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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)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning

2011, and ending

B Check if applicable

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

C ORANGE COUNTY COMMUNITY HOUSING CORP
 2024 N. BROADWAY 3RD FLOOR
 SANTA ANA, CA 92706

D Employer Identification Number

95-3221290

E Telephone number

(714) 558-8161

G Gross receipts \$ 3,563,924.

F Name and address of principal officer

SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included?
If 'No,' attach a list (see instructions) ☐ Yes ☒ NoI Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.OCCHC.ORG

H(c) Group exemption number

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

L Year of Formation 1977

M State of legal domicile CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>FOUNDED IN 1977, OCCHC HAS A MISSION TO TRANSITION EXTREMELY LOW-INCOME FAMILIES TOWARDS GREATER SELF-SUFFICIENCY BY ASSISTING THEM WITH HOUSING AND EDUCATION. OVER THE PAST 32 YEARS THE ORGANIZATION HAS CREATED AND CONTINUES TO OWN AND MANAGE 225 APARTMENTS, SERVING EXTREMELY</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	267,432.	203,350.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,444,689.	2,505,721.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,360.	41,880.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,744.	12,630.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,812,225.	2,763,581.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,971.	24,383.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	509,408.	568,661.
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>83,284.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,345,051.	2,357,495.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,857,430.	2,950,539.
19	Revenue less expenses Subtract line 18 from line 12	-45,205.	-186,958.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	13,698,685.	14,041,747.
	22	Net assets or fund balances Subtract line 21 from line 20	15,595,870.	16,132,575.
		-1,897,185.	-2,090,828.	

Part II Signature Block

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

Sign Here	Signature of officer	<u>Yesenia Velez Ochoa</u>	Date	<u>5/15/12</u>
	Type or print name and title	<u>YESENIA VELEZ OCHOA</u>	<u>CHAIRPERSON</u>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<u>ROBERT LOPEZ</u>	<u>ROBERT LOPEZ</u>	<u>5/14/12</u>	<u>P00222725</u>
	Firm's name	<u>ROBERT LOPEZ ACCOUNTANCY CORP.</u>		
	Firm's address	<u>1442 IRVINE BLVD., STE. 227 TUSTIN, CA 92780</u>		
		Firm's EIN	<u>95-3537440</u>	
		Phone no	<u>(714) 731-9009</u>	

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

☒ Yes ☐ No

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

TEEA0113L 08/18/11

Form 990 (2011)

JUN 21 2012

2917

Part III Statement of Program Service Accomplishments

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

☒ X

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

SEE SCHEDULE O

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

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

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

If 'Yes,' describe these changes on Schedule O.

- 4**
- Describe the 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 \$ 2,159,992. including grants of \$) (Revenue \$)
ORANGE COUNTY COMMUNITY HOUSING CORPORATION (OCCHC) PROVIDES HOUSING AND RELATED SERVICES TO LOW AND MODERATE INCOME PERSONS. DURING 2011 THE ORGANIZATION MAINTAINED UNITS AT 25 LOCATIONS. SEE SCHEDULE O ON ACCOMPLISHMENTS.

4b (Code ☐) (Expenses \$ 508,139. including grants of \$ 8,033.) (Revenue \$)
STEPPING UP ASSISTS FAMILIES TO IMPROVE THEIR QUALITY OF LIFE. SEE SCHEDULE O ON ACCOMPLISHMENTS.
IN PRIOR YEARS THIS PROGRAM WAS INCLUDED AS PART OF THE HOUSING PROGRAM. THE CONTRIBUTIONS OF \$185,506 ON PAGE 1, LINE 8 ARE FOR THE STEPPING UP PROGRAM.

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,668,131.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	24a	X
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	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? <i>If 'Yes,' complete Schedule L, Part I</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? <i>If 'Yes,' complete Schedule L, Part II</i>	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? <i>If 'Yes,' complete Schedule L, Part III</i>	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):	28	
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
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	X
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 direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	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? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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	X
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	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	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	

BAA

Form 990 (2011)

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

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 11		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c X		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a 16		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b X		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country ▶			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a X		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b X		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		
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?	13 a		
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	13 b		
c Enter the amount of reserves on hand	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 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.	14	
1b Enter the number of voting members included in line 1a, above, who are independent	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		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?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
ALLEN BALDWIN 2024 N. BROADWAY 3RD FLOOR SANTA ANA CA 92706 (714) 558-8161

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT A. JOHNSON SECRETARY	0	X						0.	0.	0.
(2) GARRETT BLAND DIRECTOR	0	X						0.	0.	0.
(3) ELSA MONTE DIRECTOR	0	X						0.	0.	0.
(4) SAMUEL ROMERO DIRECTOR	0	X						0.	0.	0.
(5) OSCAR RODRIQUEZ TREASURER	0	X						0.	0.	0.
(6) FR. ED POETTGEN DIRECTOR	0	X						0.	0.	0.
(7) BRENDA RODRIGUEZ DIRECTOR	0	X						0.	0.	0.
(8) ANTONIO NUNEZ DIRECTOR	0	X						0.	0.	0.
(9) SASKIA KNIGHT DIRECTOR	0	X						0.	0.	0.
(10) VIVIAN PHAM DIRECTOR	0	X						0.	0.	0.
(11) CHARLIE HARRISON DIRECTOR	0	X						0.	0.	0.
(12) CRYSTAL SIMS DIRECTOR	0	X						0.	0.	0.
(13) JON TIMMONS DIRECTOR	0	X						0.	0.	0.
(14) YESENIA VELEZ OCHOA CHAIRPERSON	0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) FRANCISCO BARRAGAN DIRECTOR	0	X						0.	0.	0.
(16) JOSE MORENO DIRECTOR	0	X						0.	0.	0.
(17) ALLEN P. BALDWIN EXEC. DIRECTOR	40			X				105,234.	0.	18,887.
(18) NORA MENDEZ DEPUTY EXEC DIR	40			X				75,868.	0.	21,104.
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1 b Sub-total								181,102.	0.	39,991.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								181,102.	0.	39,991.

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

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

	Yes	No
3		X

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

4		X
---	--	---

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

5		X
---	--	---

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 5,602.					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 10,119.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 187,629.					
	g Noncash contributions included in lns 1a-1f: \$	7,725.					
	h Total. Add lines 1a-1f		203,350.				
PROGRAM SERVICE REVENUE	2 a <u>LOW INCOME HOUSING RENT</u>	Business Code 531110	2,505,721.	2,505,721.			
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,505,721.				
	3 Investment income (including dividends, interest and other similar amounts)		20,766.			20,766.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
OTHER REVENUE	6 a Gross rents	(i) Real (ii) Personal					
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)		21,114.	21,114.			
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a 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				
	11 a <u>LATE CHARGES</u>	900099	12,400.			12,400.	
	b <u>MISCELLANEOUS</u>	900099	230.	230.			
c <u>BAD DEBT RECOVERY</u>							
d All other revenue							
e Total. Add lines 11a-11d		12,630.					
12 Total revenue. See instructions		2,763,581.	2,527,065.	0.	33,166.		

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	16,350.	16,350.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	8,033.	8,033.		
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	216,236.	161,188.	43,247.	11,801.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	261,181.	158,342.	54,501.	48,338.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	19,709.	17,309.	922.	1,478.
9 Other employee benefits	71,535.	60,809.	5,104.	5,622.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	69,723.	60,822.	5,424.	3,477.
b Legal	8,061.	5,611.	2,450.	
c Accounting	56,773.	21,130.	35,643.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,026.		6,026.	
g Other				
12 Advertising and promotion				
13 Office expenses	75,730.	61,753.	8,517.	5,460.
14 Information technology	13,630.	11,101.	1,541.	988.
15 Royalties				
16 Occupancy	44,985.	39,164.	3,547.	2,274.
17 Travel	19,874.	19,874.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,146.		4,146.	
20 Interest	432,451.	432,451.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	340,346.	338,155.	1,335.	856.
23 Insurance	103,524.	98,537.	3,039.	1,948.
24 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 O.)				
a UTILITIES	339,315.	339,315.		
b REPAIRS	293,237.	293,237.		
c MAINTENANCE	264,720.	264,720.		
d COLLEGE AWARENESS	127,212.	127,212.		
e All other expenses	157,742.	133,018.	23,682.	1,042.
25 Total functional expenses. Add lines 1 through 24e	2,950,539.	2,668,131.	199,124.	83,284.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	66,761.	1	31,408.
	2 Savings and temporary cash investments	1,004,567.	2	918,890.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	32,600.	4	42,374.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	126,374.	9	104,052.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 18,394,804.		
	b Less accumulated depreciation	10b 6,750,469.	11,931,386.	10c 11,644,335.
	11 Investments — publicly traded securities	207,399.	11	201,050.
	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	329,598.	15	1,099,638.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,698,685.	16	14,041,747.	
LIABILITIES	17 Accounts payable and accrued expenses	1,014,038.	17	1,137,889.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	14,272,555.	23	14,683,237.
	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	309,277.	25	311,449.
	26 Total liabilities. Add lines 17 through 25	15,595,870.	26	16,132,575.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		
27 Unrestricted net assets		-2,141,848.	27	-2,334,302.
28 Temporarily restricted net assets		84,663.	28	83,474.
29 Permanently restricted net assets		160,000.	29	160,000.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances.		-1,897,185.	33	-2,090,828.
34 Total liabilities and net assets/fund balances		13,698,685.	34	14,041,747.

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Form 990 (2011)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,763,581.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,950,539.
3	Revenue less expenses. Subtract line 2 from line 1	3	-186,958.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,897,185.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-6,685.
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	-2,090,828.

Part XII Financial Statements and Reporting

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

☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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'.)	303,554.	359,938.	195,039.	232,495.	203,350.	1,294,376.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	303,554.	359,938.	195,039.	232,495.	203,350.	1,294,376.
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)						340,944.
6 Public support. Subtract line 5 from line 4						953,432.

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	303,554.	359,938.	195,039.	232,495.	203,350.	1,294,376.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,949.	46,249.	40,589.	22,411.	41,880.	196,078.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	27,201.	-326.	31,555.	52,681.	12,630.	123,741.
11 Total support. Add lines 7 through 10						1,614,195.
12 Gross receipts from related activities, etc. (see instructions)					12	12,273,321.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	59.07 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	61.43 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

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

This image shows a full page of a worksheet designed for handwriting practice. It features multiple rows of horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text present.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 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

Employer identification number

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

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

b Assets included in Form 990, Part X ► \$ _____

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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	402,581.	332,196.	240,399.	199,294.	
b Contributions		30,000.	30,000.	100,000.	
c Net investment earnings, gains, and losses	-13,834.	40,385.	61,797.	-58,895.	
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	388,747.	402,581.	332,196.	240,399.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 48.28 %
 b Permanent endowment ▶ 51.72 %
 c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,231,776.		5,231,776.
b Buildings		13,078,738.	6,709,183.	6,369,555.
c Leasehold improvements		17,690.	442.	17,248.
d Equipment		14,144.	354.	13,790.
e Other		52,456.	40,490.	11,966.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,644,335.

BAA

Schedule D (Form 990) 2011

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

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

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

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROCESS	1,066,354.
(2) DEPOSITS	15,198.
(3) MISC. RECEIVABLE	18,086.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	1,099,638.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RENT ADVANCE	31,515.
(3) RENT ADVANCE-KEEL	99,751.
(4) TENANT DEPOSITS	180,183.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	311,449.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,763,581.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,950,539.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-186,958.
4	Net unrealized gains (losses) on investments	-19,485.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.) SEE PART XIV	12,800.
9	Total adjustments (net). Add lines 4 through 8	-6,685.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-193,643.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,744,096.
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.) SEE PART XIV	2d	-19,485.
e	Add lines 2a through 2d	2e	-19,485.
3	Subtract line 2e from line 1	3	2,763,581.
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,763,581.

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

1	Total expenses and losses per audited financial statements	1	2,942,899.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,942,899.
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) SEE PART XIV	4b	7,640.
c	Add lines 4a and 4b	4c	7,640.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,950,539.

Part XIV Supplemental Information

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

--- PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND ---

--- REVENUE TO BE USED FOR STEPPING UP PROGRAM ---

Part XIV Supplemental Information (continued)This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

2011

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/14/12

12:29PM

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

CHANGE IN STUDENT SCHOLARSHIP ACCOUNT	..	\$	5,160.
SUNWEST BANK SCHOLARSHIP MATCHING FUNDS ON SCHEDULE I			<u>7,640.</u>
TOTAL		\$	<u><u>12,800.</u></u>

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

NET UNREALIZED LOSSES ON IMNVESTMENTS		\$	-19,485.
TOTAL		\$	<u><u>-19,485.</u></u>

**SCHEDULE D, PART XIII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

SUNWEST BANK SCHOLARSHIP MATCHING		\$	7,640.
TOTAL		\$	<u><u>7,640.</u></u>

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

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

**Open to Public
Inspection**

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

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.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BUILD FUTURES 19036 STONEHURST LANE HUNTINGTON BEACH, CA 92648	90-0629740	501 (C) (3)	16,350.	0.			FUNDS IN BEHALF OF BUILD FUTURES
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

1

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

0

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

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

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

2011

Open to Public
Inspection

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

PROGRAM ACCOMPLISHMENTS

ORANGE COUNTY COMMUNITY HOUSING CORPORATION (OCCHC) CELEBRATED 34 YEARS OF SERVICE TO EXTREMELY LOW-INCOME FAMILIES IN 2011 FULFILLING ITS MISSION "TO TRANSITION EXTREMELY LOW-INCOME FAMILIES TOWARDS GREATER SELF-SUFFICIENCY BY ASSISTING THEM WITH HOUSING AND EDUCATION." YOUR GENEROUS SUPPORT OF OCCHC/STEPPINGUP ALLOWED THE PROGRAM TO EXPAND ITS SERVICES TO EXTREMELY LOW-INCOME FAMILIES THROUGHOUT ORANGE COUNTY BREAKING THE CYCLE OF POVERTY THROUGH AFFORDABLE HOUSING AND EDUCATION.

OCCHC/STEPPINGUP'S WORK AS TRUSTEE FOR THE ETHIC HOUSING TRUST CONTINUED THE WORK OF STRATEGIZING ON THE PRODUCTION OF 544 AFFORDABLE HOUSING UNITS IN THE GREAT PARK PLANNING AREA OF THE CITY OF IRVINE. CREATED IN 2005, THE ETHIC HOUSING TRUST IS A COLLABORATION WITH THE SALVATION ARMY, RIVERSIDE CHARITABLE, AMERICAN RIDING CLUB FOR THE HANDICAPPED, SECOND BAPTIST CHURCH HOMELESS COALITION AND OCCHC/STEPPINGUP. THE OPPORTUNITY AROSE FROM TRUST MEMBER INVOLVEMENT IN THE CLOSING OF EL TORO MCAS BEGINNING IN 1995 AND PLANNING EFFORTS CONTINUED THROUGHOUT 2011 PROMISING A VERY BUSY 2012 WITH REORGANIZATION, SITE IDENTIFICATION, SITE PLANNING AND DESIGN INVOLVEMENT.

OVER THE PAST YEAR, STEPPINGUP'S FAMILY MENTORING COMPONENT ASSISTED 24 FAMILIES (81 INDIVIDUALS) IN TRANSITIONING FROM HOMELESS SHELTERS AND MOTELS TO OUR SAFE AND AFFORDABLE HOUSING WHILE EXPANDING SERVICE TO OVER 1,800 INDIVIDUALS THROUGHOUT ORANGE COUNTY AND ASSISTING 3 OF OUR FAMILIES IN BECOMING FIRST-TIME HOMEOWNERS. THE PROGRAM'S FOCUS ON EDUCATING AT-RISK YOUTH THROUGH COLLEGE AWARENESS AND FINANCIAL LITERACY WITH STEPPINGUP'S COLLEGE AWARENESS PROGRAM (CAP), LED TO GREAT ACHIEVEMENTS EXCEEDING ITS INITIAL GOAL OF SERVING 125 STUDENTS BY SERVING 191 AT-RISK STUDENTS AND OUR LARGEST GRADUATING CLASS OF 23 SENIORS NOW ENROLLED INTO

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

COLLEGE! WE ARE PLEASED TO SHARE THE FOLLOWING SUCCESS AS A RESULT OF YOUR SUPPORT. THE NEED FOR STEPPINGUP'S FAMILY MENTORING COMPONENT CONTINUES TO INCREASE AS 32% OF OUR FAMILIES REPORTED TO HAVE A REDUCTION OF HOURS AT WORK WITH 7% EXPERIENCING A PAY CUT AND 14% LOSING THEIR JOB ENTIRELY IN 2011. FAMILY MENTORING RESULTS SHOW THAT THE PROGRAM EXCEEDED ITS GOALS AS A RESULT OF YOUR SUPPORT AS IT:

- SERVED 1,866 AT-RISK INDIVIDUALS THROUGHOUT ORANGE COUNTY AND 780 RESIDENTS FROM EACH OF OUR 225 UNITS IN ADDITION TO 1,086 NON-RESIDENT INDIVIDUALS IN NEED OF ASSISTANCE.

- TRANSITIONED 81 INDIVIDUALS OF 24 FAMILIES FROM TRANSITIONAL SHELTERS AND MOTELS TO OUR SAFE AND AFFORDABLE HOUSING WHILE PROVIDING FREE EDUCATIONAL SERVICES THROUGH STEPPINGUP.

- PROVIDED 9 SEMINARS TO 104 RESIDENTS OF 85 FAMILIES INCLUDING OUR FINANCIAL LITERACY WORKSHOPS IN COLLABORATION WITH CONSUMER CREDIT COUNSELING OF ORANGE COUNTY, A MONEYSMART SEMINAR, TWO 7-WEEK WOMEN'S EMPOWERMENT SERIES IN BOTH SPANISH AND ENGLISH AND OUR VERY FIRST 6-WEEK MEN'S CAREER & SELF-ESTEEM SEMINAR SERIES FOCUSING ON ISSUES SUCH AS SURVIVING UNEMPLOYMENT, BUILDING A RESUME, INTERVIEWING TIPS, BUDGETING/FINANCIAL LITERACY AND CAREER SUCCESS.

- ASSISTED 3 LOW-INCOME FAMILIES IN OBTAINING HOME OWNERSHIP (52 FIRST-TIME HOMEOWNERS SINCE 2003) WITH AT LEAST 7 MORE OCCHC FAMILIES CURRENTLY PARTICIPATING IN HOME OWNERSHIP SEMINARS.

IN ADDITION, THE 2011 FAMILY MENTORING ANNUAL SURVEY SHOWS THAT 12% OF FAMILIES REPORTED TO OPEN CHECKING/SAVINGS ACCOUNTS OVER THE PAST YEAR, 7% IMPROVED THEIR CREDIT SCORES, 7% REPORTED A BETTER JOB OR IMPROVED POSITION, 10% ENROLLED INTO ENGLISH CLASSES AND 34 INDIVIDUALS REPORTED IMPROVING THEIR BUDGETING AND BANKING SKILLS.

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

IN 2011, STEPPINGUP'S COLLEGE AWARENESS PROGRAM (CAP) EXCEEDED ITS GOAL OF SERVING 125 AT-RISK STUDENTS BY SERVING 191 STUDENTS (167 CAP PARTICIPANTS AND 24 ALUMNI). TWENTY-THREE STUDENTS GRADUATED HIGH SCHOOL AND ARE ALL ATTENDING COLLEGE! WE NOW HAVE 53 STUDENTS ATTENDING COLLEGE SINCE 2006! WHILE MAINTAINING ITS MISSION "TO EDUCATE AND PREPARE 7-12TH GRADE STUDENTS AND THEIR PARENTS WITH THE NECESSARY KNOWLEDGE AND RESOURCES NEEDED TO PURSUE A HIGHER EDUCATION THROUGH ACADEMIC COUNSELING, CHARACTER DEVELOPMENT, LEADERSHIP DEVELOPMENT, CULTURAL AWARENESS, CIVIC DUTY AND PARENT INVOLVEMENT", CAP PROVIDED:

- ELEVEN COLLEGE FIELD TRIPS TO SOKA UNIVERSITY, CAL STATE FULLERTON, UCLA, USC, SAN DIEGO STATE UNIVERSITY, UCSD, UNIVERSITY OF SAN DIEGO, LOYOLA MARYMOUNT UNIVERSITY, MARYMOUNT COLLEGE, UC RIVERSIDE, CSUSB, ART INSTITUTE OF ORANGE COUNTY, CAL POLY POMONA, UCI AND SANTIAGO CANYON COLLEGE.

- TWELVE MONTHLY SEMINARS AND OUR FIRST ANNUAL SCIENCE & ENGINEERING DAY. SEMINARS WERE HELD AT EACH OF OUR 3 SITES IN HUNTINGTON BEACH, BUENA PARK AND GARDEN GROVE AND ALSO IN COLLABORATION WITH OCEAN VIEW HIGH SCHOOL AND SADDLEBACK HIGH SCHOOL.

- OVER 60 EDUCATIONAL EXCURSIONS INCLUDING THE AFOREMENTIONED COLLEGE FIELD TRIPS, 11 EDUCATIONAL EXCURSIONS, 17 COMMUNITY SERVICE EVENTS, 2 COLLEGE CONFERENCES, 12 MONTHLY SEMINARS, 10 STUDENT DEVELOPMENT WORKSHOPS, 8 LITERACY CLUB MEETINGS, 4 SENIOR WORKSHOPS AND A VERY SPECIAL SURF OUTING IN HUNTINGTON BEACH HOSTED BY STEPHANIE DUFOUR OF DUFOUR INSURANCE. IN ADDITION, CAP'S LITERACY CAMPAIGN ROUNDED OUT THE YEAR MAKING READING WORTHWHILE FOR MANY OF OUR STUDENTS WHO AFTER CAREFULLY READING "WICKED" AND SHARING THEIR OPINIONS AND THOUGHTS, EARNED THEIR VERY OWN SEAT TO ATTEND THE INFAMOUS MUSICAL.

- MORE THAN 500 HOURS OF COMMUNITY SERVICE WHERE STUDENTS VOLUNTEERED AT SOMEONE CARES SOUP KITCHEN, HEMOPET, BETHANY'S GAIT, OCCCO'S LEADERSHIP WORKSHOP, OC WALK TO REMEMBER, THE CHILD ABUSE PREVENTION CENTER, ORANGEWOOD AND ALSO WITH UCI WHERE

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

STUDENTS ENHANCED ENVIRONMENTAL EDUCATION BY PLANTING NEARLY 3,000 TREES AT THE
UNIVERSITY. CAP STUDENT, JENNIFER, AN ASPIRING PSYCHIATRIST, SHARED:

"WHY STAY HOME AND DO NOTHING WHEN I CAN BE OF HELP? STEPPINGUP IS OPENING MY MIND
WIDER. IF IT IS NOT AT MEETINGS, IT IS THROUGH EXPERIENCES LIKE THIS COMMUNITY
SERVICE. THIS IS JUST ONE OF MANY OPPORTUNITIES I AM GETTING. I AM VERY AT HOME
WITH THE STUDENTS AND ADVISORS. IT'S LIKE A SECOND FAMILY AS I PREPARE FOR
COLLEGE."

QUARTERLY PADRE MEETINGS CONTINUED THROUGHOUT THE YEAR EDUCATING PARENTS ON HOW THEY
CAN ASSIST THEIR CHILDREN IN THEIR ACADEMIC FUTURE. PARENTS ALSO ASSISTED IN 3
STUDENT FUNDRAISERS INCLUDING OUR FIRST ANNUAL RUN FOR EDUCATION FUNDRAISER RAISING
\$4,000 IN SUPPORT OF CAP'S 2012 NORTHERN CALIFORNIA COLLEGE TOUR.

STEPPINGUP'S SCHOLAR SAVINGS PROGRAM CREATED WITH A GENEROUS DONATION OF \$10,000
FROM SUNWEST BANK CONTINUES TO ENCOURAGE STUDENTS TO SAVE FOR THEIR COLLEGE
EDUCATION WHERE STEPPINGUP WILL MATCH FOR EVERY DOLLAR SAVED UP TO \$500.00 EACH
YEAR. THANKS TO OUR SKILLED ACADEMIC ADVISORS AND THE SUPPORT OF SUNWEST BANK,
STUDENTS WILL BEGIN THEIR COLLEGE CAREERS WITH SCHOLARSHIPS, ALLEVIATING SOME OF THE
FINANCIAL STRESS THAT COMES WITH PURSUING A HIGHER EDUCATION. THANK YOU FOR YOUR
SUPPORT!

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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

Name of the organization

ORANGE COUNTY COMMUNITY HOUSING CORP

Employer identification number

95-3221290

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THEY LIVE IN A STABLE ENVIRONMENT CONDUCTIVE TO LEARNING AND SELF-IMPROVEMENT.

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

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

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

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

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

THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS FORM 990 OF OTHER NONPROFIT ORGANIZATIONS PROVIDING AFFORDABLE HOUSING, AND SUBMITS ITS RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE EXECUTIVE DIRECTOR REVIEWS THE SALARIES OF OFFICERS AND KEY EMPLOYEES ON AN ANNUAL BASIS AND CONSIDERS AMOUNTS PAID BY OTHER NONPROFIT ORGANIZATIONS, AND THE INDIVIDUAL'S ACCOMPLISHMENTS AND RESPONSIBILITIES.

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

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

2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/14/12

12:20PM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2011	2010	2009	2008	2007
MISC. INCOME	230.	9,474.			30.
SPECIAL EVENT		34,937.	9,150.	-7,811.	19,410.
LATE CHARGES	12,400.	8,270.	7,405.	7,485.	7,761.
BAD DEBT RECOVERY			15,000.		
TOTAL	\$ 12,630.	\$ 52,681.	\$ 31,555.	\$ -326.	\$ 27,201.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 4

CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/14/12

12 20PM

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

CHANGE IN STUDENT SCHOLARSHIP ACCOUNT	\$	5,160.
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS		-19,485.
STUDENT SCHOLARSHIP MATCHING FUNDS ON SCHEDULE I		7,640.
TOTAL	\$	<u>-6,685.</u>

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990-PF																
1																
5	BERRY 4-PLEX	3/01/81		115,503							115,503	115,503	S/L	25		0
31	BERRY ST FENCE	2/08/93		2,218							2,218	2,218	S/L	10		0
33	BERRY ST BLOCK WALL	2/11/94		3,000							3,000	1,269	S/L	40		75
39	BERRY ST. TRASH ENCLOSURE	2/21/94		300							300	134	S/L	40		8
TOTAL 1				121,021		0	0	0	0	0	121,021	119,124				83
10-1																
12	252 STREAMWOOD CONDO	4/27/90		63,180							63,180	32,785	S/L	40		1,580
123	IRVINE CONDOS REFINANCE	1/01/99		2,273							2,273	912	S/L	30		76
TOTAL 10-1				65,453		0	0	0	0	0	65,453	33,697				1,656
10-2																
13	TANGELO CONDO	4/27/90		48,811							48,811	25,315	S/L	40		1,220
TOTAL 10-2				48,811		0	0	0	0	0	48,811	25,315				1,220
10-3																
14	EAGLEPOINT CONDO	5/11/90		68,005							68,005	35,133	S/L	40		1,700
TOTAL 10-3				68,005		0	0	0	0	0	68,005	35,133				1,700

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10-4																
17	7 STREAMWOOD CONDO	5/31/90		62,530							62,530	32,302	S/L	40		1,563
TOTAL 10-4				62,530		0	0	0	0	0	62,530	32,302				1,563
10-5																
15	FIRWOOD CONDO	5/23/90		58,012							58,012	29,967	S/L	40		1,450
TOTAL 10-5				58,012		0	0	0	0	0	58,012	29,967				1,450
10-6																
16	SPARROWHAWK CONDO	5/23/90		75,360							75,360	38,936	S/L	40		1,884
TOTAL 10-6				75,360		0	0	0	0	0	75,360	38,936				1,884
11																
24	CARNELIAN RESIDENCE	3/23/92		49,003							49,003	22,969	S/L	40		1,225
25	CARNELIAN IMPROVEMENTS	5/29/92		20,000							20,000	9,292	S/L	40		500
124	CARNELIAN REFINANCE	12/01/98		651							651	266	S/L	30		22
TOTAL 11				69,654		0	0	0	0	0	69,654	32,527				1,747
13																
29	CITRON BLDG	12/22/93		434,705							434,705	184,774	S/L	40		10,868
44	CITRON REHAB	6/01/95		460,044							460,044	179,224	S/L	40		11,501
125	CITRON REFINANCE	1/01/99		4,575							4,575	1,836	S/L	30		153
129	CITRON RELOCATION COSTS	1/01/98		3,324							3,324	1,079	S/L	40		83
TOTAL 13				902,648		0	0	0	0	0	902,648	366,913				22,605

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14																
30	KEELSON BLDG	12/30/93		193,857							193,857	82,376	S/L	40		4,846
35	KEELSON REHAB	7/01/94		122,175							122,175	50,391	S/L	40		3,054
110	KEELSON REFINANCE	1/01/99		4,438							4,438	1,776	S/L	30		148
	TOTAL 14			320,470		0	0	0	0	0	320,470	134,543				8,048
15																
32	11TH. STREET BLDG	12/30/93		226,165							226,165	96,118	S/L	40		5,654
36	11TH. ST. REHAB	6/01/94		260,950							260,950	108,190	S/L	40		6,524
38	11TH ST. LOANS FEES	1/01/94		1,251							1,251	714	S/L	30		42
78	11TH-AWNINGS	1/19/96		518							518	518	S/L	7		0
	TOTAL 15			488,884		0	0	0	0	0	488,884	205,540				12,220
16																
37	RAMONA 6-UNITS	10/28/94		236,108							236,108	95,434	S/L	40		5,903
76	RAMONA-REHAB	4/01/96		74,039							74,039	27,302	S/L	40		1,851
80	RAMONA-BEDROOM	12/09/96		1,515							1,515	535	S/L	40		38
126	RAMONA REFINANCE	12/01/98		1,648							1,648	665	S/L	30		55
	TOTAL 16			313,310		0	0	0	0	0	313,310	123,936				7,847
17																
42	17361 KOLED0 1	3/01/95		153,920							153,920	60,927	S/L	40		3,848
43	17371 KOLED0 1	4/27/95		140,201							140,201	54,912	S/L	40		3,505

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79	KOLEDO 1-REHAB	6/01/96		174,226							174,226	63,525	S/L	40		4,356
102	GATES-17361 KOLEDO 1	1/10/97		780							780	280	S/L	40		20
103	SHEILD GATES-17361 KOLEDO	2/10/97		1,298							1,298	446	S/L	40		32
111	KOLEDO1 REFINANCE	1/01/99		5,086							5,086	2,040	S/L	30		170
TOTAL 17																
18				475,511		0	0	0	0	0	475,511	182,130				11,931
77	9TH ST -38 UNITS	9/30/96		1,070,063							1,070,063	381,216	S/L	40		26,752
86	9TH ST-REHAB	1/01/97		1,447,372							1,447,372	506,576	S/L	40		36,184
112	9TH ST REFINANCE	1/01/99		9,230							9,230	3,696	S/L	30		308
196	9TH ST-SECURITY CAMERAS	5/31/11		9,594							9,594		S/L	MQ	5 .12500	1,199
TOTAL 18																
19				2,536,259		0	0	0	0	0	2,536,259	891,488				64,443
84	QUEENS LANE-8 UNITS	12/31/96		285,082							285,082	99,778	S/L	40		7,127
87	QUEENS LANE-REHAB	1/01/97		152,202							152,202	53,270	S/L	40		3,805
127	QUEENS LANE REFINANCE	12/01/98		1,853							1,853	749	S/L	30		62
TOTAL 19																
2				439,137		0	0	0	0	0	439,137	153,797				10,994
6	CAPO 24-UNITS	4/15/84		1,277,236							1,277,236	1,177,907	S/L	30		42,575
26	CAPO LAUNDRY	9/15/92		4,094							4,094	1,870	S/L	40		102
27	CAPO LIGHTS	10/01/92		1,706							1,706	785	S/L	40		43
109	CAPO REFINANCE	12/01/98		14,508							14,508	5,848	S/L	30		484
TOTAL 2																
				1,297,544		0	0	0	0	0	1,297,544	1,186,410				43,204

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20-1																
90	300 CARRIAGE #C-CONDO	1/01/98		34,684							34,684	11,271	S/L	40		887
104	300 CARRIAGE #C-REHAB	1/01/98		14,384							14,384	4,680	S/L	40		360
	TOTAL 20-1			49,068		0	0	0	0	0	49,068	15,951				1,227
20-2																
92	430 CARRIAGE #D-CONDO	2/01/98		34,096							34,096	11,005	S/L	40		852
105	430 CARRIAGE #D-REHAB	2/01/98		17,965							17,965	5,808	S/L	40		449
	TOTAL 20-2			52,061		0	0	0	0	0	52,061	16,813				1,301
20-3																
88	201 CARRIAGE #D-CONDO	1/01/98		34,115							34,115	11,089	S/L	40		853
106	201 CARRIAGE #D-REHAB	1/01/98		15,586							15,586	5,124	S/L	40		390
	TOTAL 20-3			49,701		0	0	0	0	0	49,701	16,213				1,243
20-4																
94	2760 SEGERSTROM #E-CONDO	5/01/98		58,104							58,104	18,404	S/L	40		1,453
107	2760 SEGERSTROM #E-REHAB	5/01/98		11,948							11,948	3,832	S/L	40		299
	TOTAL 20-4			70,052		0	0	0	0	0	70,052	22,236				1,752
20-5																
100	1725 W 3RD	5/01/98		42,150							42,150	13,351	S/L	40		1,054
108	1725 W 3RD #B-REHAB	5/01/98		14,989							14,989	4,761	S/L	40		375
	TOTAL 20-5			57,139		0	0	0	0	0	57,139	18,112				1,429

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20-6																
113	809 DIAMOND	12/01/98		63,996							63,996	19,333	S/L	40		1,600
114	809 DIAMOND-REHAB	12/01/98		47,851							47,851	14,452	S/L	40		1,196
TOTAL 20-6				111,847		0	0	0	0	0	111,847	33,785				2,796
20-7																
115	1705 SPRUCE	1/01/99		46,814							46,814	14,040	S/L	40		1,170
116	1705 SPRUCE-REHAB	1/01/99		617							617	180	S/L	40		15
130	1705 SPRUCE-REHAB	1/01/99		34,000							34,000	10,200	S/L	40		850
167	REHABILITATION D	8/14/04		18,130							18,130	2,888	S/L	MM	40	453
TOTAL 20-7				99,561		0	0	0	0	0	99,561	27,308				2,488
21																
96	17351 KOLED0 2	12/30/97		101,538							101,538	32,994	S/L	40		2,538
98	17291 KOLED0 2	12/30/97		89,377							89,377	29,042	S/L	40		2,234
128	KOLED0 2 REFINANCE	2/05/99		2,866							2,866	1,144	S/L	30		96
131	KOLED0 2-REHAB	1/01/99		197,204							197,204	59,160	S/L	40		4,930
TOTAL 21				390,985		0	0	0	0	0	390,985	122,340				9,798
22-6																
117	1001 STEVENS 172	1/01/99		49,855							49,855	14,952	S/L	40		1,246
118	1001 STEVENS 172-REHAB	1/01/99		12,419							12,419	3,720	S/L	40		310
TOTAL 22-6				62,274		0	0	0	0	0	62,274	18,672				1,556

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22-7																
132	1001 STEVENS 192	5/07/99		44,511							44,511	12,985	S/L	40		1,113
133	1001 STEVENS 192-REHAB	5/07/99		11,497							11,497	3,349	S/L	40		287
	TOTAL 22-7			56,008		0	0	0	0	0	56,008	16,334				1,400
23																
135	KOLEDO 3	4/18/00		401,413							401,413	107,040	S/L	40		10,035
139	KOLEDO 3-REHAB	6/30/01		182,925							182,925	43,444	S/L	40		4,573
	TOTAL 23			584,338		0	0	0	0	0	584,338	150,484				14,608
24																
137	KOLEDO 4	9/29/00		405,597							405,597	103,935	S/L	40		10,140
140	KOLEDO 4-REHAB	6/30/01		213,417							213,417	50,683	S/L	40		5,335
	TOTAL 24			619,014		0	0	0	0	0	619,014	154,618				15,475
25																
141	KOLEDO 5-REHAB	6/30/01		62,613							62,613	14,868	S/L	40		1,565
142	KOLEDO 5	2/01/01		210,696							210,696	52,231	S/L	40		5,267
	TOTAL 25			273,309		0	0	0	0	0	273,309	67,099				6,832
3																
7	CYP 1 4-PLEX	1/10/85		194,122							194,122	194,122	S/L	25		0
40	CYP 1 TRASH ENCLOSURE	2/21/94		150							150	67	S/L	40		4
	TOTAL 3			194,272		0	0	0	0	0	194,272	194,189				4

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18	BUENA 2 8-UNITS	8/01/90		576,484							576,484	294,338	S/L	40		14,412
21	BUENA 2 RAINGUTTERS	4/03/91		991							991	494	S/L	40		25
TOTAL 8				577,475		0	0	0	0	0	577,475	294,832				14,437
9																
19	BUENA 3 20-UNITS	12/14/90		1,372,900							1,372,900	689,339	S/L	40		34,323
20	BUENA 3 RAINGUTTERS	4/03/91		2,476							2,476	1,224	S/L	40		62
22	BUENA 3 SCREEN DOORS	7/09/91		1,500							1,500	1,463	S/L HY	5		0
23	BUENA 3 RAILINGS	11/22/91		495							495	229	S/L	40		12
197	BUENA 3-SECURITY CAMERAS	5/31/11		5,379							5,379		S/L MQ	5	.12500	672
TOTAL 9				1,382,750		0	0	0	0	0	1,382,750	692,255				35,069
AUTO / TRANSPORT EQUIPMENT																
198	2006 TOYOTA TUNDRA	11/03/11		14,144							14,144		S/L MQ	5	02500	354
TOTAL AUTO / TRANSPORT EQUIP				14,144		0	0	0	0	0	14,144	0				354
FURNITURE AND FIXTURES																
1	MISC FURNITURE	7/01/83	12/31/11	360							360	360	S/L	5		0
2	5 FT TABLE	7/01/85	12/31/11	40							40	40	S/L	5		0
3	FILE CABINET	2/26/86		538							538	538	S/L	5		0
4	COMPUTER WORK DESK	2/08/93		358							358	336	S/L	7		0
83	FILE CABINETS(2)(U)	9/30/96		677							677	677	S/L	7		0
144	AVAYA TELEPHONE SYSTEM	1/02/01		3,363							3,363	2,800	S/L	12		280
145	EXEC CHAIR & DESK USED	1/02/01		218							218	180	S/L	12		18
146	DESK & FILE CABINET	8/25/01		321							321	252	S/L	12		27

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147	AVAYA TELEPHONE SYSTEM	9/06/01		774							774	607	S/L	12		65
148	AVAYA TELEPHONE SYSTEM	9/06/01		1,076							1,076	840	S/L	12		90
149	BOOK CASES(2) USED	12/07/01		210							210	163	S/L	12		18
150	AVAYA TELEPHONE SYSTEM	9/24/01		460							460	352	S/L	12		38
151	OFFICE CHAIR	11/13/01	12/31/11	86							86	64	S/L	12		22
152	STORAGE CABINET TUTOR	11/13/01		290							290	220	S/L	12		24
153	"L" WORK STATION TUTOR	11/13/01	12/31/11	430							430	330	S/L	12		100
154	"U" WORK STATION TUTOR	11/13/01	12/31/11	430							430	330	S/L	12		100
155	LEATHER CHAIR TUTOR	11/13/01		215							215	165	S/L	12		18
156	LATERAL FILE TUTOR	11/13/01		430							430	330	S/L	12		36
157	72" BOOKCASE TUTOR	11/13/01		322							322	247	S/L	12		27
158	BACKUP SERVER	12/13/02		2,408							2,408	2,408	S/L	MQ	5	0
159	DELL COMPUTER	2/10/03		1,626							1,626	1,626	S/L	HY	5	0
160	FIVE DRAWER FILE CABINETS	9/11/03		2,308							2,308	2,308	S/L	HY	7	0
161	CANON CAMERA	11/25/03	12/31/11	380							380	380	S/L	HY	7	0
162	DELL COMPUTER	12/09/03		983							983	983	S/L	HY	5	0
163	CANON CAMERA	12/09/03		380							380	380	S/L	HY	7	0
164	PROJECTOR	11/23/04		1,858							1,858	1,727	S/L	HY	7	131
165	COMPUTER	12/28/04	12/31/11	1,539							1,539	1,539	S/L	HY	5	0
166	SERVER	12/28/04		460							460	460	S/L	HY	5	0
170	DELL LAPTOP	12/19/04	12/31/11	2,241							2,241	2,241	S/L	HY	5	0
171	DELL COMPUTER	10/03/04	12/31/11	1,432							1,432	1,432	S/L	HY	5	0
172	COMPUTERS (2)	2/24/04	12/31/11	1,330							1,330	1,330	S/L	HY	5	0
173	DELL COMPUTER	1/15/05		2,275							2,275	2,275	S/L	MQ	5	0
174	DELL SERVER	2/01/05		2,514							2,514	2,514	S/L	MQ	5	0
175	21ST CENTURY SOFTWARE	10/13/05	12/31/11	2,665							2,665	2,665	S/L	MQ	3	0
176	OFFICE FURNITURE	10/04/05		711							711	523	S/L	MQ	7	102

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177	DELL COMPUTER (2)	11/17/05		2,528							2,528	2,528	S/L	MQ	5	0
178	DELL LAPTOP	9/09/06		1,581							1,581	1,383	S/L	MQ	5	198
179	STAFF CELL PHONES (4)	4/20/06	12/31/11	2,160							2,160	2,016	S/L	5		144
180	CASIO CAMERA	7/30/06	12/31/11	250							250	157	S/L	MQ	7	93
182	FURNITURE	1/02/07	12/31/11	1,250							1,250	693	S/L	MQ	7	557
183	CUBICLES	1/24/07	12/31/11	2,268							2,268	1,256	S/L	MQ	7	1,012
184	SONY TAPE BACKUP	4/05/07		921							921	667	S/L	MQ	5	184
185	DELL LAPTOP COMPUTERS (5)	10/23/07		4,062							4,062	2,538	S/L	MQ	5	812
186	LAPTOP COMPUTER	11/13/07		1,480							1,480	659	S/L	MQ	7	211
187	BATTERY BACKUP	12/31/07		574							574	359	S/L	MQ	5	115
188	OFFICE FURNITURE	4/12/07		804							804	417	S/L	MQ	7	115
189	PAY PAL COMPUTER	12/11/07		329							329	206	S/L	MQ	5	66
190	CUBICLES	1/25/07	12/31/11	475							475	263	S/L	MQ	7	212
191	DELL COMPUTER	2/12/08		610							610	305	S/L	HY	5	122
192	DELL COMPUTER	5/23/08		695							695	348	S/L	HY	5	139
193	HP LAPTOP COMPUTER	8/26/08		1,040							1,040	520	S/L	HY	5	208
194	DELL COMPUTERS (2)	10/22/09		2,549							2,549	574	S/L	MQ	5	510
195	DELL COMPUTER 3610	4/15/10		884							884	88	S/L	HY	5	177
199	TABLES	12/29/11		5,780							5,780		S/L	MQ	7	103
201	REFRIGERATOR	12/31/11		709							709		S/L	MQ	5	18
TOTAL FURNITURE AND FIXTURE				66,657		0		0	0	0	66,657	48,599				6,092
IMPROVEMENTS																
200	LEASEHOLD IMPROVEMENTS	12/31/11		17,690							17,690		S/L	MQ	5	442
TOTAL IMPROVEMENTS				17,690		0		0	0	0	17,690	0				442

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CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/14/12

12:20PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS ALLOW.	SPECIAL DEPR.	PRIOR 179/ BONUS/ SP DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
LAND																
45	LAND-BERRY	3/01/81		94,000							94,000					0
46	LAND-CAPO	4/15/84		305,397							305,397					0
47	LAND-CYP 1	1/10/85		58,112							58,112					0
48	LAND-BUEA 1	12/02/85		85,710							85,710					0
49	LAND-CYP 2	8/01/86		82,800							82,800					0
50	LAND-VISTA	11/01/86		87,000							87,000					0
51	LAND-POPLAR	3/15/89		61,423							61,423					0
52	LAND-BUENA 2	4/03/90		100,377							100,377					0
53	LAND-252 STREAMWOOD	4/27/90		66,820							66,820					0
54	LAND-TANGELO	4/27/90		84,189							84,189					0
55	LAND-EAGLEPOINT	5/11/90		76,995							76,995					0
56	LAND-FIRWOOD	5/23/90		78,488							78,488					0
57	LAND-SPARROWHAWK	5/23/90		84,640							84,640					0
58	LAND-7 STREAMWOOD	5/31/90		67,470							67,470					0
59	LAND-BUENA 3	12/14/90		250,880							250,880					0
60	LAND-CARNELIAN	3/23/92		113,152							113,152					0
61	LAND-CITRON	12/22/93		243,450							243,450					0
62	LAND-KEELSON	12/30/93		91,349							91,349					0
63	LAND-11TH. ST.	12/30/93		318,811							318,811					0
64	LAND-RAMONA	10/28/94		180,034							180,034					0
65	LAND-17361 KOLEDO LANE 1	3/01/95		150,000							150,000					0
66	LAND-KOLEDO LANE-17371	4/27/95		150,000							150,000					0
82	LAND-9TH ST.	9/30/96		688,751							688,751					0
85	LAND-QUEENS LANE	12/31/96		219,131							219,131					0
89	LAND-201 CARRIAGE #D	1/01/98		43,419							43,419					0

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2011 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 103

ORANGE COUNTY COMMUNITY HOUSING CORP

95-3221290

5/14/12

12:20PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
91	LAND-300 CARRIAGE #C	1/01/98		41,882							41,882					0
93	LAND-430 CARRIAGE #D	2/01/98		39,866							39,866					0
95	LAND-2760 SEGERSTROM #E	5/01/98		50,502							50,502					0
97	LAND-17351 KOLED0 2	12/30/97		160,496							160,496					0
99	LAND-17291 KOLED0 2	12/30/97		152,118							152,118					0
101	LAND-1725 W 3RD	5/01/98		30,272							30,272					0
119	LAND-809 DIAMOND	12/01/98		43,021							43,021					0
120	LAND-1705 SPRUCE	1/01/99		88,096							88,096					0
121	LAND-1001 STEVENS 172	1/01/99		40,955							40,955					0
134	LAND-1001 STEVENS 192	5/07/99		33,170							33,170					0
136	LAND-KOLED0 3	4/18/00		331,092							331,092					0
138	LAND-KOLED0 4	9/29/00		296,857							296,857					0
143	LAND-KOLED0 5	2/01/01		141,051							141,051					0
TOTAL LAND				5,231,776	0	0	0	0	0	0	5,231,776	0				0
MISCELLANEOUS																
67	ORIGINAL PAINTING D	10/21/89		100							100			S/L	12	0
68	DESKS/CREDENZA D	11/21/91		700							700			S/L	12	0
69	DESKS/CHAIRS(6) D	11/21/91		750							750			S/L	12	0
70	BOOKCASES(2) D	11/21/91		140							140			S/L	12	0
71	VISITOR CHAIRS(6) D	11/21/91		600							600			S/L	12	0
72	LEGAL FILE CABINET D	11/21/91		125							125			S/L	12	0
73	SILK OFFICE PLANTS D	11/21/91		120							120			S/L	12	0
74	FRAMED OFFICE PICTURE D	11/21/91		100							100			S/L	12	0
75	CONFERENCE ROOM TABLE D	11/21/91	12/31/11	150							150			S/L	12	0
81	FURNITURE D	10/22/96		500							500			S/L	12	0

