIZATIONS AND LEADERS WHO WANT ORGANIZATIONAL CHANGE THAT RESULT IN MISSION GROWTH AND INCREASED COMMUNITY IMPACT
	(Code) (Expenses \$ 7,127,541 including grants of \$ 1,655,034) (Revenue \$)
	BUSINESS SERVICES BUSINESS SERVICES FOR COMMUNITY INITIATIVES, COMMUNITY PROJECTS OF FOUNDATIONS, PHILANTHROPIC COLLABORATIONS, AND SOCIAL ENTREPRENEURS WHO WANT FISCAL SPONSORSHIP, NON-PROFIT INCUBATION, AND INDEPENDENT CONTRACTED SERVICES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 7,127,541 including grants of \$ 1,655,034) (Revenue \$)

4e

Total program service expenses \$ 9,033,955

Form 990 (2011)

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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.		No
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.		No
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.		No
6	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 I.		No
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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
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.	Yes	
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.		No
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.		No
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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
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.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
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.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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, Part I.		No
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 U.S.? If "Yes," complete Schedule F, Part II and IV.		No
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 U.S.? If "Yes," complete Schedule F, Part III and IV.		No
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.		No
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.		No
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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

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>	21	Yes	
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 III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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 disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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>	26		No
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>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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>	36		No
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>	37		No
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	Yes	

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. .	1a	115
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	110
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
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 or securities account)?	4a	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	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	No
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).		
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?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
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?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	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.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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		
1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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?	7a	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

Section 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?	10a	No
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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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?	16a	No
b	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 exempt status with respect to such arrangements?	16b	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. VALERIE FRYER 1901 E FOURTH AVENUE STE 100 SANTA ANA, CA 92705 (714) 953-5757

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

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 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 organizations compensated any current or former officer, director, or trustee

[illegible]

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				
	b	Membership dues	1b	222,160			
	c	Fundraising events	1c	156,820			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,694,677			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,862,990			
	g	Noncash contributions included in lines 1a-1f \$ 36,690					
	h	Total. Add lines 1a-1f		7,936,647			
Program Service Revenue	2a	SERVICE FEES	Business Code 900099	1,906,111	1,906,111		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,906,111			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		6,549		
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)					
8a		Gross income from fundraising events (not including \$ 156,820 of contributions reported on line 1c) See Part IV, line 18	a	72,432			
b		Less direct expenses	b	64,747			
c		Net income or (loss) from fundraising events . .		7,685			7,685
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		MISCELLANEOUS INCOME	900099	7,920			7,920
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		7,920				
12	Total revenue. See Instructions		9,864,912	1,906,111	0	22,154	

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

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 United States See Part IV, line 21	1,655,425	1,655,425		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	460,922	249,283	144,157	67,482
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,684,136	2,334,226	196,458	153,452
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	188,220	182,518		5,702
10	Payroll taxes	218,809	183,783	21,114	13,912
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	47,104	39,328	2,644	5,132
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	182,259	141,572	24,269	16,418
17	Travel	328,083	315,673	6,541	5,869
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,829	43,473	6,766	4,590
23	Insurance	39,498	33,425	3,755	2,318
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	OUTSIDE SERVICES	2,650,839	2,540,779	88,523	21,537
b	DIRECT CLIENT CARE	648,269	648,269		
c	SUPPLIES	388,336	371,897	9,654	6,785
d	TELEPHONE UTILITIES	83,030	74,528	4,832	3,670
e					
f	All other expenses	245,389	219,776	11,704	13,909
25	Total functional expenses. Add lines 1 through 24f	9,875,148	9,033,955	520,417	320,776
26	Joint costs. Check here ☐ 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			4,856,732	1	719,927
	2	Savings and temporary cash investments				2	4,334,909
	3	Pledges and grants receivable, net			823,692	3	333,544
	4	Accounts receivable, net			398,672	4	72,287
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			16,969	8	6,798
	9	Prepaid expenses and deferred charges			67,025	9	177,512
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	263,103	164,822		
	b	Less—accumulated depreciation	10b	138,940		10c	124,163
	11	Investments—publicly traded securities				11	
	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			16,402	15	2,895
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,344,314	16	5,772,035
Liabilities	17	Accounts payable and accrued expenses			626,357	17	392,326
	18	Grants payable			526,730	18	295,068
	19	Deferred revenue			7,015	19	31,365
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			33,870	25	29,520
	26	Total liabilities. Add lines 17 through 25			1,193,972	26	748,279
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			474,045	27	637,482
	28	Temporarily restricted net assets			4,676,297	28	4,386,274
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ 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			5,150,342	33	5,023,756
	34	Total liabilities and net assets/fund balances			6,344,314	34	5,772,035

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	9,864,912
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,875,148
3	Revenue less expenses Subtract line 2 from line 1	3	-10,236
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,150,342
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-116,350
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	5,023,756

Part 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 ☒ 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separated 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

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

2011

Open to Public
Inspection

Name of the organization VOLUNTEER CENTER OF GREATER ORANGE COUNTY	Employer identification number 95-2021700
---	--

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 **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 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

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 it 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 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?

h

☐

Provide the following information about the supported organization(s)

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

(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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	☐

Part IIIPart III

Support Schedule for Organizations Described in IRC 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 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 include any "unusual grants.")	2,807,046	4,412,318	6,146,065	11,233,077	7,936,647	32,535,153
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	84,376	118,590	1,692,145	2,505,890	1,978,543	6,379,544
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	2,891,422	4,530,908	7,838,210	13,738,967	9,915,190	38,914,697
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	258,831	2,003,521	2,960,703	2,770,904	4,325,519	12,319,478
c Add lines 7a and 7b	258,831	2,003,521	2,960,703	2,770,904	4,325,519	12,319,478
8 Public Support (Subtract line 7c from line 6)						26,595,219

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	2,891,422	4,530,908	7,838,210	13,738,967	9,915,190	38,914,697
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,136	15,793	3,353	4,345	6,549	33,176
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,136	15,793	3,353	4,345	6,549	33,176
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.)			6,051	6,358	7,920	20,329
13 Total support (Add lines 9, 10c, 11 and 12.)	2,894,558	4,546,701	7,847,614	13,749,670	9,929,659	38,968,202
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	68.250 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	73.300 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.090 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.090 %
19a 33 1/3% support tests—2011. 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	☐	
b 33 1/3% support tests—2010. 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	☐	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	☐	

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

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION PART III, SECTION B, LINE 12 OTHER INCOME OF \$7,920 CONSIST OF VARIOUS VENDING AND SERVICE FEES

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
VOLUNTEER CENTER OF GREATER ORANGE COUNTY

Employer identification number
95-2021700

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 may 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)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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 the 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

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

3a(i)

Yes

No

3a(ii)

3b

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		235,544	126,380	109,164
e Other		27,559	12,560	14,999
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				124,163

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,864,912
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,875,148
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-10,236
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	-116,350
9	Total adjustments (net) Add lines 4 - 8	9	-116,350
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-126,586

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	11,606,495
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1,741,583
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,741,583
3	Subtract line 2e from line 1	3	9,864,912
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	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 should equal Form 990, Part I, line 12)	5	9,864,912

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,574,310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,699,162
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,699,162
3	Subtract line 2e from line 1	3	9,875,148
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	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 expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,875,148

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, 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.

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSFER OF ASSETS TO ANOTHER NON-PROFIT ORGANIZATION -158,771 USAGE OF DONATED INVENTORY 42,421 TOTAL TO SCHEDULE D, PART XI, LINE 8 -116,350
		SCHEDULE D, PART XI, LINE 8 SEE SCHEDULE O FOR FURTHER DETAILS (EXPLANATION FOR FORM 990, PART XI, LINE 5)
		PART X, LINE 2 FASB ASC 740 FOOTNOTE DISCLOSURE PER THE FINANCIAL STATEMENTS ONEOC FOLLOWS THE PROVISIONS OF FASB ASC 740 WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A NONPUBLIC ENTITY'S FINANCIAL STATEMENTS IT DETAILS HOW ENTITIES SHOULD RECOGNIZE, MEASURE, PRESENT, AND DISCLOSE UNCERTAIN TAX POSITIONS THAT HAVE BEEN OR ARE EXPECTED TO BE TAKEN AS SUCH, FINANCIAL STATEMENTS WILL REFLECT EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS THERE WAS NO IMPACT TO ONEOC'S FINANCIAL STATEMENTS AS A RESULT OF FASB ASC 740 THE ORAGNIZATION'S OPEN AUDIT PERIODS ARE 2007-2010

Open to Public Inspection

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

95-2021700

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. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SOV (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	229,252		229,252
	2	Less Charitable contributions	156,820		156,820
	3	Gross income (line 1 minus line 2)	72,432		72,432
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	15,000		15,000
	7	Food and beverages	49,747		49,747
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					(64,747)
					7,685

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			
					()

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

Provide 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

c

If "Yes," enter name and address

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
VOLUNTEER CENTER OF GREATER ORANGE COUNTY

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
95-2021700

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

43

3

Enter total number of other organizations listed in the line 1 table ▶

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.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ONEOC ESTABLISHED A DIRECT SPONSORSHIP MODEL WHEREBY ONEOC IS SOLELY RESPONSIBLE FOR EACH PROJECT ("GRANTEE" ORGANIZATION) THE PROJECT'S ASSETS ARE THE PROPERTY OF ONEOC AND THE LIABILITIES ARE THE OBLIGATIONS OF ONEOC ONEOC IS THE EMPLOYER OF RECORD FOR ANY EMPLOYEES ASSIGNED TO THE PROJECTS AND ACTS AS THE PRINCIPAL FOR SUBSTANTIALLY ALL OF THE TRANSACTIONS INCLUDING RECEIPT OF CASH FOR THE FISCAL SPONSORED PROJECTS OR THEIR ACTIVITIES AS WELL AS RECORDING RELATED INCOME AND EXPENSES, ALL OF WHICH ARE INCLUDED IN THE CENTER'S FINANCIAL STATEMENTS AND TAX RETURNS EACH OF THE FISCALLY SPONSORED PROJECTS HAVE AN ADVISORY BODY THAT DECIDES WHICH CHARITIES SHALL RECEIVE THE NET PROCEEDS FROM THE EVENT THE ADVISORY BODY THEN REQUESTS TO RELEASE THE FUNDS AS DIRECTED BY THE MISSION OF THE PROJECT

Software ID:

Software Version:

EIN: 95-2021700

Name: VOLUNTEER CENTER OF GREATER ORANGE COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2-1-1 ORANGE COUNTYPO BOX 14277 IRVINE,CA 92623	33-0063532	501(C)(3)	36,440				CAPACITY BUILDING
ACRES OF LOVE 31920 DEL OBISPO STE 175 SAN JUAN CAPISTRANO,CA 92675	33-0930465	501(C)(3)	10,000				EDUCATIONAL SERVICES
AGE WELL SENIOR SERVICES INC24300 EL TORO RD BLDGA SUITE 2000 LAGUNA WOODS,CA 92637	93-1163563	501(C)(3)	5,000				COMMUNITY INITIATIVES
AIDS SERVICE FOUNDATION17982 SKYPARK CIR STE J IRVINE,CA 92614	33-0126481	501(C)(3)	43,250				CAPACITY BUILDING
AIR SUPPORT ANGELES FOUNDATION318 W 9TH ST STE 201 LOS ANGELES,CA 90015	95-4705892	501(C)(3)	7,500				EDUCATIONAL SERVICES
AMERICA ON TRACK 600 W SANTA ANA BLVD STE 710 SANTA ANA,CA 92701	33-0724044	501(C)(3)	5,000				COMMUNITY INITIATIVES
AMERICAN RED CROSS601 N GOLDEN CIRCLE DR SANTA ANA,CA 92705	95-2147698	501(C)(3)	30,000				CAPACITY BUILDING
CASA OF ORANGE COUNTY1615 E 17TH ST STE 100 SANTA ANA,CA 92705	33-0069334	501(C)(3)	85,750				CAPACITY BUILDING
CASA TERESA123 W MAPLE AVE ORANGE,CA 92866	95-3251986	501(C)(3)	50,000				EDUCATIONAL SERVICES
CHAPMAN UNIVERSITYONE UNIVERSITY DR ORANGE,CA 92866	95-1643992	501(C)(3)	175,000				HEALTH & EDUCATIONAL SERVICES
CHILD HOPE INTERNATIONAL 1224 COAST VILLAGE CIRCLE ATTN PETER BOHLINGER SANTA BARBARA,CA 93108	31-1811232	501(C)(3)	46,122				HEALTH & EDUCATIONAL SERVICES
CITY OF IRVINE1 CIVIC CNTR PLAZA POBX 19575 IRVINE,CA 92623	95-2759391	501(C)(3)	5,000				HEALTH & EDUCATIONAL SERVICES
CITY OF SANTA ANA PARKS & REC20 CIVIC CNTR PLAZA POBX 1988 SANTA ANA,CA 92701	95-6000785	501(C)(3)	5,000				HEALTH & EDUCATIONAL SERVICES
COLETTE'S CHILDRENS HOME 17301 BEACH BLVD STE 23 HUNTINGTON BEACH,CA 92647	91-1939140	501(C)(3)	22,632				COMMUNITY INITIATIVES
DANCE PENINSULA BALLET2325 PALOS VERDE DR WEST PALOS VERDES ESTATES,CA 90274	33-0386617	501(C)(3)	5,000				COMMUNITY INITIATIVES
DEMATHA CATHOLIC HIGH SCHOOL5617 WILSON LANE BETHESDA,MD 20814	52-0607998	501(C)(3)	10,000				HEALTH & EDUCATIONAL SERVICES
FREE THE KIDS (FBO THEO WORKS)2303 W MARKET ST GREENSBORO,NC 27403	22-3741436	501(C)(3)	30,000				HEALTH & EDUCATIONAL SERVICES
FRIENDS OF OUTREACH20 LAKE ROAD IRVINE,CA 92604	33-0071787	501(C)(3)	5,000				COMMUNITY INITIATIVES
FULLERTON INTERFAITH EMERGENCYPO BOX 6326 FULLERTON,CA 92834	33-0147739	501(C)(3)	5,000				HEALTH & EDUCATIONAL SERVICES
HEALTHY SMILES FOR KIDS OF OC 10602 CHAPMAN AVE STE 200 GARDEN GROVE,CA 92840	38-3675065	501(C)(3)	31,500				CAPACITY BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMEFRONT AMERICA INC 27375 PASEO LA SERNA SAN JUAN CAPISTRANO,CA 92675	54-2178448	501(C)(3)	5,000				COMMUNITY INITIATIVES
HORATIO ALGER ASSOCIATION99 CANAL CENTER PLAZA STE 320 ALEXANDRIA,VA 22314	13-1669975	501(C)(3)	160,000				EDUCATIONAL SERVICES
INJURED MARINE SEMPER FI FUND WOUNDED WARRIOR CENTER BLDG H49 CAMP PENDELTON, CA 92055	26-0086305	501(C)(3)	11,217				COMMUNITY INITIATIVES
JOE FOSS INSTITUTE14415 N 73RD ST STE 109 SCOTTSDALE,AZ 85260	86-1026421	501(C)(3)	70,000				EDUCATIONAL SERVICES
LAGUNA BEACH SENIORS308 THIRD STREET LAGUNA BEACH,CA 92651	95-2983350	501(C)(3)	5,000				COMMUNITY INITIATIVES
MERCY HOUSEPO BOX 1905 SANTA ANA,CA 92702	33-0315864	501(C)(3)	45,000				CAPACITY BUILDING
MOMS ORANGE COUNTY1128 W SANTA ANA BLVD SANTA ANA,CA 92703	33-0518078	501(C)(3)	37,898				CAPACITY BUILDING
NEWPORT SPORTS MUSEUM100 NEWPORT CENTER DR 100 NEWPORT BEACH, CA 92660	33-0579344	501(C)(3)	12,000				EDUCATIONAL SERVICES
OC COMMUNITY FOUNDATION30 CORPORATE PARK STE 410 IRVINE,CA 92606	33-0378778	501(C)(3)	128,586				OPERATING SUPPORT FOR VARIOUS PROJECTS
OC HIGH SCHOOL OF THE ARTS FOUNDATION1010 N MAIN ST SANTA ANA,CA 92701	33-0377341	501(C)(3)	10,000				HEALTH & EDUCATIONAL SERVICES
ORANGEWOOD CHILDRENS FOUNDATION1575 E 17TH STREET SANTA ANA,CA 92705	95-3616628	501(C)(3)	12,000				EDUCATIONAL SERVICES
PRETEND CITY CHILDREN'S MUSEUM29 HUBBLE IRVINE,CA 92618	33-0761254	501(C)(3)	100,000				HEALTH & EDUCATIONAL SERVICES
PROJECT TOMORROW15707 ROCKFIELD BLVD STE 250 IRVINE,CA 92618	95-4581958	501(C)(3)	5,000				COMMUNITY INITIATIVES
ROYAL FAMILY KIDS3000 W MACARTHUR BLVD 412 SANTA ANA,CA 92704	33-0380021	501(C)(3)	10,000				COMMUNITY INITIATIVES
SAGE HILL SCHOOL 20402 NEWPORT COAST DR NEWPORT COAST, CA 92657	33-0729698	501(C)(3)	60,000				HEALTH & EDUCATIONAL SERVICES
SECOND HARVEST FOOD BANK8014 MARINE WAY IRVINE,CA 92618	95-3033494	501(C)(3)	47,200				CAPACITY BUILDING
STANTON COMMUNITY FOUNDATION7800 KATELLA AVE STANTON,CA 90680	90-0476259	501(C)(3)	5,000				HEALTH & EDUCATIONAL SERVICES
TALLER SAN JOSE 801 N BROADWAY SANTA ANA,CA 92701	59-3816355	501(C)(3)	12,000				EDUCATIONAL SERVICES
TEAM KIDS INC 2192 MARTIN STE 280 IRVINE,CA 92612	75-3152594	501(C)(3)	5,000				COMMUNITY INITIATIVES
THE GLOBAL ORPHAN PROJECT 6114 NORTH 9 HIGHWAY PARKVILLE,MO 64152	81-6079539	501(C)(3)	56,085				HEALTH & EDUCATIONAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MUHAMMAD ALI CENTER144 N 6TH ST LOUISVILLE, KY 40202	61-1323046	501(C)(3)	100,000				EDUCATIONAL SERVICES
VIRGIN LIMITED EDITION65 BLEECKER ST 6TH FL NEW YORK, NY 10012	20-3963486	501(C)(3)	125,050				EDUCATIONAL SERVICES
WOUNDED WARRIOR PROJECT 7020 AC SKINNER PARKWAY JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	15,000				HEALTH & EDUCATIONAL SERVICES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

VOLUNTEER CENTER OF GREATER ORANGE COUNTY

Employer identification number

95-2021700

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
5a The organization?		No
5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
6a The organization?		No
6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL J MCQUAID	(i)	156,344	32,500	0	0	6,737	195,581	0
	(ii)	0	0	0	0	0	0	0
(2) TIMOTHY STRAUCH	(i)	134,233	13,500	0	0	4,789	152,522	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 3	IN ADDITION TO THE BOXES CHECKED, SEE EXPLANATION FOR FORM 990, PART VI, SECTION B, LINE 15 (SCHEDULE O) FOR FURTHER EXPLANATION REGARDING THE ESTABLISHMENT OF THE CEO'S COMPENSATION.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
VOLUNTEER CENTER OF GREATER ORANGE COUNTY

Employer identification number
95-2021700

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
COMPUTERS &				
25 Other ► (SOFTWARE)	X	1	4,440	COST
26 Other ► (GIFT CARDS)	X	2	32,250	FACE VALUE ON GIFT CERTIFICATES
27 Other ► ()				
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

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

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) 2011

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.**
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization VOLUNTEER CENTER OF GREATER ORANGE COUNTY	Employer identification number 95-2021700
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE. THE ORGANIZATION'S FINANCE DIRECTOR WORKS CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM IT ENGAGES TO REVIEW THE RETURN, AND THE FINAL DRAFT OF FORM 990 IS ALSO REVIEWED BY THE CEO & COO PRIOR TO PROVIDING THE DRAFT TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE ALSO MET WITH THE ACCOUNTING FIRM HIRED TO PREPARE THE FORM 990. SUBSEQUENT TO ITS REVIEW, THE AUDIT COMMITTEE REPORTS BACK TO THE BOARD REGARDING ITS OVERSIGHT OF THE FORM 990 AND THE FINAL DRAFT IS PROVIDED TO THE ENTIRE VOTING BOARD BEFORE THE RETURN IS FILED.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ONEOC DOES HAVE A WRITTEN CONFLICT OF INTEREST POLICY ON FILE. THE BUSINESS & FINANCE COMMITTEE OF THE BOARD IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS. PURSUANT TO THE CONFLICTS OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I.E., BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES). COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE. WHEN SOMEONE BECOMES A COVERED PERSON AND ANNUALLY THEREAFTER, EACH COVERED PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT HE/SHE (1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICTS OF INTEREST QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE BUSINESS & FINANCE COMMITTEE AND ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS ARE INFORMED VIA WRITTEN COMMUNICATION. THE PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD, (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING, (3) THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, (4) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED, (5) ANY CONFLICTING ISSUES DURING THE COURSE OF A BOARD MEETING WHICH CANNOT BE RESOLVED IS REFERRED TO THE GOVERNANCE COMMITTEE, AND (6) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD ASSIGNS A STANDING GOVERNANCE COMMITTEE, COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHICH HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT, TO BE ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR THE CEO. THE COMMITTEE DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR THE CEO. THE COMMITTEE USES BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF THE CEO, I.E., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR SIMILAR JOB RESPONSIBILITIES AND THE ANNUAL COMPENSATION & BENEFIT GUIDE BY THE CENTER FOR NONPROFIT MANAGEMENT. THE COMMITTEE PRESENTS ITS REPORT TO THE BOARD OF DIRECTORS FOR A DISCUSSION WHICH IS DOCUMENTED IN THE BOARD MINUTES. A SIMILAR PROCESS TAKES PLACE BY THE CEO FOR EACH OF THE KEY OFFICERS AND HIGHLY COMPENSATED EMPLOYEES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES IT FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	TRANSFER OF ASSETS TO ANOTHER NON-PROFIT ORGANIZATION -158,771 USAGE OF DONATED INVENTORY 42,421 TOTAL TO FORM 990, PART XI, LINE 5 -116,350

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
EXPLANATION FOR CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	\$42,421 REPRESENTS THE USAGE OF DONATED INVENTORY \$-158,771 REPRESENTS THE TRANSFER OF ASSETS TO ANOTHER 501(C)(3) ORGANIZATION NO BENEFIT WAS RECEIVED FOR THESE TRANSFER OF ASSETS

Additional Data

Software ID:
Software Version:
EIN: 95-2021700
Name: VOLUNTEER CENTER OF GREATER ORANGE COUNTY

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code) (Expenses \$ 7,127,541 including grants of \$ 1,655,034) (Revenue \$) BUSINESS SERVICES BUSINESS SERVICES FOR COMMUNITY INITIATIVES, COMMUNITY PROJECTS OF FOUNDATIONS, PHILANTHROPIC COLLABORATIONS, AND SOCIAL ENTREPRENEURS WHO WANT FISCAL SPONSORSHIP, NON-PROFIT INCUBATION, AND INDEPENDENT CONTRACTED SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
STEVEN VOGEDING TREASURER	3 00	X		X				0	0	0
SCOTT TEMPEL DIRECTOR	3 00	X						0	0	0
MARK TILLOTSON VICE CHAIR - AUDIT	3 00	X		X				0	0	0
PETER DUNCAN VICE CHAIR - EXTERNAL AFFAIRS	3 00	X		X				0	0	0
SA SAM MURRAY VICE CHAIR - BUSINESS & FINANCE	3 00	X		X				0	0	0
DEVERA H HEARD SECRETARY	3 00	X		X				0	0	0
HEATHER HERD DIRECTOR	3 00	X						0	0	0
MICHELLE JORDAN BOARD CHAIR	3 00	X		X				0	0	0
JEANNIE KIM-HAN DIRECTOR	3 00	X						0	0	0
DANIEL KOBLIN VICE CHAIR - GOVERNANCE	3 00	X		X				0	0	0
CHRIS MEYER DIRECTOR	3 00	X						0	0	0
DANIEL J MCQUAID PRESIDENT & CEO	37 50	X		X				188,844	0	6,737
WILLIAM VON BLASINGAME DIRECTOR	3 00	X						0	0	0
JULIE SOKOL DIRECTOR	3 00	X						0	0	0
JEFFREY BIRD DIRECTOR	3 00	X						0	0	0
DENNIS BEAL DIRECTOR	3 00	X						0	0	0
TAWNYA BOND DIRECTOR	3 00	X						0	0	0
MARNA BULLARD DIRECTOR	3 00	X						0	0	0
ARNOLD PINKSTON DIRECTOR	3 00	X						0	0	0
MITCHELL REDDEN DIRECTOR	3 00	X						0	0	0
AVA STEAFFENS DIRECTOR	3 00	X						0	0	0
GARY MEISTER DIRECTOR	3 00	X						0	0	0
JAVIER MIER DIRECTOR	3 00	X						0	0	0
GALE B MOORE DIRECTOR	3 00	X						0	0	0
REGINO DIAZ DIRECTOR	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
SUZANNE ESBER DIRECTOR	3 00	X						0	0	0
VALERIE FRYER DIRECTOR OF FINANCE	37 50			X				95,395	0	6,201
TIMOTHY STRAUCH CHIEF OPERATING OFFICER	37 50				X	X		147,733	0	4,789
BARBARA POWERS CHIEF DEVELOPMENT OFFICER	37 50					X		106,973	0	6,087
RUTH KURISU MANAGING DIRECTOR	40 00					X		132,693	0	15,423
ERICKA WAIDLEY EXECUTIVE DIRECTOR	40 00					X		102,045	0	2,188