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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and ending	JUN 30, 2012						
Вс	heck if pplicable	C Name of organization`	D Employer identif	ication number					
	Address change	ORANGEWOOD CHILDREN'S FOUNDATION							
	Name change	Doing Business As	95-3	95-3616628					
]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su							
<u> </u>	Termin- ated Amende	13/3 E. 1/III SIREEI		12,472,955.					
\vdash	☐return ☐Applica tion	City or town, state or country, and ZIP + 4	G Gross receipts \$						
L	tión pending			H(a) Is this a group return for affiliates? Yes X No					
		1575 E. 17TH STREET, SANTA ANA, CA 92705	H(b) Are all affiliates in						
īī	ax-exe	<u></u>		a list. (see instructions)					
		E: ► WWW.ORANGEWOODFOUNDATION.ORG	H(c) Group exempti	on number					
KF	orm of c	organization: X Corporation Trust Association Other ► L Y	ear of formation: 1980	M State of legal domicile; CA					
Pa		Summary							
é	1 E	Briefly describe the organization's mission or most significant activities THE MISS	ION OF ORANGE	SWOOD					
Activities & Governance	- 1	CHILDREN'S FOUNDATION IS TO PROVIDE LIFE-CHA							
Veri	I	Check this box I if the organization discontinued its operations or disposed of m	ore than 25% or its net a	1 2					
ၓၟ	ſ	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	4	35					
Š	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	103					
vitie		Total number of volunteers (estimate if necessary)	6	672					
Acti	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12	7a						
_	Ь١	Net unrelated business taxable income from Form 990-T, line 34	7t						
			Prior Year 6,727,759	Current Year 8,369,871.					
Ë		Contributions and grants (Part VIII, line 1h)	503,159						
Revenue	l	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	153,007						
æ	ł .	Ther revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,886						
		otal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,393,811						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,159,174	843,619.					
		Benefits)ပုံခဲ့ပုံ t၍ဝရှိဝဲ၉ ဂြုံခဲ့ကြာbers (Part IX, column (A), line 4)	0						
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,675,567						
Expenses		Professional fundraising fees (Part X, column (A), line 11e)	0	. U.					
Ä	, .	Total fundralsing expenses Part IX column (D), line 25) 466,040.	2,454,290						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,289,031						
	ļ.	Revenue less expenses Subtract line 18 from line 12	104,780						
Sec		torondo lodo experiedo edestrato no necesario de mentrano re	Beginning of Current Year						
Net Assets o Fund Balance	20 1	Total assets (Part X, line 16)	11,196,912						
t Ass	21 1	Total liabilities (Part X, line 26)	4,485,882						
		Net assets or fund balances Subtract line 21 from line 20	6,711,030	7,887,181.					
	art II	Signature Block		- Landon and balatuta					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta , and complete. Declaration of preparer (other than officer) is based on all information of which prep		my knowledge and belief, it is					
true,	, correct	, and complete, beclaration by preparer (other than officer) is based on an information of which prep	4-8	9-13					
Sign	_	Signature of officer	Date	15 13					
Her		CHRISTIAN SIMONSEN, CFO							
	Ĭ	Type or print name and title							
		Print/Type preparer's name Preparer's sygnature	Date Check	PTIN					
Paid		DAVID REULE // // // // // // // // // // // // //	4 28 13 self-empt	oyed P00481819					
		Firm's name KMJ CORBIN & COMPANY, LLP	Firm's EIN	81-0569753					
Use	Only	Firm's address 555 ANTON BLVD, SUITE 1000		711 200 6565					
		COSTA MESA, CA 92626	Phone no.	714-380-6565 X Yes No					
		S discuss this return with the preparer shown above? (see instructions) 1-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2011)					
1.320	u i 01-23	NIZ LIDA FULFADELWULK NEUDUUN ACLINOUCE. SEE UIE SEDALALE IIISU UCUONS,		1 01111 000 (2011)					

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Charlest Carbon de la Constantina del constantina de la constantina del constantina de la constantina	X
		<u> </u>
1	Briefly describe the organization's mission THE MISSION OF ORANGEWOOD CHILDREN'S FOUNDATION IS TO PROVIDE	
	LIFE-CHANGING PROGRAMS AND ONE-ON-ONE SUPPORT FOR ABUSED AND NEGLECTED	
	CHILDREN AND AT-RISK FAMILIES TO END THE CYCLE OF CHILD ABUSE.	
	CRIDDEN AND ATTEST PARTITES TO END THE CICHE OF CHILD ADOSE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	·	NO
_	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes XI	
3		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	
4-	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ 1,671,523 • including grants of \$) (Revenue \$ 62,514	
4a	(Code) (Expenses \$ 1,671,523. including grants of \$) (Revenue \$ 62,514) EMANCIPATING AND FORMER FOSTER YOUTHS:	<u>•</u>)
	THIS PROGRAM ADDRESSES THE DAY-TO-DAY AND LONG-TERM NEEDS OF CURRENT	
	FOSTER YOUTH AND FORMER FOSTER YOUTH WHO HAVE EMANCIPATED FROM THE	
	FOSTER CARE SYSTEM. DURING FISCAL 2011-2012, ASSISTANCE WAS PROVIDED I	<u>N</u>
	THE FORM OF SUBSIDIZED LIVING ACCOMMODATIONS OR GRANTS FOR LIVING	
	EXPENSES, WORKSHOPS TO ASSIST THE YOUTH TO PREPARE FOR EMANCIPATION,	
	ONE-ON-ONE GUIDANCE FOR THOSE YOUTH THAT NEED EXTRA SUPPORT TO	
	TRANSITION OUT OF THE SYSTEM, PEER MENTORING BY FORMER FOSTER YOUTH,	—
	RESOURCES AND PROGRAMS TO ASSIST CURRENT JUNIOR HIGH AND HIGH SCHOOL	
	STUDENTS ACHIEVE THE OPPORTUNITY TO ATTEND COLLEGE, AND A DROP IN	
	CENTER TO ASSIST YOUTH LOCATE JOB OPPORTUNITIES, COLLEGE APPLICATIONS,	—
	HOUSING, HEALTH SERVICES AND OTHER NEEDS.	
4b	(Code) (Expenses \$ 1,942,266 • including grants of \$ 781,984 •) (Revenue \$	
70	EDUCATION OF AT-RISK YOUTH	— '
	CHILDREN'S TRUST FUND - THIS PROGRAM OFFERS FINANCIAL ASSISTANCE TO	
	CURRENT AND FORMER FOSTER CHILDREN, SCHOLARSHIPS FOR COLLEGE AND TRADE	
	SCHOOL, AND EMERGENCY FUNDS FOR LIVING EXPENSES. IT PROVIDES GRANTS	
	FOR SPECIAL NEEDS TO ELIGIBLE APPLICANTS SUCH AS COUNSELING, SCHOOL	_
	SUPPLIES, SPORTS PROGRAMS AND GRADUATION EXPENSES.	
	GUARDIAN SCHOLARS - THIS IS A PARTNERSHIP WITH LOCAL EDUCATIONAL	
	INSTITUTIONS THAT PROVIDES COMPREHENSIVE SUPPORT AND RESOURCES TO	
	FORMER FOSTER YOUTH IN THEIR EFFORTS TO GAIN A UNIVERSITY, COMMUNITY	
	COLLEGE OR TRADE SCHOOL EDUCATION.	
4c	(Code) (Expenses \$1,905,856 • including grants of \$) (Revenue \$)
	THROUGH THE COMMUNITY PROGRAMS, ORANGEWOOD WORKS TO STRENGTHEN AGENCIE	<u>:S_</u>
	AND COMMUNITIES WHICH LEADS TO STRONGER CHILDREN AND FAMILIES WHICH	
	LEADS TO REDUCED RISK OF CHILD ABUSE AND NEGLECT.	
	FAMILIES AND COMMUNITIES TOGETHER (FACT) IS A PARTNERSHIP AMONG MORE	
	THAN 60 COMMUNITY BASED SOCIAL SERVICE AGENTS AND THE COUNTY OF ORANGE	
	SOCIAL SERVICES AGENCY. SINCE 1994, FACT HAS PROVIDED SUPPORT SERVICES	<u>; </u>
	TO CHILDREN AND FAMILIES THROUGH A NETWORK OF LOCAL FAMILY RESOURCE	
	CENTERS. FACT PARTNERS WORK TOGETHER TO BUILD STRONGER FAMILIES AND	
	PREVENT CHILD ABUSE.	
	MATERNAL CHILD HEALTH NETWORK-FUNDED BY THE CHILDREN AND FAMILIES	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 831,212. including grants of \$ 61,635.) (Revenue \$)	
4e	Total program service expenses ► 6,350,857.	

Page 3

	•		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			:
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		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	5		<u> </u>
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	6		_ <u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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	9		х
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	***	: (!	
• •	as applicable.	•	**	ا نوازات -
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		
	Part VI	11a	Х	
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	11b	Х	
С	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	11c		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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	ļ
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	11f	<u> </u>	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
L	Schedule D, Parts XI, XII, and XIII	12a	_ A	
D	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	12b	ŀ	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	İ
	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	14b	<u></u>	Х
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	15		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	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	,,	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\ v	ļ
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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	19	├-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	

95-3616628 ORANGEWOOD CHILDREN'S FOUNDATION Form 990 (2011) Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K If "No", go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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 Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 pnor Forms 990 or 990-EZ? If "Yes," complete X Schedule L. Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 27 of any of these persons? If "Yes." complete Schedule L, Part III 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): Х 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Х 35b section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

Х

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Form 990 (2011) ORANGEWOOD CHILDREN'S FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Crieck it Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 106		:	
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			~.·
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 103			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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			٠,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	, ,	*	x-20 -
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year)	S. S.
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1 _	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		. ` 3	
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	. 3	10 P
9	Sponsoring organizations maintaining donor advised funds.	-127 Î	iêrîî.	šī),
	Did the organization make any taxable distributions under section 4966?	9a		\vdash
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	, *	7.5
	Initiation fees and capital contributions included on Part VIII, line 12			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	••		12 m
11	Section 501(c)(12) organizations. Enter	\` .	e.	2° > ;
	Gross income from members or shareholders	~		\ .
	Gross income from other sources (Do not net amounts due or paid to other sources against		` -	
•	amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		′
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
-	Note. See the instructions for additional information the organization must report on Schedule O			, 1
b	Enter the amount of reserves the organization is required to maintain by the states in which the		٠.	
-	organization is licensed to issue qualified health plans	. ': .		"
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	The second secon			

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						<u>LXI</u>				
Sec	tion A. Governing Body and Management										
						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		35	ı	- ,					
	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 0.										
h	Enter the number of voting members included in line 1a, above, who are independent	1b		35							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	L	any other		٠.	•					
2		P	u., o		2		Х				
_	officer, director, trustee, or key employee?	o diro	et euponieid	nn							
3	Did the organization delegate control over management duties customarily performed by or under the	ie direc	or subervisio	וזכ	3		х				
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X				
6	Did the organization have members or stockholders?				6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or								
	more members of the governing body?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or								
	persons other than the governing body?				7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:		· .	, ,	2565				
	The governing body?	•	•		8a	X					
	Each committee with authority to act on behalf of the governing body?				8b	X					
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	achad	at the				\vdash				
9		acricu	at the		9		х				
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Zovonu.	o Codo I		3		 -				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	e Code)	•		V	Nia				
						Yes	No X				
	Did the organization have local chapters, branches, or affiliates?				10a						
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,		10b						
	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?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	L				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	iflicts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "1	Yes," d	escribe								
	in Schedule O how this was done				12c	X					
13	Did the organization have a written whistleblower policy?				13	X					
14	Did the organization have a written document retention and destruction policy?				14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by ii	ndependent	t	• .	26	J. 17				
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			•	<i>'</i>	,	e,` , '				
_		•			15a	x	ľ`				
a	The organization's CEO, Executive Director, or top management official				15b	X	 				
D	Other officers or key employees of the organization				135	 -	\vdash				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					'	۱,				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ernent \	with a			,	X				
	taxable entity during the year?				16a		A				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua-			n	1		1				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anızatıc	on's		1						
	exempt status with respect to such arrangements?				16b		<u> </u>				
Sec	tion C. Disclosure		.,								
17	List the states with which a copy of this Form 990 is required to be filed ►CA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	avaılat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest i	policy, ar	nd fina	ncial					
13	statements available to the public during the tax year		J	,, 01							
^^	, · · · · · · · · · · · · · · · · · · ·	and re-	corde of the	organiza	ition •						
20	State the name, physical address, and telephone number of the person who possesses the books a CHRISTIAN SIMONSEN $-714-619-0203$	and rec	JUIUS UI IIIB	organiza	MOH P	_					
	1575 E. 17TH STREET. SANTA ANA. CA 92705										
	LIII DI LII DINGGI, DANKA NA. LA JAIVJ										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	Average Position						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
,	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) BRUCE FETTER											
DIRECTOR	0.00	Х		_			ļ	0.	0.	0	
(2) CAROL WILKEN DIRECTOR	0.00	x						0.	0.	0	
(3) CASEY JOURNIGAN	0.00	₽		-			\vdash	U •	U •	0	
DIRECTOR	0.00	X						0.	0.	0	
(4) CHRIS JONES	0.00	<u> </u>				-	┝				
DIRECTOR	0.00	x					1	0.	0.	0	
(5) CHRISTYNE SUTTON OLSON	- 0.00	 	-	-							
DIRECTOR	0.00	x						0.	0.	0	
(6) CYNTHIA S. DILLION				П		-	-				
DIRECTOR	0.00	Х						0.	0.	0.	
(7) DAVID L. DUNN											
DIRECTOR	0.00	Х						0.	0.	0.	
(8) ELIZABETH AMENDT		Ĭ									
DIRECTOR	0.00	Х						0.	0.	0	
(9) FRANK T. SURYAN, JR. DIRECTOR	0.00	x						0.	o.	0	
(10) GREG DUNLAP	0.00	₽				_	├	0.	0.	0	
DIRECTOR	0.00	$ _{\mathbf{x}}$						0.	0.	0	
(11) GREG MARSHALL	0.00	<u>^</u>	-	\vdash		-	├─		· ·		
DIRECTOR	0.00	x						0.	0.	0	
(12) GREG SCOTT		1		-			H		•		
DIRECTOR	0.00	x						0.	0.	0	
(13) HONORABLE GADDI H. VASQUEZ		1					f				
DIRECTOR	0.00	X						0.	0.	0	
(14) JEFF ROOS		t	-			†	Ì				
DIRECTOR	0.00	Х					1	0.	0.	0	
(15) JOE LOZOWSKI		Г	Г								
DIRECTOR	0.00	Х	L			L	L	0.	0.	0	
(16) JOEL GOLDHIRSH											
DIRECTOR	0.00	Х			L			0.	0.	0	
(17) L. ALLAN SONGSTAD, JR.											
DIRECTOR	0.00	Х				L	L.	0.	0.	0	

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (F) (A) (E) Average **Position** Name and title Reportable Reportable Estimated (do not check more than one box, unless person is both an officer and a director/trustee) hours per compensation compensation amount of week other from from related (describe organizations the compensation ndividual trustee or director hours for organization (W-2/1099-MISC) from the related nstitubonal trustee (W-2/1099-MISC) organization organizations and related ey employee ın Schedule organizations O) (18) MARK SIMONS DIRECTOR 0.00 X 0. 0. 0. (19) MARK THOMAS DIRECTOR 0.00 x 0 0 0. (20) MITCH A. JUNKINS Х 0. 0. 0. DIRECTOR 0.00 (21) PIERO WEMYSS 0.00 Х 0. 0. DIRECTOR 0. (22) REID MCCARTNEY 0.00 x 0 0 DIRECTOR 0. (23) RENEE PEPYS LOWE 0. 0. DIRECTOR 0.00 | x0 (24) RICHARD DUTCH 0 0 0. DIRECTOR 0.00 | x(25) RICK SHERBURNE DIRECTOR 0.00 X 0 0 0. (26) ROBERT BARTH 0.00 0 0. 0. DIRECTOR 0. 0 0. 1b Sub-total Ō. 382,566. 0. c Total from continuation sheets to Part VII, Section A 382,566. Ô. <u>o.</u> d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 6 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual 30 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4

rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors**

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MILLER ENVIRONMENTAL, INC	BUILDING DEMOLITION	
2210 SOUTH DUPONT DRIVE, ANAHEIM, CA 92806	AND REMOVAL	757,578.
NETCHEMISTRY INC., 4600 CAMPUS DRIVE SUITE		
101, NEWPORT BEACH, CA 92660	SOFTWARE DEVELOPMENT	153,188.
HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA		
12383 LEWIS STREET, STE. 101, GARDEN GROVE,	DATA SERVICES	118,024.
ANONYMOUS, LLC		·
9140 IRVINE CENTER DR, IRVINE, CA 92618	FUNDRAISING SERVICES	107,584.
		· ·
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	7. 1. 1. 1.

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (E) (A) (B) (C) Reportable Estimated Name and title Average Position Reportable (check all that apply) compensation compensation amount of hours from other from related per the organizations compensation week Highest compensated employee (W-2/1099-MISC) organization from the (W 2/1099-MISC) organization ndividual trustee or institutional trustee and related Key employee organizations (27) SANDI JACKSON 0. 0.00 Х 0. 0. DIRECTOR (28) SHANNON TARNUTZER 0.00 | x0. 0. 0. DIRECTOR (29) STUART BERNSTEIN SVP Х 0. 0. 0. DIRECTOR 0.00 (30) SUSAN SAMUELI 0.00 | x0. 0. 0. DIRECTOR (31) THOMAS L. POWELL 0. 0.00 | x0. 0. DIRECTOR (32) TIM RYAN 0. 0. 0.00 | x0. DIRECTOR (33) VIKKI MURPHY 0. 0. DIRECTOR $0.00 \, \mathrm{lx}$ 0. (34) VIKKI VARGAS 0. 0.00 | x0. 0. DIRECTOR (35) WILLIAM L. HEALEY 0. 0. 0. DIRECTOR 0.00 Х (36) CHRISTIANNE DEMBROSIO 0. 0.00 | x0. 0. EMERITUS (37) DAVE RITCHIE 0. 0. 0.00 x 0. EMERITUS (38) DAVID WILSON 0. 0.00 | x0. 0. EMERITUS (39) DOUG DECINCES 0.00 | x0. 0. 0. EMERITUS (40) GENERAL WILLIAM LYON 0. 0.00 Х 0. 0. EMERITUS (41) JAMES MCNAMARA 0.00 | x0. 0. 0. EMERITUS (42) JOE UEBERROTH 0. 0. 0. 0.00 | xEMERITUS (43) JOHN HAGESTAD 0. 0. 0. 0.00 x EMERITUS (44) LISA HUGHES, CPA 0. 0. 0. EMERITUS 0.00 | x(45) PATRICIA L. POSS EMERITUS 0.00 Х 0. 0. 0. (46) PATTI EDWARDS 0.00 | x0. 0. 0. EMERITUS Total to Part VII, Section A, line 1c

Rart VII Section A. Officers, Directors, Tre									ees (continued)	
Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Боттег	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) RON DAVIS	0.00	7,7						0		0
EMERITUS (48) SHIRLEY PEPYS	0.00	Х	-	_		_	<u> </u>	0.	0.	0.
(46) SHIRLEY PEPYS EMERITUS	0.00	x						0.	0.	_
(49) STEPHANIE ARGYROS	0.00	1		-	\vdash	├—	├	0.	0.	0 .
EMERITUS	0.00	Х					1	٥.	0.	0
(50) TOM DOBYNS	0.00	123	\vdash	\vdash	\vdash	\vdash			J .	
EMERITUS	0.00	\mathbf{x}						0.	0.	0.
(51) KELLY BOZZA	 		-	_		<u> </u>	 			
EX-OFFICIO	0.00	X					1	0.	0.	0.
(52) PEI PEI WANG										
EX-OFFICIO	0.00	Х				İ	l	0.	0.	0.
(53) CAL WINSLOW										
CHIEF EXECUTIVE OFFICER	50.00			Х		Х	<u>L</u> .	202,307.	0.	0.
(54) CHRIS SIMONSEN	1	1				•			_	_
CHIEF FINANCIAL OFFICER	50.00	_		Х		L	<u> </u>	180,259.	0.	0.
		1								
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Total to Part VII, Section A, line 1c								382,566.		

132009 01-23-12

Part VIII Statement of Revenue (D) Revenue excluded from (B) (A) (C) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1b b Membership dues 1284136. c Fundraising events 1c d Related organizations 1d Contributions, (and Other Simil 2595939 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4489796 similar amounts not included above q Noncash contributions included in lines 1a-1f \$ 8369871 h Total. Add lines 1a-1f Business Code 624100 62,514 2 a RISING TIDE INCOME 62,514. Program Service Revenue All other program service revenue 62,514. Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 51,590 51,590 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (ı) Real 29,770. 6 a Gross rents 109161. b Less rental expenses 79391. c Rental income or (loss) -79,391 391 79 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 2,900,467 assets other than inventory b Less: cost or other basis 2,721,233 and sales expenses 179234. c Gain or (loss) 179. 234 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$1,284,136. of contributions reported on line 1c). See 1,058,215 Part IV, line 18 1,058,215 b Less direct expenses 0 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 528. OTHER INCOME 528 624100 11 a b d All other revenue 528. e Total. Add lines 11a-11d 8584346. 62,514. -79,391.231,352. Total revenue. See instructions. Form 990 (2011) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon	se to any question in the	s Part IX		
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21			3	,
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	843,619.	843,619.		
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	401,189.	298,886.	102,303.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,471,960.	2,985,361.	119,758.	366,841.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	46,200.	33,822.	7,443.	4,935.
d	Lobbying	_	_		
е	Professional fundraising services. See Part IV, line 17		*	Sec. 1 32.33	
f	Investment management fees				
g	Other	778,299.	759,114.	8,013.	11,172.
12	Advertising and promotion	128,603.	76,599.	26,369.	25,635.
13	Office expenses	137,028.	110,656.	17,668.	8,704.
14	Information technology				_
15	Royalties		400 550		0.574
16	Occupancy	118,234.	109,563.		8,671.
17	Travel	48,453.	46,362.	835.	1,256.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 5 5 4 0	0 588		4 860
19	Conferences, conventions, and meetings	15,549.	9,775.	4,012.	1,762.
20	Interest	57,936.	40,086.	13,102.	4,748.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	81,238.	73,525.		7,713.
23	Insurance	49,274.	43,989.		5,285.
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.)				•
а	COMMINITARY DROCDAM	328,096.	328,096.		
_	TRANSITIONAL HOUSING CO	261,177.	261,177.		· · · · · · · · · · · · · · · · · · ·
b	TECHNOLOGY	193,962.	190,101.	1,918.	1,943
d	A CARDENOY	103,409.	103,409.	1,510.	1,515
-		98,396.	36,717.	44,304.	17,375
	All other expenses	7,162,622.	6,350,857.	345,725.	466,040
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,104,044.	0,00,001.	343,143.	300,030
26	, , ,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720) 10 01-23-12	1		<u></u>	Form 990 (2011

Form 990 (2011)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		`	(A) Beginning of year		(B) End of year
	`1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	102,226.	2	265,052.
	3	Pledges and grants receivable, net	4,219,666.	3	4,980,139.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	1	employees, and highest compensated employees. Complete Part II			
	ł	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			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
	1	employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	335,494.	9	417,356.
		Land, buildings, and equipment: cost or other	17 × 3 (3 · x ·	Ť	• • • • • • • • • • • • • • • • • • • •
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 14,773,048. 10b 1,493,131.		دة شد	
	Ь,	Less: accumulated depreciation 10b 1,493,131.	3,467,680.	10c	13,279,917.
	11	Investments - publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
	12	Investments - other securities. See Part IV, line 11	2,430,920.	12	2,552,187.
	13	Investments - program-related See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	640,926.	15	141,670.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,196,912.	16	21,636,321.
	17	Accounts payable and accrued expenses	1,089,827.	17	759,789.
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue	160,919.	19	276,267.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilıties	22	Payables to current and former officers, directors, trustees, key employees,	* * * * * * * * * * * * * * * * * * * *	, ,	
abil	1	highest compensated employees, and disqualified persons. Complete Part II			
Ï	ł	of Schedule L		22	•
	23	Secured mortgages and notes payable to unrelated third parties	2,060,000.	23	11,530,589.
	24	Unsecured notes and loans payable to unrelated third parties	375,634.	24	92,782.
	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			
	l	Schedule D	799,502.	25	1,089,713.
	26	Total liabilities. Add lines 17 through 25	4,485,882.	26	13,749,140.
		Organizations that follow SFAS 117, check here X and complete			
S		lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	2,040,481.	27	2,344,554.
aa	28	Temporanly restricted net assets	1,716,750.	28	2,593,508.
В В	29	Permanently restricted net assets	2,953,799.	29	2,949,119.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here	·		
Þ		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž.	32	Retained earnings, endowment, accumulated income, or other funds	1	32	
ž	33	Total net assets or fund balances	6,711,030.	33	7,887,181.
	34	Total liabilities and net assets/fund balances	11,196,912.		21,636,321.
	· - ·				Form 990 (2011)

Form	990 (2011) ORANGEWOOD CHILDREN'S FOUNDATION	95-363	16628	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		_		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,58		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,16		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,42		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,71		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-24		
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	7,88	7,1	81.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1	,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.		_	,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audıt,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	nedule O	1 1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued.	ed on a			
	separate basis, consolidated basis, or both:		1	, .	, , x ³
	Separate basis Consolidated basis Both consolidated and separate basis			• •	\\\.^2
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A 133?		3a	<u> </u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			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

		_ At	tach to Form 990 or Fo	ırm 990-E	z. F See	separate	insuactio	ns.				
Name of t	he organızati		OOD CHILDREN	r'a ro	TINID A M	TON		E	Employer ic	lentificatio -36166		nber
Part I	Reason		ity Status (All organiz				\ See inct	ructions		-20100	20	
	L							ructions				
		•	because it is: (For lines	_		•						
1			s, or association of chur		nbed in se	ction 1/U	D)(1)(A)(I)	•				
2			'0(b)(1)(A)(ii). (Attach Sc	-								
3 📙	•	•	tal service organization									
4 📖			operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter th	e hospital's	nam	e,
	city, and stat				_							
5 📖	_	•	benefit of a college or ui	niversity ov	wned or op	erated by	a governi	nental ur	nit describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ite, or local governm	ent or governmental unr	t described	d in sectio	n 170(b)(1)(A)(v).					
7 LX	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from th	e general p	ublic descri	bed I	n
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support fr	om contri	butions, m	nemberst	nip fees, and	d gross rec	eipts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	an excepti	ons, and (2	?) no more	than 33 1	/3% of it	ts support f	rom gross II	nvest	ment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	cquired b	y the org	janization af	fter June 30	, 197	5.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	on organized and o	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	l).				
11	An organizati	on organized and o	perated exclusively for th	ne benefit (of, to perfo	rm the fur	ections of,	or to car	rry out the p	ourposes of	one (or
	more publicly	supported organiza	ations described in secti	on 509(a)(⁻	1) or section	n 509(a)(2). See sec	tion 509	(a)(3). Chec	ck the box t	hat	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type I	b] Type II	: 🔲 тур	e III - Func	tionally int	egrated		d 🗀	Type III - O	ther	
е 🗀	By checking	this box, I certify tha	at the organization is not	controlled	directly of	r indirectly	by one o	r more di	squalified p	ersons othe	er tha	n
			han one or more publicly									
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box		•							
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pe	rsons?			
_	-		lirectly controls, either al			_					Yes	No
			upported organization?	_						11g(i)		
	•	• •	n described in (i) above?	•						11g(ii)		
		•	person described in (i)		e?					11g(iii)		
h		•	about the supported or							9, 71		
				J	(-,							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) is the c	rganization	(v) Did voi	notify the	(vi)	Is the	(vii) Amo	nunt o	f
	inization	(, :	organization		sted in your	organizat		i organiza	tion in col. ized in the	supp		•
J. 95			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	\',' o' g''.	.S.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				i i								
					•							
								 	 			-
				1				İ				
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		 						 	+			
				Ì	1							
		·,		 	1	<u> </u>	 -	7.	+ +			
		٠.	i	1	1		۱.,		13.			

Schedule A (Form 990 or 990-EZ) 2011 ORANGEWOOD CHILDREN'S FOUNDATION

Part II Support Schedule for Organizations Described in Sections 4700 VIVI 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)

Se	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	8,819,643.	5,954,252.	6,376,363.	7,230,918.	8,432,385.	36,813,561.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		· · · · · · · · · · · · · · · · · · ·				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,819,643.	5,954,252.	6,376,363.	7,230,918.	8,432,385.	36,813,561.
	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,	·			ı	, , ,	
	column (f)	. ",	* **			`_\$ \$ 4	
6	Public support. Subtract line 5 from line 4	* * *	7		•	, , ,	36,813,561.
	ction B. Total Support				·	·	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	8,819,643.	5,954,252.	6,376,363.	7,230,918.	8,432,385.	36,813,561.
	Gross income from interest,	,		· · · · ·	· · · · · ·		
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	146,105.	147,027.	114,499.	90,517.	77,289.	575,437.
a	Net income from unrelated business						
J	activities, whether or not the						
	business is regularly carried on				3,757.	-79,391.	-75,634.
10	Other income Do not include gain					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10	or loss from the sale of capital						
	assets (Explain in Part IV)	860.557	719,001.	21,637.	6,129.	528.	1,607,852.
11	Total support. Add lines 7 through 10		8, 33 T.	14, 0	" A3' \", " "	4 8 12 1 1 2 1 1	38,921,216.
	Gross receipts from related activities			· '*à 2' . /	2 281 11	12	
	First five years. If the Form 990 is fo		•	d fourth or fifth to	ay year as a sectio		
13	organization, check this box and stop	-	a mat, second, um	a, ioarai, or mark	ix year as a seeme	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sec	ction C. Computation of Pub		rcentage				
	Public support percentage for 2011 (column (fl)		14	94.58 %
	Public support percentage from 2010			, o. d (1)		15	93.23 %
	33 1/3% support test - 2011. If the	•	•	n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies					7,0,0,0,0,0,0,0,0	▶ X
	33 1/3% support test - 2010. If the		=		Une 15 is 33 1/3%	6 or more, check th	-
-	and stop here. The organization qual					0 01 11.010, 01.10011 1	▶□
17-	10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·	• •		13 162 or 16h	and line 14 is 10%	or more
1/8	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					it iv now the organ	ıızatıorı ⊾
		•	•		-	17a and line 15 in	10% or
E	10% -facts-and-circumstances tes						
	more, and if the organization meets t						·
40	organization meets the "facts-and-cir				=		
18	Private foundation. If the organization	on ala not check a	box on line 13, 16	a, 100, 1/a, or 1/1			
					Sche	edule A (Form 990	, OI 330-EZ) 20 1 1

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

Ser	ction A. Public Support	now, please comp	nete Part II)				
		(a) 2007	(b) 2009	(a) 2000	(d) 2010	(e) 2011	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(0) 2010	(e) 2011	(i) rotai
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,	ļ			ļ		
	merchandise sold or services per- formed, or facilities furnished in	j					
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that			•		!	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						•
	or expended on its behalf				1		
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
_	•				 	 	
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b					<u></u>	
	Public support (Subtract line 7c from line 6)	ν ₂	*** * *, *			<u> </u>	
Se	ction B. Total Support						
Cale	endar year (or fiscal year 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						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			1			
	Add lines 10a and 10b						
	Net income from unrelated business		1		 	 	
••	activities not included in line 10b,				1		
	whether or not the business is		ļ		1		
40	regularly carried on				 	 	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)						ļ
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>			1	1	<u>l</u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organı	zation,
	check this box and stop here						▶
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (I	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from	•				18	%
	a 33 1/3% support tests - 2011. If the			on line 14 and lin	e 15 is more than		
136	more than 33 1/3%, check this box a						▶ 🗀
	•	•	•				and
t	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	la, or 19b, check t	inis box and see in	nstructions	<u> </u>

Schedule A (Form 990 or 990 EZ) 2011 ORANGEWOOD CHILDREN'S FOUNDATION	95-3616628 Page 4
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)	
PART II, SECTION B, LINE 10:	
MISCELLANEOUS INCOME	
MISCEDDANEOUS INCOME	· · · · · · · · · · · · · · · · · · ·
······································	· · · · · · · · · · · · · · · · · · ·
	<u></u>
	- · · · - · · - · · · · · · · · · · · ·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection 3

Name of the organization

ORANGEWOOD CHILDREN'S FOUNDATION

Employer identification number 95-3616628

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		,
		(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 advi-	sed funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
_	for chantable purposes and not for the benefit of the donor of	5 5	•
	impermissible private benefit?	or deriver advicer, or less any exiles purpose	Yes No
Pa		ganization answered "Yes" to Form 990. I	
1	Purpose(s) of conservation easements held by the organization		- · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or e	, <u> </u>	storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

Sche		OOD CHILDR								Page 2
Pa	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simil	ar Asse	ts (contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a s	ignificant	use of its	collection	items
	(check all that apply).									
a	Public exhibition	d			hange progra	ams				
þ	Scholarly research	е	L (Other					<u> </u>	
¢	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizati	on's exe	mpt purp	ose in Par	t XIV	
5	During the year, did the organization solicit of					er sımılaı	r assets	_	٦	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	 						-		
19	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	s or other as	isets not	included		Yes	□ No
	on Form 990, Part X?			-61-				<u> </u>	⊒ Yes	□ NO
(J	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able.			Γ		Λ may sat	
•	Paginning balance						1c		Amount	
	Beginning balance Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe	orm 990. Part X. line	212				L		Yes	□ No
	If "Yes," explain the arrangement in Part XIV	om 555, rarry mo								
	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	10.			
		(a) Current year		nor year	(c) Two year			years back	(e) Four	years back
1a	Beginning of year balance	2,953,799.	2	949,283.	2,99	9,404.	3,!	69,625.		
b	Contributions	12,773.		9,811.				5,810.	1	7,7
c	Net investment earnings, gains, and losses	-4,680.		4,516.	24	8,184.		106,129.		~ <u> </u>
d	Grants or scholarships									
е	Other expenditures for facilities					{				`
	and programs	12,773.		9,811.	29	8,305.		169,902.		ا بر:
ŧ	Administrative expenses								<u> </u>	1
g	End of year balance	2,949,119.	2	,953 _, 799.	2,94	9,283.	2,	99,404.	L	
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:					
	Board designated or quasi-endowment	- <u></u>	_%							
	Permanent endowment ► 100.00	%								
c	Temporarily restricted endowment ▶	%								
_	The percentages in lines 2a, 2b, and 2c should be a sh									
3a	Are there endowment funds not in the posses.	ssion of the organiz	ation tha	it are held a	nd administe	ered for t	ne organi	zation	Г	Yes No
	by:								3a(i)	X
	(i) unrelated organizations								3a(ii)	$\frac{x}{x}$
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	s lieted on required o	n Schoo	lulo P2					3b	-
4	Describe in Part XIV the intended uses of the								_ <u> </u>	
	t.VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			or other	(c) A	ccumulat	ed	(d) Book	c value
	becompared of property	basis (investr			(other)		preciation	The state of the s	(=, 555)	
	Land	·- 	-		8,136.				9,118	3,136.
	Buildings				4,267.		474,0		970	0,259.
	Leasehold improvements				9,252.		390,3	13.		3,939.
	Equipment									
	Other			3,02	1,393.		<u>62</u> 8,8			2,583.
_	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	(O(c))			▶ 1	3,279	9,917.

Part VII Investments - Other Securities. S	ee Form 990, Part X, line	12.		
(af Description of security or category (including name of security)	(b) Book value) Method of valua or end-of-year mar	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) FIXED INCOME SECURITIES	367,203	. END-OF-YE	AR MARKET	VALUE
(B) MUTUAL FUNDS	968,156	. END-OF-YE	AR MARKET	VALUE
(C) PUBLICLY TRADED				
(D) SECURITIES	1,216,828	. END-OF-YE	AR MARKET	VALUE
(E)				•
(F)			<u>-</u>	
(G)				
(H)	· · ·		-	
(1)			·	·····
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	2,552,187	•	-	
Part VIII Investments - Program Related.				
(a) Description of investment type	(b) Book value	(0	c) Method of valua or end-of-year ma	
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				<u></u>
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)		, ,,		, , , , ,
Rart IX Other Assets. See Form 990, Part X, In	e 15.			
(a	i) Description			(b) Book value
(1)				
(2)				
(3)	"	**-		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lir		-	>	
Part X Other Liabilities. See Form 990, Part X	(, line 25			
1. (a) Description of liability		(b) Book value	·	
(1) Federal income taxes				in the second of
(2) CUSTODIAL FUNDS PAYABLE		339,713.		* '
(3) RELATED PARTY NOTES PAYA	BLE	750,000.		
(4)		· · · · · · · · · · · · · · · · · · ·	,	
(5)			***	
(6)			, .	
(7)			- :	2 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(8)				Section 1 (1975)
(9)			· .	
(10)			, · ,	
(11)				The whole the district of the
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 25.)	1,089,713.		The second secon
FIN 48 (ASC /4U) Footnote in Part XIV, provide the text of the Tootnote	to the organization's financial state		tion's liability for uncerta	ain tax positions under

	edule D (Form 990) 2011 ORANGEWOOD CHILDREN'S FOUN					3616628	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial Stat	emen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		8,584	'
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		7,162	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		1,421	
4	Net unrealized gains (losses) on investments			4		-245	<u>,573.</u>
5	Donated services and use of facilities			5			
6	Investment expenses			6		_	
7	Pnor period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net). Add lines 4 through 8			9		-245	,573.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar			10		1,176	,151.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Rever	nue per	Returr		
1	Total revenue, gains, and other support per audited financial statements				_1_	8,644	,914.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net unrealized gains on investments	2a		5,573			
b	Donated services and use of facilities	2b	19	6,981			
С	Recovenes of prior year grants	2c					
d	Other (Describe in Part XIV)	2d	10	9,160	.		
е	Add lines 2a through 2d				2e	60	,568.
3	Subtract line 2e from line 1				3	8,584	,346.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	8,584	,346.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	<u>nents V</u>	Vith Expe	nses pe	r Retu		
1	Total expenses and losses per audited financial statements				1	7,468	<u>,763.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				-		
а	Donated services and use of facilities	2a	19	6,981	<u>.</u>		
b	Prior year adjustments	2b			」 │		
С	Other losses	2c					
d	Other (Describe in Part XIV)	2d	10	9,160	<u>.</u>		
е	Add lines 2a through 2d				2e	306	,141.
3	Subtract line 2e from line 1				3	7,162	<u>,622.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1°				1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		· · · · · · · · · · · · · · · · · · ·	_		
b	Other (Describe in Part XIV)	4b			4		_
С	Add lines 4a and 4b				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	7,162	<u>,622.</u>
Pa	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com						4; Part
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:						
REI	NTAL EXPENSES					109	,160.
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:						
ינו מ	IMAI EVDENCEC					100	160
KEI	NTAL EXPENSES					109	<u>,160.</u>
				 -			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization							ntification number
ORANGEW	OOD CHILDREN'S FOU	INDA	TIO	N		95-3616	628
Part I Fundraising Activities required to complete this pa	Complete if the organization answirt.	ered "\	es" to	Form 990, Part IV,	line 1	7 Form 990-EZ	filers are not
Indicate whether the organization rail X Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations	e 🔲 Solicita	tion of tion of	non-g gover	overnment grants nment grants			
2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the	Part VII) or entity in connection with p dividuals or entities (fundraisers) purs	rofess	ional f	undraising services?)	X Yes	
(I) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funda have co or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
ANONYMOUS, LLC - 9140 IRVINE	EVENT PLANNING & SHARED	Yes	No				
CENTER DRIVE, IRVINE, CA	NET PROFITS		х	509,708.		224,597.	285,111.
THE GAVEL GROUP - 13805 ALTON	AUCTION SERVICES AND					;	
PARKWAY SUITE B, IRVINE, CA	AUCTION ITEMS		х	377,376.	<u> </u>	35,000.	342,376.
THE MONACO GROUP - 14352	DIRECT MAIL SERVICES AND		İ				
FRANKLIN AVE UNIT B, TUSTIN,	POSTAGE	<u> </u>	х	102,879.	l	41,389.	61,490.
GREATRAKE, MCBRIDE &							
ASSOCIATES - 17602 17 TH	DIRECT MAIL CONSULTING		х	0.		13,221.	-13,221.
· · · · · · · · · · · · · · · · · · ·							
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	▶	989,963. s or has been notified	d it is	314,207.	675,756.
or licensing.						-	
CA							
· · · · · · · · · · · · · · · · · · ·							
							
							
	· · · · · · · · · · · · · · · · · ·					<u> </u>	
							<u>.</u>

8 Net gaming income summary Combine line 1, column d, and line 7	•
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states?	YesNo
b If "No," explain:	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain	Yes No

<u>Sc</u> h	edule G (Form 990 or 990 EZ) 2011 ORANGEWOOD CHILDREN'S FOUNDATION 95-	-361 <u>6628</u>	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer chantable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:	1 1	
	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	s If "Yes," enter name and address of the third party		
	Name >		
	Address ►		
16	Gaming manager information.		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
<u> </u>	organization's own exempt activities during the tax year \$\int IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	() ()	. D III
<u></u>	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:	
			-
	A MANUE OF THE PROPERTY AND PROPERTY OF THE		<u>.</u>
<u>(I</u>) NAME OF FUNDRAISER: ANONYMOUS, LLC		
<u>(I</u>) ADDRESS OF FUNDRAISER: 9140 IRVINE CENTER DRIVE, IRVINE, C.	A 92618	3
(I) NAME OF FUNDRAISER: THE GAVEL GROUP		
(I) ADDRESS OF FUNDRAISER: 13805 ALTON PARKWAY SUITE B, IRVINE	, CA 9:	2618
			
TI) NAME OF FUNDRAISER: THE MONACO GROUP		

132083 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990 EZ) 2011 ORANGEWOOD CHILDREN'S FOUNDATION Part IV Supplemental Information (continued)	15-36.	16628	Page 4
(I) ADDRESS OF FUNDRAISER: 14352 FRANKLIN AVE UNIT B, TUSTIN,	, CA	92780	
(I) NAME OF FUNDRAISER: GREATRAKE, MCBRIDE & ASSOCIATES			
(I) ADDRESS OF FUNDRAISER:			
17602 17 TH STREET, #102 - 193, TUSTIN, CA 92680			
			
	·		_

Schedule I (Form 990) (2011) <u>2</u> Employer identification number 95-3616628 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance 201 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Ĺ 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 ame and address of organization (b) EIN (c) IRC section or government (f) Method of (g) Description of valuation (book, non-cash assistance assistance or government (f) Method of (g) Description of valuation (book, non-cash assistance or government or government (f) Method of (g) Description of (h) Method of (h) Description of (h) Description of (h) Method of (h) Description of (h) Description of (h) Method of (h) Description of (h) Descr 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ORANGEWOOD CHILDREN'S FOUNDATION LHA For Paperwork Reduction Act Notice, see the instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part 1 . General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part II

ORANGEWOOD CHILDREN'S FOUNDATION Schedule I (Form 990) (2011) Part III

Page 2

95-3616628

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS OR OTHER SUPPORT TO EMANCIPATING POSTER YOUTH	585	781,984.	0	0. N.A.	N/A
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: FOR HIGH	R.	EDUCATION SCH	SCHOLARSHIP RI	REQUESTS THE	
ORGANIZATION GIVES THE MONEY TO THE		YOUTH UPON RECEIPT OF	PT OF CLASS	S SCHEDULES.	
THERE ARE GENERALLY 5 INSTALLMENTS	FOR THE	PAYMENTS,	1/2, THE	SEMESTER	
UPFRONT; THE 2ND HALF AFTER THE FI	FINAL DROP	DAY OF CL	CLASSES AND	THE STUDENT	
HAS PROVIDED THE CURRENT CLASS SCHED	EDULE. IF	THE	STUDENT COMPLETES	FES THE SAME	
NUMBER OF UNITS THAT WERE INCLUDED	IN THE	INITIAL IN	INSTALLMENTS,	, WITH A	
GRADE OF C OR BETTER, THEN THEY WILL	BE	FUNDED FOR THE	SECOND	SEMESTER	
UNDER THE SAME TIMEFRAME GUIDELINES	S. IF THE	STUDENT	HAS DROPPED	UNITS OR	
NOT SUCCEEDED AT PASSING THE CLASS	WITH A	C OR BETTER,	R, THEN THE	NEXT	
132102 01-27-12					Schedule I (Form 990) (2011)

Schedule I (Form 990) 2011 ORANGEWOOD CHILDREN'S FOUNDATION 95-3616628 Page 2 Part IV Supplemental Information
SEMESTER GRANT WILL BE REDUCED UNTIL THE STUDENT HAS SUCCESSFULLY COMPLETED
THE ORIGINAL UNITS THAT FUNDS WERE GRANTED FOR. AT THE END OF THE YEAR, IF
THE STUDENT HAS COMPLETED 24 UNITS OR MORE, WITH PASSING GRADES OF C OR
BETTER AND PROVIDES ALL THE CLASS SCHEDULE DOCUMENTATION INCLUDING GRADES,
THEY ARE ELIGIBLE FOR A BONUS SCHOLARSHIP AMOUNT.
FOR GRANTS TO YOUTH NOT ATTENDING HIGHER EDUCATION, THE ORGANIZATION
PROVIDES BASIC SUPPORT TO COVER LIVING EXPENSES. THE YOUTH MUST SHOW WHAT
THE EXPENSES ARE GOING TO BE USED FOR. FUTURE GRANTS ARE DEPENDENT ON HOW
THE YOUTH SPENDS THE INITIAL FUNDS. FOR OTHER SUPPORT AND COURSES,
INCLUDING DRIVERS EDUCATION, EXTRA CURRICULAR ACTIVITIES OR SCHOOL
SUPPLIES, INVOICES ARE PROVIDED FOR FUNDING.

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990. See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

ORANGEWOOD CHILDREN'S FOUNDATION

Employer identification number 95-3616628

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

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 ORANGEWOOD CHILDREN'S FOUNDATION 95-3616628

Particle J (Form 990) 2011 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of W	N-2 and/or 1099-MISC compensation	3C compensation	(2)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
		197,207.	0	5,100.	0	0	202,307.	0
1 CAL WINSLOW	3		0	0	0	0	0	0
	ε	174,259.	0	.000,9	0	0	180,259.	0
2 CHRIS SIMONSEN	(ii)	0	0	0	0	0	0	0
	Ξ							
3	(ii)							
	Ξ							
4	(ii)							
	(i)							
co.	€							
	Ξ							
9	(ii)							
	Ξ							-
7	(ii)							
	Ξ							
80	Œ							
	(1)							
6	(ii)							
	Θ							
10	Ξ							
	ε							-,
11	(ii)							
	Ξ							
12	(ii)							
	Θ							
13	(ii)							
	(i)							
14	(ii)							
	Θ							
15	(ii)							
	Ξ							
16	(ii)							
112112 01-21-12							Schedul	Schedule J (Form 990) 2011

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2011

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2011

Name of the organization ORA	NGEWOOI	о сн	HILDREN	'S FOUN	DATION			Employer 95-36			umber
Part I Excess Benefit	Transactio	ons (se	ection 501(c	:)(3) and section	n 501(c)(4) organizatio	ns only)					
	ization answ	ered "\	Yes" on Forr	n 990, Part IV,	line 25a or 25b, or For	m 990 E	Z, Part	V, line 40)b	T	
1 (a) Name of disqualified person					(b) Description of transaction					(c) Corr	
			·	 						res	No
	 .			<u> </u>							
								··			
					·						
											
2 Enter the amount of tax impo	sed on the o	rganıza	ation manage	ers or disqualifi	ed persons during the	year un	der				
section 4958 3 Enter the amount of tax, if an	u on line 2 a	hovo	roimburood !	by the erganize	ation			▶ \$ ▶ \$			
3 Litter the amount of tax, if any	y, or line z, a	ibove,	reimburseu	by the organiza	ation			Φ			
Part II Loans to and/or	From Inte	ereste	ed Persor	าร.							
Complete if the organ	nization answ	ered "	Yes" on Forr	n 990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 3	88a.			
(a) Name of interested	(b) Loan to	o or fro	om (c) Ori	ginal principal	(d) Balance due	(e) In	(f) Ap	proved pard or	(g) W	
person and purpose	the organ	ization	1?	amount			ault?	cómn	ittee?	agree	ment?
SAMUELI FOUNDATIO	То	Fror		750 000		Yes	No	Yes	No	Yes	No
HANSON FOUNDATION		$\frac{x}{x}$		750,000. 500,000.	0.		X	X	 -	X	
HANSON FOUNDATION				00,000.	-	 	<u>^</u>		<u> </u>	 ^ 	
								+	 	 	
							†	1	<u> </u>	†	
					-		<u> </u>				
							ļ		<u> </u>	<u> </u>	
							<u> </u>	1	<u> </u>	1	<u> </u>
Total Part III Grants or Assist	ance Ben	efitin	a Interes	ted Person		٠٠				1 4 . 3	12.5
Complete if the organ			•								
(a) Name of interested p		ereu				and		(c) An	nount ar	nd type o	f
(a) Mario di interested p		1	(5)		ionship between interested person and the organization (c) Amount and type of assistance					•	
								,			
							4				
											<u>-</u>
		+									
		-+			-						
		\dashv					\dashv				
		-					-+				

SEE PART V FOR CONTINUATIONS

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

Part IV	Business Transactions Involving Interested Persons.
T alt IV	business transactions involving interested Persons.
	*Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		aring of
	person and the organization	transaction	transaction	organiz	
MITCH JUNKINS	BOARD MEMBER	701	OWNER OF TH	Yes	No X
SUSAN SAMUELI	BOARD MEMBER		PART OWNER	 	X
DAVID DUNN	BOARD MEMBER		PART OWNER	 	X
DAVID DONN	BOARD MEMBER	<u> </u>	PART OWNER	<u></u>	
					
					
				 	
		-		-	<u> </u>
		····		<u> </u>	
Part V Supplemental Information					
Complete this part to provide additional	al information for responses to question	s on Schedule L (see	instructions).		
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	STED PERSON	S:		
4.5 					
(A) NAME OF PERSON: SAMUEL	I FOUNDATION (SUSAN	SAMUELI BO	ARD MEMBER)		
			·		
(A) NAME OF INTERESTED PER	SON.				
(11) HILL OF THE BEING		 			
HANSON FOUNDATION (CHRIS J	ONES BOARD MEMBER)				
			• • • • • • • • • • • • • • • • • • • •		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVII	NG INTEREST	ED PERSONS:		_
(2)					
(A) NAME OF PERSON: MITCH	JUNKINS				
/D\ DECORTOMION OF MONICAC	MITONI OF MITTER	ODM COMPANY			
(D) DESCRIPTION OF TRANSAC	TION: OWNER OF THE	COMPANY	, WHERE		
ORGANIZATION PURCHASES PRO	MOTTONAL THEMS SUT	מת אאדה פונו	mmppptv btk	r.C	
ONGANIZATION FUNCTIAGES FRO	MOTIONAL TIEMS, SHIP	KIS, AND BU	TIERFUI PIN	15	
			· · · · · · · · · · · · · · · · · · ·		
(A) NAME OF PERSON: SUSAN	SAMUELT				
(11, 11, 11, 11, 11, 11, 11, 11, 11, 11,	<u> </u>	. <u>-</u>			
(D) DESCRIPTION OF TRANSAC	TION: PART OWNER OF	HONDA CENT	ER. WHERE		
ORGANIZATION HOLDS ONE FUN	DRAISING EVENT				
			· - · · · · · · · · · · · · · ·		
	•		· · ·		
(A) NAME OF PERSON: DAVID	DUNN				
(D) DESCRIPTION OF TRANSAC	TION: PART OWNER OF	ATHLETES F	IRST AND		
		· · · · · · · · · · · · · · · · · · ·			
ANONYMOUS LLC, WHICH COORD	INATE THE ATHLETES	FIRST GALA	FOR THE		
,		s	chedule L (Form 990	or 990-i	EZ) 2011

Schedule L (Form 990 or 990 EZ) 2011 URANGEWOOD CHILDREN'S FOUR	NDATION 95~3616628	Page 2
Part V Supplemental Information		
`Complete this part to provide additional information for responses to questions	s on Schedule L (see instructions).	
ORGANIZATION		
		_
		<u></u>
		_
		_

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

2011

QUIIOpen to Public

Inspection

Name of the organization

ORANGEWOOD CHILDREN'S FOUNDATION

Employer identification number 95-3616628

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of de noncash contribu			5
1	Art · Works of art	<u> </u>	items commodice	1 01111 000,1 are 1111, 1110 15	<u>'</u>			
2	Art Historical treasures							
3	Art - Fractional interests							
4	Books and publications	-						
5	Clothing and household goods						-	
6	Cars and other vehicles		···					
7	Boats and planes				-			
8	Intellectual property							
9	Securities - Publicly traded	X	1	10,189.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock			·				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution							
	Historic structures							
14	Qualified conservation contribution Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()				<u> </u>			
26	Other ()				ļ			
27	Other ()							
28	Other ()	L	L	<u> </u>				
29	Number of Forms 8283 received by the organi		•	i 1				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
						12	Yes	No
30a	During the year, did the organization receive b	-				`		
	at least three years from the date of the initial	contribution	, and which is not	required to be used for ex-	empt purposes for			v
	the entire holding period?					30a	-	X_
	If "Yes," describe the arrangement in Part II						х	
31	Does the organization have a gift acceptance		•	•		31		
32a	Does the organization hire or use third parties	or related o	rganizations to sol	cit, process, or sell noncas	sn		х	
	contributions?					32a	<u> ^-</u>	
	If "Yes," describe in Part II.	6 4.5		and the second s				ĺ
33	If the organization did not report an amount in	column (c)	or a type of prope	πy for which column (a) is	спескеа,	٠,٠,	٠	1

Schedule M (Form 990) (2011) ORANGEWOOD CHILDREN'S FOUNDATION	95-3616628	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part the organization is reporting in Part I, column (b), the number of contributions, the number of items Also complete this part for any additional information.	l, lines 30b, 32b, and 33, and received, or a combination of	whether both
SCHEDULE M, LINE 32B: EMPLOY THE GAVEL GROUP TO ASSIST W	VITH THE	
AUCTION ITEMS FOR THE ATHLETES FIRST EVENT.		
		- .

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization **Employer identification number** ORANGEWOOD CHILDREN'S FOUNDATION 95-3616628 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ONE-ON-ONE SUPPORT FOR ABUSED AND NEGLECTED CHILDREN AND AT RISK FAMILIES TO END THE CYCLE OF CHILD ABUSE. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: OTHER PROGRAMS DID NOT CHANGE IN THE METHOD OF CONDUCT, SEVERAL PROGRAMS GREW AS THE NEEDS OF THE YOUTH EXPANDED IN THE ECONOMY DIFFICULTIES. THE ACADEMY PROJECT ACQUIRED LAND AND BEGAN CONSTRUCTION PLANNING. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE RISING TIDE/TRANSITIONAL HOUSING PROGRAM PROVIDES SELECTED YOUNG ADULTS WHO HAVE "AGED OUT" OF THE FOSTER CARE SYSTEM AT AGE 18 A UNIOUE LIVING PROGRAM THAT PROVIDES SUBSIDIZED APARTMENT LIVING, EDUCATION OPPORTUNITIES AND ONE-ON-ONE MENTORING TO RESIDENTS BY A GROUP OF ADULT

INDEPENDENT LIVING PROGRAM PROVIDES WORKSHOPS, SPECIAL EDUCATIONAL

EVENTS AND SUPPORT SERVICES FOR FOSTER YOUTHS, AGES 16-21, TO HELP THEM

PREPARE FOR THEIR RELEASE FROM THE DEPENDENCY SYSTEM. WITH 86 REGULARLY

SCHEDULED WORKSHOPS, EVENTS AND ACTIVITIES, SESSIONS FOCUS ON FOUR

AREAS- EDUCATION, CAREER, RELATIONSHIPS AND DAILY LIVING - AND PROVIDE

VITAL INFORMATION AND OPPORTUNITIES TO PRACTICE THESE SKILLS SO THAT

VOLUNTEERS IN AN 18-MONTH PERIOD DESIGNED TO HELP THEM TRANSITION

SUCCESSFULLY INTO LIFE ON THEIR OWN.

PEER MENTOR PROGRAM BEGAN IN 1992 WHEN CHILDREN'S TRUST FUND

RECIPIENTS, FORMER FOSTER CHILDREN THEMSELVES, APPROACHED THE

FOUNDATION WANTING TO GIVE BACK AND HELP OTHER YOUNG ABUSE VICTIMS.

PEER MENTORS ARE POWERFUL ROLE MODELS WHO CONDUCT MENTORING SESSIONS AT

THE ORANGEWOOD CHILDREN AND FAMILY CENTER AND AT ALL INDEPENDENT LIVING

WORKSHOPS.

ORANGEWOOD RESOURCE CENTER IS A DROP-IN CENTER FOR CURRENT AND FORMER

ORANGE COUNTY FOSTER YOUTH UP TO AGE 25 OFFERING SERVICES THEY NEED TO

BECOME INDEPENDENT ADULTS, INCLUDING EDUCATIONAL ACTIVITIES AND

RESOURCES FOR JOBS, COLLEGE, HOUSING, HEALTH, ETC. THE CENTER ALSO

PROVIDES A FOOD BANK AND A HOT MEAL TO YOUTH SERVED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ACADEMY - THE ACADEMY WILL PROVIDE FOSTER YOUTH AND EDUCATIONALLY AT

RISK YOUTH AGES 14-18 WITH A RIGOROUS ACADEMIC PROGRAM COMBINED WITH A

COTTAGE-STYLE, CAMPUS-BASED LIVING ARRANGEMENT. THE GOAL IS TO HELP

BETTER PREPARE THE YOUTH FOR A SELF-SUFFICIENT, SUCCESSFUL ADULTHOOD.

THE BASIC PROGRAM AND FACILITY COMPONENTS INCLUDE:

- COTTAGE-STYLE LIVING FOR UP TO 80 FOSTER STUDENTS WILL PROVIDE A FAMILY-LIKE RESIDENTIAL EXPERIENCE;
- ACADEMICS A CHARTER HIGH SCHOOL SERVING UP TO 480 STUDENTS WILL PROVIDE INTENSIVE INDIVIDUALIZED EDUCATION INSTRUCTION WITH A RICH ARRAY OF EXTRACURRICULAR ACTIVITIES;
- FAMILY CONNECTIONS YOUTH WILL DEVELOP APPROPRIATE, POSITIVE AND PRODUCTIVE RELATIONSHIPS WITH THEIR BIRTH FAMILIES EVEN THOUGH LIVING

WITH THEM IS NOT AN OPTION; AND

- INDEPENDENT LIVING PREPARATION - YOUTH WILL PARTICIPATE IN

CLASSROOM-BASED TRAINING AND ENGAGE IN REAL-LIFE EXPERIENCES TO PREPARE

THEM FOR INDEPENDENT LIVING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMISSION OF ORANGE COUNTY PROVIDES MANAGEMENT SUPPORT TO A NETWORK OF

HEALTH PROVIDERS TO IMPROVE THE HEALTH AND WELL-BEING OF PREGNANT WOMEN

AND YOUNG CHILDREN AGE 0 TO 5 YEARS OF AGE RESIDING WITHIN ORANGE

COUNTY. OVER 10,900 PREGNANT WOMEN IN 5000 FAMILIES WITH 4300 CHILDREN

WERE SERVED IN THIS PROGRAM, PROVIDING 10 BIRTHING HOSPITALS, 4 NP HOME

VISITATION PROVIDERS AND PUBLIC HEALTH NURSES.

AMERICORP VISTA PROGRAM -FUNDED BY THE CHILDREN AND FAMILIES COMMISSION

OF ORANGE COUNTY PROVIDES ADMINISTRATIVE SUPPORT AND ASSISTANCE TO THE

MANAGE AMERICORP AND VISTA MEMBERS PROVIDING SERVICE TO ORGANIZATIONS

THAT PROVIDE SERVICES TO FAMILIES WITH CHILDREN 0 TO 5.

FEDERAL GRANT UNDER ARRA- FUNDED BY THE FEDERAL GRANT PROGRAM UNDER THE

AMERICAN REINVESTMENT & RECOVERY ACT, AND STAFFING SUPPORT FUNDED BY

THE CHILDREN AND FAMILIES COMMISSION SUCCESSFULLY COMPLETED A TWO YEAR

GRANT TO IMPROVE AND EXPAND WORKFORCE DEVELOPMENT PROGRAMS IN THE EIGHT

MOST DISTRESSED ORANGE COUNTY CITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CHILDREN IN FOSTER CARE.

THE PROGRAM ALSO SPONSORED CALIFORNIA YOUTH CONNECTION IS A STATE-WIDE
YOUTH LEADERSHIP ORGANIZATION OF YOUNG ADULTS WHOSE MISSION IS TO

ADVOCATE TO LEGAL AND POLITICAL AUTHORITIES ON BEHALF OF FOSTER

CHILDREN THROUGHOUT THE STATE AND NATION. THE FOUNDATION IS THE LOCAL

CHAPTER FOR THIS STATE-WIDE ORGANIZATION.

MENTORING - THE PROGRAM IS PROVIDED FOR SELECTED FOSTER YOUTH WHO HAVE BEEN IDENTIFIED AS HAVING THE NEED FOR A ONE ON ONE RELATIONSHIP WITH AN ADULT TO ASSIST THEM TO BE SUCCESSFUL IN MAKING DECISIONS TO BECOME PRODUCTIVE ADULTS.

ORANGEWOOD CHILDREN AND FAMILY CENTER

WHEN THE FOUNDATION WAS ESTABLISHED IN 1980, ONE OF ITS INITIAL PRIMARY OBJECTIVES WAS THE CONSTRUCTION OF A FACILITY TO HOUSE ORANGE COUNTY FOSTER YOUTH THAT NEEDED TEMPORARY RESIDENTIAL AND EDUCATIONAL ASSISTANCE WHILE AWAITING PERMANENT PLACEMENT IN THE FOSTER CARE UPON COMPLETION IN 1985, THE ORANGEWOOD CHILDREN'S HOME (THE SYSTEM. "HOME") WAS DEEDED BACK TO THE COUNTY OF ORANGE, WHO IS NOW RESPONSIBLE FOR THE OPERATION AND ADMINISTRATION OF THE HOME. THE FOUNDATION CONTINUES TO PROVIDE ADDITIONAL FINANCIAL SUPPORT TO THE HOME TO ASSIST WITH FACILITY RENOVATIONS, EXTRACURRICULAR ACTIVITIES FOR THE CHILDREN AND OTHER PROJECTS. THE HOME CHANGED ITS NAME TO ORANGEWOOD CHILDRENS AND FAMILY CENTER FULL SERVICE PARTNERSHIP IN 2011. EXPENSES \$ 831,212. INCLUDING GRANTS OF \$ 61,635. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS ADMINISTERED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS.

Schedule O (Form 990 or 990 EZ) (2011)	Page 2
Name of the organization ORANGEWOOD CHILDREN'S FOUNDATION	Employer identification number 95-3616628
TO PERFORM A MARKET REVIEW OF THE SALARIES OF THE CEO AND	CFO. THE RESULTS
OF THIS REVIEW ARE PRESENTED TO THE COMPENSATION COMMITTE	E OF THE BOARD,
WHICH APPROVES THE SALARIES AND ANY ADJUSTMENTS TO THEM.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNMENT DOCUMEN	TS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE T	O THE PUBLIC UPON
REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-245,573.
· · · · · · · · · · · · · · · · · · ·	
	<u>.</u>

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions. ▶ Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

ORANGEWOOD CHILDREN'S FOUNDATION

Employer identification number 95-3616628

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part 1

(a)	(p)	(0)	(p)	(e)	€)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct	ng
of disregarded entity		foreign country)			entity	
ORANGEWOOD REAL PROPERTY LLC - 90-0720564						
1575 E 17TH ST						
SANTA ANA, CA 92705	REAL ESTATE	CALIFORNIA			N/A	
ORANGEWOOD RESIDENTIAL LLC - 80-0722825						
1575 E 17TH ST	ı					
SANTA ANA, CA 92705	FOSTER CARE	CALIFORNIA			N/A	
Part II Identification of Related Tax-Exempt Organizations (Comporganizations during the tax year)	ttions (Complete if the organization ar	lete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	art IV, line 34 becaus	e it had one or more	related tax-exempt	-
(a)	(q)	(0)	(p)	(e)	(£)	(6)

Direct controlling Ξ DRANGEWOOD status (if section Public charity 501(c)(3)) e Exempt Code section ত্র Legal domicile (state or foreign country) <u>ပ</u> Primary activity THE ACADEMY CHARTER SCHOOL - 45-3866750 Name, address, and EIN of related organization 1575 E 17TH ST.

(g) Section 5 (2(b)(13)

controlled entity? Yes

ž

×

FOUNDATION CHILDRENS ILING IN PROCESS CALIFORNIA CHARTER SCHOOL SANTA ANA, CA 92705

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

Schedule R (Form 990) 2011

95-3616628

Page 2

Schedule R (Form 990) 2011 ORANGEWOOD CHILDREN'S FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legat domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	e Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(I) (k) General or Percentage managing ownership Partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	s a Corpo g the tax y	ration or Trust (Cor rear)	nplete if the organi	zation answered "Yes'	to Form 990, Pa	t IV, line 34	because it had o	ne or mor	e related
(a) Name, address, and EIN of related organization	≥ د		(b) Primary activity	(C) Legal domicile (State or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) f total Share of end-of-year assets		(h) Percentage ownership
										1
										-
132162 01-23-12								Schedule	R (Form	Schedule R (Form 990) 2011

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

				Ь.
Note. Complete line 1 if any entity is listed in Parts II, iiI, or IV of this schedule	1		9 = = = = = = = = = = = = = = = = = = =	Yes No
Becelof of (il) interest (ii) anountres (iii) rovathes or (iv) rent from a controlled entity	s with one of hiore	eiateu organizations listeo	in Parts II-107	×
				+
				1
d Loans or loan guarantees to or for related organization(s)				10 4
e Loans or loan guarantees by related organization(s)				1e X
				. 1
 Sale of assets to related organization(s) 				¥
g Purchase of assets from related organization(s)				X X
h Exchange of assets with related organization(s)				th X
i Lease of facilities, equipment, or other assets to related organization(s)				1i X
				>
				1
K Performance of services of membership or fundraising solicitations for related organization(s)	anization(s)			¥ ;
Change of familiary of mismost major last arches of mismost major last of the contraction	anization(s)			
	lion(s)			
 Sharing of paid employees with related organization(s) 				ا
o Rembursement haid to related organization(s) for expenses				, ×
p Rembursement paid by related organization(s) for expenses				
q Other transfer of cash or property to related organization(s)				Tq X
r Other transfer of cash or property from related organization(s)				tr X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	formation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
	6.16			
(1)				
(2)				
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(4)				
(5)				
(9)				
122163 01.20-12			alubados	Schedule R (Form 990) 2011

95-3616628 Page 4

Schedule R (Form 990) 2011 ORANGEWOOD CHILDREN'S FOUNDATION

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

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

3	rentade	nership																							Schedule R (Form 990) 2011
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3	Code V-UBI	amount in box 20 managing ownership of Schedule K-1	(Form 1065	 																					Schedi
3	Spropor	tionale 2	Yes No					 	 F		1					 		 		 					-
		5 <u>#</u>	ž	 					H		+														1
3	Share of	end-of-year	assets																						
Ę	Share of	total	income																						
(0)	Are all	501(c)(3) orgs?	Yes No	 		_				 	 +					 					 			•	
<u>.</u> -	- E	a ×	14)	 			-	 	 \vdash		\dagger						-				\dashv				1
(a)	Predominant incor	(related, unrelated, excluded from tax	ınder section 512-5																						
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3	l enal domi	(state or foreign	country)																			; 			
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(A)	Primary activity	א מכנועונץ																							
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	Name address and FIN	of entity																							
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Schedule R	(Form 990) 2011	ORANGEWOOD	CHILDREN'S	FOUNDATION	95-3616628 Page 5
	Supplemental Infor				
	*Complete this part to pro	vide additional informat	ion for responses to q	uestions on Schedule R (see instr	uctions).
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Constituent Name	Date	Cash
Acra Aerospace	1/22/2011	\$10,000 00
2121 Via Burton Anaheim, CA 92806	10/6/2011	\$0.00
	11/3/2011	\$5,900 00
	12/15/2011	\$5,400 00
	3/2/2012	\$47,000 00
	3/29/2012	\$10,000 00
	3/29/2012	\$4,000 00
AltaMed Health Services 2040 Camfield Ave Los Angeles, CA 90040	2/16/2012	\$10,000 00
American Technologies, Inc 210 W Baywood Ave Orange, CA 92865	12/7/2011	\$11,200 00
Anaheim Ducks Foundation 2695 E Katella Ave Anaheim, CA 92806	6/29/2012	\$73,726 96
Anaheim Ducks Hockey Club	10/25/2011	\$5,000 00
2695 E Katella Ave Anaheim, CA 92806	10/31/2011	\$5,000 00
	5/29/2012	\$5,000 00
Angell Foundation 10880 Wilshire Blvd #220 Los Angeles, CA 90024	5/17/2012	\$50,000 00
Angels Baseball Foundation 2000 E Gene Autry Way Anaheim, CA 92806	10/12/2011	\$15,000 00
Apple Matching Gifts Program PO Box 3542 Princeton, NJ 08543-3542	3/2/2012	\$7,000 00
Applied Medical	12/31/2011	\$10,000 00
9451 Toledo Way Irvine, CA 92618	4/27/2012	\$5,000 00

Constituent Name	Date	Cash
Argyros Foundation	3/13/2012	\$20,000 00
949 S Coast Dr #600 Costa Mesa, CA 92626	3/13/2012	\$10,000 00
	5/3/2012	\$12,000 00
Bagne Family Foundation 801 S Acacia Ave Fullerton, CA 92831	3/26/2012	\$5,000 00
Marissa L. Barth 901 Ocean Ave #305 Santa Monica, CA. 90403	3/6/2012	\$6,000 00
Robert K Barth	2/9/2012	\$20,000 00
Black Equities Group Black Equities Group	2/9/2012	\$25,000 00
433 N Camden Dr #1070 Beverly Hills, CA 90210	3/12/2012	\$26,000 00
Robert F Bartholomew	10/24/2011	\$10,000 00
23 Lide Watch Newport Coast, CA 92657	12/31/2011	\$5,000 00
	3/9/2012	\$12,000 00
Waniyn B Bejach 10582 Mira Vista Dr North Tustin, CA 92705	4/17/2012	\$5,000 00
Bengard Foundation 3912 Calle Ariana San Clemente, CA 92672-4503	5/22/2012	\$10,000 00
Bentley Prince Street, Inc 14641 E Don Julian Rd City of Industry, CA 91746	4/23/2012	\$0.00
Clayton R Berryhill	3/6/2012	\$7,520 00
648 Mystic View Laguna Beach, CA 92651	3/6/2012	89 06\$
Mike Bilek	3/13/2012	\$25,000 00
2655 Bronzewood Dr Tustin Ranch, CA 92782	5/15/2012	\$6,119.80

Cash	\$7,500 00		\$12,500 00	\$12,500 00	\$10,000 00	\$12,000 00	\$15,000 00	\$25,000 00	\$5,000 00	\$25,000 00	\$10,000 00	\$5,000 00	\$10,000 00	85,000 00	\$5,000 00
Date	10/17/2011		5/17/2012	5/17/2012	5/30/2012	12/13/2011	6/22/2012	5/3/2012	8/25/2011	12/5/2011	11/22/2011	5/3/2012	9/13/2011	12/22/2011	12/31/2011
Constituent Name	Employees Community Fund of B 3855 Lakewood Blvd MC D802-011	Long Beach, CA 90846	Boone Foundation	Monrovia, CA 91016	Brokerage Partners LLLP 1420 Fifth Ave #1600 Seattle, WA 98101	Building Block Foundation Fund	63 Enterprise Aliso Viejo, CA 92656	The Capital Group Companies, I 6455 Irvine Center Dr Irvine, CA 92618	Bruce Carson 22352 Pineglen Mission Viejo, CA 92692	John W Carson Foundation, Inc 16000 Ventura Blvd #900 Encino, CA 91436	The Gilbert & Jacki Cisneros Fou 10880 Wilshire Blvd #2100 Los Angeles, CA 90024	Ctti Private Bank 650 Town Center Dr #1550 Costa Mesa, CA 92626	CLA-VAL Co - Griswold Indu	PO Box 1325 Newport Beach, CA 92659-0325	Cornerstone Legacy Foundation 306 Via Lido Nord Newport Beach, CA 92663

Constituent Name	Date	Cash
The Crean Foundation 2300 Mesa Drive	1/18/2012	\$10,000 00
Newport Beach, CA 92660		
Alice Dart 30616 Mirandela Lane Laguna Niguel, CA 92677	10/6/2011	\$5,000 00
The Dhont Family Foundation	8/29/2011	\$40,000 00
2700 N Main St #1100	8/29/2011	\$40,000 00
Santa Ana, CA 92705		
Cındy Dıllıon 7 Bodega Bay Dr Corona Del Mar, CA 92625	8/4/2011	\$6,000 00
Gregory Dillion 7 Bodega Bay Dr Corona Del Mar, CA 92625	4/30/2012	\$5,000 00
Disneyland Resort 1313 S Harbor Blvd Anaheim, CA 92802	4/9/2012	\$10,000 00
The Dot Printer 2920 McGaw Ave Irvine, CA 92614	8/15/2011	\$5,500 00
Gregory R. Dunlap 12 Medlar Irvine, CA. 92618	4/17/2012	\$10,000 00
Edwards Lifesciences Corporatio One Edwards Way Irvine, CA 92614	11/1/2011	\$12,000 00
Lois Eisenberg 97 Roadrunner Irvine, CA 92603-0163	3/6/2012	\$5,000 00
Enterprise Vision Technologies I	9/12/2011	\$2,500 00
201 Wilshire Bvd #A9 Santa Monica, CA 90401	9/12/2011	\$4,000 00
	9/12/2011	\$3,500.00

Constituent Name	Date	Cash
Lynn Fetter 519 San Bernardino Newport Beach, CA 92660	5/8/2012	\$5,000 00
First National Capital Corp 27051 Towne Center DR #260 Foothill Ranch, CA 92610	11/2/2011	\$6,000 00
David Flattum 47 Echo Glen Irvine, CA 92603	8/10/2011	\$10,000 00
Jon Fosherm 25531 Lone Pine Circle Laguna Hills, CA 92653	5/8/2012	\$5,000 00
Louis & Gladyce Foster Family F 10100 Trinity Parkway, Suite 310	5/31/2012	\$75,000 00
Stockton, CA 95219	5/31/2012	\$75,000 00
Frome Family Foundation 151 Kalmus Dr #F-2 Costa Mesa, CA 92626	10/10/2011	\$6,000 00
Tom Gallaway Technologent 19 Rancho Circle Lake Forest, CA 92630	5/8/2012	\$12,000 00
Gallup Consulting 18300 Von Karman Suite 1000 Irvine, CA 92612	12/8/2011	\$15,000 00
Garden Grove Housing Corp	7/21/2011	\$35,000 00
Orange Tree Apartments 20411 SW Birch St	10/26/2011	\$75,000 00
Newport Beach, CA 92660	2/8/2012	\$90,000 00
Paul D Garnett	3/22/2012	\$4,000 00
PO Box 242 Beatrice, NE 68310-0242	3/22/2012	\$1,500 00
LeRoy N Geer 21615 Paseo Palmetto Mission Viejo, CA 92692	10/6/2011	\$5,000 00

Constituent Name	Date	Cash
General Monitors 26776 Simpatica Cir Lake Forest, CA 92630	12/19/2011	\$25,000 00
The Elizabeth George Foundation PO Box 1429 Langley, WA 98260	1/6/2012	\$60,000 00
Steve George PO Box 1777 Newport Beach, CA 92659	3/22/2012	\$12,000 00
GKN Foundation 3030 South Redhill Ave	12/21/2011	\$10,000 00
Santa Ana, CA 92705		
Golden State Foods Foundation 18301 Von Karman Ave #1100 Irvine, CA 92612	7/21/2011	\$5,000 00
The Gordon Foundation 110 Irvine Cove Circle Laguna Beach, CA 92651	10/26/2011	\$5,000 00
Chad Hagle	3/15/2012	\$7,500 00
4685 MacArthur Ct #375 Newport Beach, CA 92660	5/3/2012	\$15,000 00
Clark Hahne 5 Marble Sands Newport Beach, CA 92660	3/6/2012	\$15,000 00
Hamilton Strategic Marketing Inc 13882 Hewes Ave Santa Ana, CA 92705	6/29/2012	\$5,000 00
Frederick J Hanshaw Properties 10921 Westminster Ave Garden Grove, CA 92843	12/29/2011	\$25,000 00
James Hart 200 Fernicaf Ave Corona Del Mar, CA 92625	12/27/2011	\$10,000 00

William L Healey

Solution of Dr. Newport Coast. CA 92657 7/25/2011 \$5,000 00 Newport Coast. CA 92657 3/6/2012 88,750 00 26 Calle Anacapa 3/6/2012 88,750 00 26 Calle Anacapa 12/20/2011 85,000 00 34 Pelican Crest Dr. Newport Coast. CA 92657 90,20/2011 \$5,000 00 Bill Holimes 97,22/2011 \$10,000 00 \$10,000 00 99 Ocean Vista 12/21/2011 \$10,000 00 Permeta Honning 3/6/2012 \$20,000 00 Chad Honning 3/6/2012 \$1,078 89 Unknown, CA 92705 3/6/2012 \$1,078 89 Unknown, CA 92705 3/6/2012 \$1,078 89 Unknown, CA 92705 8/25/2011 \$1,078 89 Inner Space Constructors 8/25/2011 \$1,078 89 Sand Andrew Place 8/25/2011 \$2,000 00 Sand Ana, CA 9203 11/14/2012 \$2,000 00	Constituent Name	Date	Cash
3/6/2012	5 Overlook Dr Newport Coast, CA 92657	1/25/2011	\$5,000 00
57 9/22/2011 60 1/22/2012 51 60 2/22/2012 5/22/2012 5/22/2012 5/22/2012 5/22/2012 5/22/2012 5/22/2012 5/22/2012 5/22/2013 60 8/25/2011	Wes Hinze 26 Calle Anacapa San Clemente, CA 92673	3/6/2012	\$8,750 00
60 12/2/2011 81 60 2/22/2012 82 2/22/2012 82 3/6/2012 85 3/6/2012 8 8/25/2011 8 60 8/25/2011 8 60 8/25/2011 8 60 8/25/2011 8 60 10/14/2011 8 50 230 4/11/2012 85 5 12/12/2011 854 5 12/12/2011 854	Cheryl Holden 34 Pelican Crest Dr Newport Coast, CA 92637	12/20/2011	\$5,000 00
60 12/21/2011 81 2/22/2012 82 2/22/2012 82 3/6/2012 81 3/6/2012 8 3/6/2012 8 8/25/2011 8 8/25/2011 8 8025/2012/2011 8	Bill Holmes	9/22/2011	\$10,000 00
2/22/2012 5/22/2012 5/22/2012 5/22/2012 5/60 5/20/2013 5/6/2012 5/2/2011	99 Ocean Vista Newbort Beach, CA 92660	12/21/2011	\$10,000 00
Sy22/2012 3/6/2012 3/6/2012 3/6/2012 3/9/2012 8/25/2011		2/22/2012	\$20,000 00
Sessing 3/6/2012 SI 3/6/2012 S 3/9/2012 S 8/25/2011 S 60 8/25/2011 S able Fou 7/20/2011 S 230 4/11/2012 S 230 4/11/2012 S 231/12/2011 S 241/12/2011 S 25 12/12/2011 S		5/22/2012	\$20,000 00
cessing 3/6/2012 \$ 3/9/2012 \$ 8/25/2011 8/25/2011 \$ 60 8/25/2011 \$ 8027/2012 \$ 90220 able Fou 7/20/2011 \$ 5 12/12/2011 \$ 53 11/12/2012 \$ 54 11/12/2012 \$ 54	Chad Horning	3/6/2012	\$13,921 11
\$\(\frac{8\text{25\text{2011}}}{8\text{25\text{2011}}}\) 60 \(\frac{8\text{25\text{2011}}}{6\text{27\text{2012}}}\) 50 \(\frac{6\text{27\text{2012}}}{10\text{14\text{2011}}}\) 51 \(\frac{10\text{14\text{2011}}}{12\text{12\text{2012}}}\) 52 \(\frac{12\text{12\text{2011}}}{12\text{12\text{2012}}}\) 52 \(\frac{12\text{12\text{2012}}}{12\text{12\text{2012}}}\) 53 \(\frac{12\text{12\text{2012}}}{12\text{12\text{2012}}}\) 54 \(\frac{12\text{12\text{2012}}}{12\text{12\text{2012}}}\) 55 \(\frac{12\text{12\text{2012}}}{12\text{12\text{2012}}}\) 56 \(\frac{12\text{12\text{2012}}}{12\text{12\text{2012}}}\) 57 \(\frac{12\text{12\text{2012}}}{12\text{12\text{2012}}}\)	1 Fake address for cc processing Unknown, CA 92705	3/6/2012	\$1,078 89
8/25/2011 60 8/25/2011 84/2012 8230 84/11/2012 8230 84/11/2012 84 12/12/2011 84 12/12/2011 85		3/9/2012	\$6,000 00
60 8/25/2011 \$8.3 106 6/27/2012 \$20.0 107 14/2011 \$5.0 230 4/11/2012 \$7.0 230 12/12/2011 \$5.0 231 1/12/2011 \$5.0	Patricia Houck	8/25/2011	\$100 00
sice 6/27/2012 \$20,0 10/14/2011 \$5,0 able Fou 7/20/2011 \$25,0 12/12/2011 \$7,0 23 4/11/2012 \$7,0 24 1/12/2011 \$5,0	1072 Santiago Dr Newport Beach, CA 92660	8/25/2011	\$8,300 00
90220 able Fou 7/20/2011 \$25,0 230 4/11/2012 \$7,0 5 12/12/2011 \$45,0 25 11/12/2012 \$55,0	Ingram Micro 1610 E Saint Andrew Place	6/27/2012	\$20,000 00
90220 able Fou 7/20/2011 \$25,0 230 4/11/2012 \$7,0 5 12/12/2011 \$45,0 25 11/12/2012 \$55,0	Santa Ana, CA 92705		
4 Charitable Fou 7/20/2011 \$25,0 I Blvd #230 4/11/2012 \$7,0 I Blvd #236 4/11/2012 \$7,0 I Blvd #236 4/11/2011 \$45,0 I Blvd #236 1/12/2012 \$5,0	Inner Space Constructors 2250 S Central Ave Rancho Dominguez, CA 90220	10/14/2011	\$5,000 00
181vd #230 4/11/2012 \$7,0 1 94596 12/12/2011 \$45,0 2A 92625 12/12/2012 \$5,0	Insurance Industry Charitable Fou	7/20/2011	\$25,000 00
12/12/2011 \$45,0 2A 92625 12/12/2011 \$5,0 1/12/2012	2121 N California Blvd #230 Walnut Creek, CA 94596	4/11/2012	\$7,000 00
12/12/2011 \$5,0 1/12/2012	Sandra J Jackson	12/12/2011	\$45,000 00
1/12/2012	3631 Ocean Blvd Corona del Mar, CA 92625	12/12/2011	\$5,000 00
		1/12/2012	\$0.00

Constituent Name	Date	Cash
	3/29/2012	\$7,125 00
Jaffe Family Foundation 88 Emerald Bay Laguna Beach, CA 92651-1266	6/15/2012	\$100,000 00
Jonathan Jaffe	2/8/2012	\$5,000 00
88 Emerald Bay Laguna Beach, CA 92651-1266	6/15/2012	\$0.00
Casey Journigan 9582 James Cir Villa Park, CA 92861	6/27/2012	\$0 00
Richard Julian Advanced Real Estate Services 23792 Rock field Blvd #100 Lake Forest, CA 92630	3/6/2012	\$7,974 00
Susan Kang 1870 Caprı Cır Costa Mesa, CA 92626	11/7/2011	\$6,000 00
Jonathan P Katz 57 Renata Newport Coast, CA 92657	8/17/2011	\$7,456 25
Kay Family Foundation 16381 Scientific Way Irvine, CA 92618	6/25/2012	\$0 00
Steven Keefer 5632 Kingsford Terrace Irvine, CA 92612	9/2/2011	\$10,000 00
Holly E Kerslake 28 Sagecreek Irvine, CA 92603	12/22/2011	\$5,000 00
Kilpatrick Stockton LLP 607 14th ST NW Washington, DC 20005-2018	2/27/2012 2/27/2012	\$4,000 00 \$1,500 00
Scott R Kingsland 7 Mountain Ash Irvine, CA 92604	5/24/2012	\$6,000 00

Constituent Name	Date	Cash
Mike Kirby Green Street Advisors 660 Newport Center Dr Ste 800 Newport Beach, CA 92660	3/21/2012	00,000,00
Jenny B Kleın 25511 Lone Pine Cir Laguna Hills, CA 92653	6/11/2012	\$6,300 00
William G Klein	10/6/2011	\$25,000 00
25511 Lone Pine Cir Laguna Hills, CA 92653	1/4/2012	\$50,000 00
	5/7/2012	\$50,000 00
	5/8/2012	\$10,000 00
Erin J Lastinger A Gary Anderson Family Foundation 180 N River View Dr Anaheim Hills, CA 92808	5/8/2012	\$8,850 00
Douglas Le Bon 10 Sea Greens Newport Coast, CA 92657	1102/12011	\$20,000 00
Lennar Charitable Housing Found	1/24/2012	\$25,000 00
25 Enterprise Aliso Viero, CA 92625	3/13/2012	\$100,000 00
	5/2/2012	\$100,000 00
Linden Family Foundation 4041 MacArthur Blvd Ste 350 Newport Beach, CA 92660	11/30/2011	\$10,000 00
Mark Lindstrom 3002 7 Lks W West End, NC 27376-9315	1/12/2011	\$5,000 00
Renee P Lowe	9/8/2011	\$180 00
72 Victoria Newport Beach, CA 92660	9/8/2011	\$10,000 00

Constituent Name	Date	Cash
LPA 5161 Calıfornıa Ave #100 Irvıne, CA 92617	10/5/2011	\$10,000 00
Lyon Communities 4901 Birch St Newport Beach, CA 92660	2/29/2012	\$10,000 00
Joe MacPherson Foundation 2913 El Camino REal #410 Tustin, CA 92782	12/29/2011	\$7,500 00
James S MacPherson 10471 Broadview Pl Santa Ana, CA 92705-1466	12/30/2011	\$5,000 00
Marconi Foundation for Kids 1302 Industrial Dr Tustin, CA 92680	7/20/2011	\$10,000 00
Bob Mayer The Robert Mayer Corporation 660 Newport Center Dr #1050 Newport Beach, CA 92660	5/1/2012	\$8,383 32
McMaster-Carr Supply Company PO Box 680 Elmhurst, IL 60126	12/27/2011	\$10,000 00
Metrix	2/29/2012	\$3,500 00
Anahiem Hills, CA 92808	2/29/2012	\$1,000 00
	2/29/2012	\$500 00
Gregg Miller	11/28/2011	\$0 00
2210 South Dupont Drive Anaheim, CA 92806	12/23/2011	\$25,000 00
Mission Lutheran Church	10/3/2011	\$5,000 00
2436 Yosemite Kd Laguna Niguel, CA 92677-4540	4/2/2012	\$5,500 00
Bianca Mossman	3/6/2012	\$15,000 00

Nexus IS Inc

Constituent Name	Date	Cash
1733 Alton Parkway, Sutie 150 Irvine, CA 92606	7/15/2011	87,500 00
Nordstrom Midwest Regional Of	10/21/2011	\$10,000 00
701 Harger Ku Oak Brook, 1L 60523	12/12/2011	\$10,000 00
Nutrilite/Amway	9/19/2011	\$2,500 00
5600 Beach Blvd Box 5940 Buena Park, CA 90622-5940	9/19/2011	\$2,500 00
Christyne Olson 351 E Bayfront Newport Beach, CA 92662-1317	5/8/2012	\$5,000 00
Matthew O'Mailey	12/2/2011	20 00
27475 Paseo Lindero San Juan Capistrano, CA 92675	3/21/2012	\$6,000 00
-	5/7/2012	\$6,000 00
Opus Community Foundation 19900 MacArhtur Blvd 12th Fl Irvine, CA 92612	3/9/2012	\$15,000 00
Orange County Chapter SMPS 23016 Lake Forest Dr #A Laguna Hills, CA 92653	11/22/2011	\$5,000 00
leff Osborn 12922 Fairhaven Ext Santa Ana, CA 92705	12/29/2011	\$5,000 00
Dena Parker 18 Golf Dr Aliso Viejo, CA 92656	5/22/2012	\$6,000 00
Tını M Patten	2/7/2012	\$4,000 00
23 Salt Bush Irvine, CA 92603	2/7/2012	\$1,000 00
	5/11/2012	\$9,500 00
Shirley Pepys	8/25/2011	\$320 00
526 S Bayfront Newport Beach, CA 92662	8/25/2011	\$5,000 00

Constituent Name	Date	Cash
Laura A Peters 27833 Lentiscal Mission Viejo, CA 92692	1/2011	\$6,000 00
Joyce Piercey 3 Vista Luci Newport Coast, CA 92657-1400	2/8/2012	\$5,000 00
Jason Pilalas 1923 Portage Landing S North Palm Beach, FL 33408-3428	4/12/2012	\$40,000 00
Quiksilver, Inc 15202 Graham St Huntington Beach, CA 92649-1109	2/29/2012	\$5,000 00
R D Olson Construction 2955 Main St 3rd Fl Irvine, CA 92614	4/26/2012	\$5,000 00
RCC, Inc 218 Marigold Ave Corona Del Mar, CA 92625	4/13/2012	\$10,000 00
Register Charities 625 N Grand Ave Santa Ana, CA 92701	3/7/2012	\$20,000 00
Ken Reiner 26392 Dapple Gray Dr Laguna Hills, CA 92653	10/11/2011	\$6,000 00
Frank G Robitaille 18622 Mesa Dr Villa Park, CA 92681	7/20/2011	\$5,000 00
Jeffrey Roos	1/20/2012	\$25,000 00
27 Sant Bush Irvine, CA 92603	4/19/2012	\$10,000 00
	4/19/2012	\$6,000 00
Mark Rubin 2130 Yacht Julia Newport Beach, CA 92660	5/8/2012	\$5,000 00

Kutan & Lucker 611 Anton Blvd 14th Fl Costa Mesa, CA 92628	11/14/2011	\$5,000 00
The Samueli Foundation	12/23/2011	\$5,000 00
2101 E Pacific Coast Hwy 3rd Fl Corona Del Mar, CA 92625	3/9/2012	\$50,000 00
	3/9/2012	\$25,000 00
	3/9/2012	\$25,000 00
	3/9/2012	\$15,000 00
	3/9/2012	\$25,000 00
	3/9/2012	\$6,000 00
	3/9/2012	\$4,000 00
	3/9/2012	\$8,047 62
Beverly Sandelman 257 La Paloma #1 San Clemente, CA 92672	12/23/2011	\$5,000 00
Scott Sawicki 3440 Fairmont Blvd Yorba Linda, CA 92886-6964	3/6/2012	\$8,750 00
Gregory Scott	7/8/2011	\$20,000 00
24 Inverness Ln Newport Beach, CA 92660	4/2/2012	\$34,325 00
	4/2/2012	\$5,675 00
Share Our Wine Foundation 450 Newport Center Dr #370 Newport Beach, CA 92660	12/27/2011	\$42,833 33
Richard M. Sherman Irell & Manella 840 Newport Center Dr Ste 400 Newport Beach, CA. 92660	12/29/2011	\$12,000 00
Megan L. Smith	10/7/2011	\$5,000 00
209 Coral Rose Irvine, CA 92603	6/5/2012	\$5,000 00

Constituent Name	Date	Cash
Geoffrey L. Stack SARES-REGIS Group 18802 Bardeen Ave Irvine, CA. 92612	12/14/2011	\$6,000 00
Stanley E Hanson Foundation 2121 Via Burton Anaheim, CA 92806	3/16/2012	\$150,000 00
Stars and Stripes Fishing, Golf & M	9/7/2011	\$38,000 00
18301 Von Karman Ave #1100 Irvine, CA 92612-0133	9/15/2011	\$750,000 00
	6/30/2012	\$0 00
Stearns Family of Companies	2/16/2012	\$10,000 00
4 Hutton Centre Dr Ste 500 Santa Ana, CA 92707	2/16/2012	\$2,000 00
Ryan S Steelberg 32 Blue Heron Irvine, CA 92603	3/12/2012	\$0 00 \$
Elizabeth R Steele DO NOT MAIL 944 Via Lido Nord Newport Beach, CA 92663	10/10/2011	\$10,000 00
Glen & Dorothy Stillwell Charita 180 S Lake Ave #530 Pasadena, CA 91101-4765	3/23/2012	\$10,000 00
SunbriteTV	2/29/2012	\$1,000 00
5069 Maureen Ln #A Moorpark, CA 93021	2/29/2012	\$2,000 00
	2/29/2012	\$2,000 00
Sunwest Bank Charitable Founda	5/15/2012	\$25,000 00
2050 Main Street Suite 300 Irvine, CA 92614	5/15/2012	\$25,000 00
	5/15/2012	\$50,000 00

Tangram Interiors

Constituent Name	Date	Cash
9200 Sorensen Ave	12/20/2011	00 0\$
Santa Fe Springs, CA 90670-2645	12/23/2011	\$50,000 00
	4/24/2012	\$22,780 91
The Tappan Foundation 22792 Centre Dr Ste 250 Lake Forest, CA 92630	12/23/2011	\$5,000 00
Target PO Box 1296 Minneapolis, MN 55440-1296	8/1/2011	88,000 00
The Junior League of Orange Cou	5/30/2012	00 0\$
o 140 Campus Dr Newport Beach, CA 92660	6/8/2012	\$30,000 00
The Salty Dawg, The Swinging D 355 El Camino Real Tustin, CA 92780	8/31/2011	\$5,300 00
The TJX Foundation, Inc 770 Cochituate Rd Framingham, MA 01701	5/7/2012	\$5,000 00
Toshiba America Information Sy	1/5/2012	\$5,000 00
9740 Irvine Boulevard Irvine, CA 92618	5/22/2012	\$5,000 00
Tustin Affordable Housing Corp	7/21/2011	\$15,000 00
Flanders Pointe Apartments Tustin, CA 92660	10/26/2011	\$35,000 00
	1/23/2012	\$45,000 00
Ubisof	5/10/2012	\$10,000 00
Joe and Polly Ueberroth (Family F	8/11/2011	\$20,000 00
PO Box 37 Corona del Mar, CA 92625	4/3/2012	\$50,000 00
Union Bank	7/14/2011	\$4,000 00
ouu S Main St 1st Fl Orange, CA 92868	7/14/2011	\$3,500 00
	7/14/2011	\$5,000 00

Constituent Name	Date	Cash
	7/14/2011	\$1,750 00
	7/14/2011	\$10,750 00
	5/16/2012	\$10,000 00
	5/16/2012	\$5,000 00
	5/16/2012	\$10,000 00
Waba Grill c/o Connor, Fletcher & Williams 2211 Michelson Dr#1100 Irvine, CA 92612	8/5/2011	\$75,000 00
William Wang 39 Tesca Irvine, CA 92618	3/6/2012	\$14,000 00
Geraldine B Warner 8880 Old Indian Hill Rd Cincinnati, OH 45243	6/13/2012	\$10,000 00
Jaynıne Warner 16 North Portola Laguna Beach, CA 92651	3/28/2012	\$10,000 00
Wasserman Foundation 10960 Wilshire Blvd FL 22 Los Angeles, CA 90024-3808	4/9/2012	\$5,000 00
Watson Family Foundation 20 Colonial Dr Newport Beach, CA 92660	7/26/2011	\$11,275 00
Wells Fargo Foundation	12/6/2011	\$5,000 00
2030 Main St Ste 1100 Irvine, CA 92614	6/14/2012	\$5,000 00
	6/14/2012	\$4,000 00
	6/14/2012	\$10,000 00
	6/14/2012	\$16,000 00
	6/14/2012	\$15,000 00

Constituent Name	Date	Cash
Western Digital Corporation 3355 Michelson Dr, Ste 100 Irvine, CA 92612-5694	9/13/2011	\$7,500 00
Estate of Ruth Wetherbee c/o First American Trust 5 First American Way Santa ANa, CA 92707	10/3/2011	\$109,442 48
Carol Wilken 6 Beacon Bay Newport Beach, CA 92660	11/21/2011	\$9,208 92
Windjammer Capital Investors	2/29/2012	\$10,000 00
610 Newport Center Dr Ste 1100 Newport Beach, CA 92660	2/29/2012	\$10,000 00
Carl E Wynn Foundation 444 S Flower St #1700 Los Angeles, CA 90071-2901	10/21/2011	\$15,000 00
Judy H. Yang 50 Grandview Irvine, CA. 92603	8/18/2011	\$6,000 00
Am Youngman PO Box 3060 Newport Beach, CA 92658	5/29/2012	\$25,000 00
Michael P Yurkovich	3/6/2012	\$6,000 00
23255 Madero Mission Viejo, CA 92691	3/6/2012	\$12,500 00
	3/16/2012	\$22,500 00

\$4,748,334.27

269 Gift(s) listed
169 Donor(s) listed
*Denote anonymous donor

Form **8868**

(Rev. January 2012) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple				-	X				
	are filing for an Additional (Not Automatic) 3-Month Ex		· · · · · · · · · · · · · · · · · · ·							
	omplete Part II unless you have already been granted a ic filling (e-file) . You can electronically file Form 8868 if y					oration				
	to file Form 990-T), or an additional (not automatic) 3-mo									
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers.	Associated With Ce	ertain				
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	n the ele	ctronic filing of this	form,				
	irs gov/efile and click on e-file for Chanties & Nonprofits		,		ŭ	•				
Part la Automatic 3-Month Extension of Time. Only submit original (no copies needed).										
A corpora	ation required to file Form 990-T and requesting an autor									
Part I only	/			•	•					
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time					
Type or	Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) or							
print File by the	ORANGEWOOD CHILDREN'S FOUNDATION			X	X 95-3616628					
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions. STREET			Social se	Social security number (SSN)					
instructions										
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			01				
Application		Return	Application	n Re						
Is For		Code	Is For			Code				
Form 990		01	Form 990-T (corporation)	rm 990-T (corporation)						
Form 990-BL		02	Form 1041-A			08				
Form 990-EZ		01	Form 4720			09				
Form 990-PF		04	Form 5227			10				
Form 990-T (sec. 401(a) or 408(a) trust)		05 06	Form 6069			11				
Form 990-T (trust other than above)			Form 8870 1			12				
	CHRISTIAN SIMON loks are in the care of ► 1575 E. 17TH ST		- SANTA ANA, CA 9	2705						
Teleph	one No. ▶ 714-619-0203		FAX No. ▶							
	rganization does not have an office or place of business					. 🗀				
• If this i	s for a Group Return, enter the organization's four digit (r the whole group, o					
box 🕨	. If it is for part of the group, check this box 🕨 🗔				ers the extension is	for.				
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013 , to file the exempt organization return for the organization named above. The extension										
	is for the organization's return for:									
▶[calendar year or Tax year beginning JUL1 , 2011	, and	d ending JUN 30, 2012		<u></u> .					
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period										
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.				
	is application is for Form 990-PF, 990-T, 4720, or 6069,	3a	\$							
	nated tax payments made. Include any prior year overp	_		3b	\$	0.				
	ance due. Subtract line 3b from line 3a. Include your pa					^				
	by using EFTPS (Electronic Federal Tax Payment System). See Instructions. 3c \$ 0 • Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 8879-FO for payment instructions.									

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

Form 8868 (Rev. 1-2012) Page 2										
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box										
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.										
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).										
Partill Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).										
Enter filer's identifying number, see instructions										
Type or Name of exempt organization or other filer, see instru		Employer identification number (EIN) or								
print										
File by the ORANGEWOOD CHILDREN'S FOUNDA	X 95-3616628									
due date for Number, street, and room or suite no. If a P.O. box, so	froom or suite no. If a P.O. box, see instructions.			curity number	(SSN)					
return. See 1575 E. 17TH STREET										
City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
SANTA ANA, CA 92705										
Enter the Return code for the return that this application is for (file a separate application for each return)										
Application	Return	Application	Return							
is For	Code	is For	Code							
Form 990	01									
Form 990-BL		Form 1041-A	08							
Form 990-EZ	01	Form 4720			09					
Form 990-PF	04	Form 5227	10							
Form 990-T (sec. 401(a) or 408(a) trust)		Form 6069	11							
Form 990-T (trust other than above)		Form 8870 12								
STOP! Do not complete Part II if you were not already granted		natic 3-month extension on a prev	iously file	ed Form 8868.						
CHRISTIAN SIMONSEN										
• The books are in the care of ▶ 1575 E. 17TH STREET - SANTA ANA, CA 92705										
Telephone No. ► 714-619-0203 FAX No. ►										
If the organization does not have an office or place of business					▶					
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this										
box ▶ . If it is for part of the group, check this box ▶		ch a list with the names and EINs of	all memb	ers the extens	on is for.					
4 I request an additional 3-month extension of time until		15, 2013	77737	20 20	1.0					
5 For calendar year, or other tax year beginning		· · · · · · · · · · · · · · · · · · ·		30, 20	1.2					
6 If the tax year entered in line 5 is for less than 12 months, cl	heck reas	on: 니 Initial return L	Final r لـــ	eturn						
L Change in accounting period										
7 State in detail why you need the extension	י אורוא	THIONAL MINE MO CAL	nued	TATEODMA	RTON					
TAXPAYER RESPECTFULLY REQUESTS				INFORMA.	LION					
NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.										
- Kuli II II II II II OO DI OOO TI ATOO										
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o		r 6069, enter the tentative tax, less any			0.					
nonrefundable credits. See instructions.	8a	\$								
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	100000									
tax payments made. Include any prior year overpayment alk			0.							
previously with Form 8868.	8b	\$								
c Balance due. Subtract line 8b from line 8a. Include your pay	00	.	0.							
EFTPS (Electronic Federal Tax Payment System). See instru	8c	\$	<u></u>							
Signature and Verification must be completed for Part II only.										
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Original Signed By										
Signature David B. Reule Title CYPT Date Date										
				Form ARA	IR /Rev 1,2012)					

Form 8868 (Rev. 1-2012)