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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545 1150

Open to Public

Inspection

20

21

19,376.

Form 990-EZ (2013)

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning , 2013, and ending Check if applicable D Employer identification number Address change ORANGE COUNTY GANG INVESTIGATORS 26-3808628 Name change ASSOCIATION E Telephone number Initial return PO BOX 1743 Terminated 949-456-5255 SANTA ANA, CA 92702 Amended return Group Exemption Application pending Number Accounting Method Cash Accrual Other (specify) ▶ Check ► X if the organization is not Website: > WWW.OCGIA.ORG required to attach Schedule B (Form 990, 990-EZ, or 990-PF) X 501(c) (6) ◀(insert no) 527 501(c)(3) 4947(a)(1) or Tax-exempt status (check only one) — Other Corporation Trust Association Form of organization Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990 EZ **►** \$ 18,446. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I X 1 Contributions, gifts, grants, and similar amounts received 18,435. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 4 11. 5a Gross amount from sale of assets other than inventory 5 a b Less cost or other basis and sales expenses 5 b 5 c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b c Less direct expenses from gaming and fundraising events 6 c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances 7 a b Less cost of goods sold 7 b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c; and 8. 9 18,446. 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 Salaries, other compensation, And employee benefits?

Professional fees and other payments to independent contractors. 12 12 ê≠:13 13 N∰14 Occupancy, rent, utilities, and maintenance 14 Printing, publications postage and shipping E_€|>15 15 SEE SCHEDULE O r 416 Other expenses (describe in Schedule O) 16 20,855. 17 Total expenses. Add lines 10 through 16 17 20,855. L 718 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -2,409.N \$(1)19 E E ไม่ Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 21,785.

Other changes in net assets or fund balances (explain in Schedule O)

BAA_For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

Page 2

	Check if the organization used Sche	edule O to respond to any qu	estion in this Part II			
	*		(A) Beginning of yea	r	(B) End of year
22	. •			21,785.	22	19,376.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			21,785.	25	19,376.
26	Total liabilities (describe in Schedule O)	1		0.	26	0.
27	Net assets or fund balances (line 27 of o	column (B) must agree with	line 21)	21,785.	27	19,376.
Par	t III Statement of Program Service Ac			197		Expenses
	Check if the organization used Sci	hedule O to respond to any o	question in this Part III	X	(Req	uired for section 501 and 501(c)(4)
What i	s the organization's primary exempt purpose? SEE	E SCHEDULE O				nizations and section
Desc meas bene	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of e manner, describe the servi each program title	its three largest prograces provided, the num	m services, as	4947	(a)(1) trusts, optional thers)
28	THE PURPOSE OF THE ORGANI INTELLIGENCE NETWORK AND			CATNET		
	GANGS AND GANG ACTIVITY C		THE PEROMIS	7001101		
	(Grants \$) If the	is amount includes foreign g	rants, check here	F	28 a	
29		<u> </u>				
	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	
30		<u> </u>				
	(Grants \$) If th	is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch	edule O)				
	(Grants \$) If th	is amount includes foreign g	rants, check here	▶ 🗍	31 a	
32	Total program service expenses (add lin	nes 28a through 31a).		•	32	
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	oloyees (list each one eve	n if not compensated — se	e the	instructions for Part IV)
	Check if the organization used Sci	hedule O to respond to any o	question in this Part IV			
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	yee	(e) Estimated amount of other compensation
JOE	L NIGRO			<u> </u>		
	SIDENT	5	0		0.	0.
	Y HERNANDEZ			•	.	
	CRETARY	5	0		0.	0.
	OTT JORGENSEN			!	<u> </u>	
	ASURER	5	0		0.	0.
					<u> </u>	<u></u>
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DAA		TEFA08121 1	1/27/12	 		Form 000 F7 (2012)

33 but the organization engage in any significant activity in Schedule 1 (1972) 1 ft *ves., from your dale rated description of each study in Schedule 2 (1974), that is a carriered down and the previous of the study in Schedule 2 (1974) 34 were any significant engages make to the organization provided and that description of each study in Schedule 2 (1974) 34 w. 34 w. 35 a bit the organization have unrelated business gross income of \$1,000 in more during the year from business activities (such as those reported on lines \$2,66, and 78, among others)* bit if *ves., to line \$3,000 this the organization field a Form \$90.1 for the year? If No. provide an explanation in Schedule 0 (2074) 35 w. 36 w. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions of off end sested studying the year? If No. provide an explanation in Schedule 0 (2074) 36 w. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a	Pai	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V					
33 X Were any agricult canager said to the agrancing reported by "Yes", attach a conformed cary of the amended documents of they reflect a change to the organization's same Otherwise, eighin the change on Shedule (0 (see instruction)) 35 Did the organization's same Otherwise, eighin the change on Shedule (0 (see instruction)) 36 Did the organization have uncladed documents greated to senses greated on lines 2, 66, and 78, among others)? 36 Did the organization as section's 50 (0,0), 501 (6), 501 (6)(5), 501 (6)(6), 501 (6)(6), 501 (6)(6), 501 (6)(6), 501 (6)(6), 501 (6)(6),	33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No		
a change to the cognectations arener Offerwise, explain the dranger is Sebatile 0 (see stratuction) 35 bit Dire organization have uncleaded business gross, concret of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 6 bit 1 (**ex): for the 10 in 63 h, tast the organization line of form 990-T for the year? If *No.; provide an explanation in Schedule O c Was the organization a section 501(c)(6), 501	•	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х		
35a D at the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s. and 75, among others). b if Yes, 10 line 35a, has the organization filed a Form 990-T for the year? If No.; provide an explanation in Schedule 0 c. Was the organization of Schedule 0 (c) was the organization of Schedule 0. See that the schedule of the year of the year? If Yes, 100 (c) organization subject to section 633(e) notice, as 35b. 35b. 35b. 35b. 35b. 35b. 35b. 35b. 35b.	34						
(such as those reported on lines 2, 6a, and 7a, among others)? bit 1'Yes; to line 35a, has the organization field a form 990-T for the year? If 'No; provide an explanation in Schedule 0 c. Was the organization a section 501(c)(6), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes, complete Schedule C, Part III and adoption of not assess during the year? If 'Yes, complete schedule C, Part III and prove that reporting the year? If 'Yes, complete schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b X 37a	25						
bit 1*vs., to line 35a, has the organization field a Form 990-T for the year? If No., provide an explanation in Schedule 0 c. Was the organization as Section 501(c)(4), 501(c)(5), or 501(c)(6) organizations subject to section 603(e) notice, reporting, and prays tax requirements during the year? If Yes, complete Schedule C, Part II organization undergote a flugation, discoslution, termination, or significant disposition of net assets during the year? If Yes, complete schedule C, Part II organization undergote a flugation of the complete organization of net assets during the year? If Yes, complete schedule C, Part II organization of the Complete organization or	35 8						
c Was the organization a section 501(c)(6), 501(c)(5), or 501(c)(6), organization subject to section 6033(e) notice, reporting, and prays tax requirements during the year? If Yes, complete Schedule (C, Part III and and prays tax requirements of the Yes, Complete Schedule (C, Part III and and prays tax requirements of the Yes, Complete Schedule (C, Part III and and prays the Yes, Complete Schedule (C, Part III and enter the total amount of political experience from the Yes, Complete specific parts of Schedule (C, Part III and enter the total amount involved gangarisation for proper year and still and enter the total amount involved (C) and year and year) for year of still and enter the total amount involved (C) and year and year of year (C) and year							
36 Did the organization undergo a figuidation, dissolution, fermination, or significant disposition on the assets during the year? If "Yes," complete policially early of Shedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions.* 37a Enter amount of political expenditures, direct or indirect, as described in the instructions.* 37b Bit Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such hoars made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such hoars made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 39 Section 501(c)(7) organizations Enter and the politic of the still outstanding at the end of the tax year covered by this return? 39a N/A 39 Section 501(c)(7) organizations included on line 9 39a N/A 39 Section 501(c)(7) organizations included on line 9 39a N/A 39a N/A 39a N/A 39a N/A 39a Section 501(c)(7) organizations included on line 9 39a N/A 39a N/A 39a Section 501(c)(7) organizations included on line 9 39a N/A 39a N/A 40a Section 501(c)(7) organizations included on line 9 39a N/A 39a N/			330				
disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 37 a Enter amount of political outperforms, control of the programment of political outperforms, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 Did the organization file Form 1128-POL for this year? 38 Did the organization file Form 1128-POL for this year? 38 Did the organization file Form 1128-POL for this year? 38 Did the organization file Form 1128-POL for this year? 38 Did the organization file Form 1128-POL for the total amount involved amount involved amount involved any section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A section 491.7 (A), section 491.2 N/A, section 491.5 N/A section 491.4 N/A, section 491.2 N/A, section 491.2 N/A, section 491.5 N/A section 501(c)(3) and 501(c)(4) organizations but the organization engage in any section 498 sexcess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of this prior forms 90 or 90/E27 (Tex); complete Schedule, I, Part of the prior to the proposed on any of this prior forms 90 or 90/E27 (Tex); complete Schedule, I, Part of the prior to the prior to the prior transaction of th	`	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36						
b Did the organization file Form 1120-POL for this year? 38 a Did the organization from form, or make any ioans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a			36		X		
38a bd the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? bit "Yes," complete Schedule L, Part II and enter the total amount trivolved 39 Section 501(c)(7) organizations. Enter a signature of this xinguistic contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 1939 N/A 1939 Section 501(c)(3) organizations. Enter amount of tax xinguistic contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 1939 N/A 1938 N/A 1939 N/A 1930 N/A 1939 N/A 1940 N							
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39 Section 501(c)(2) organizations. Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40.4 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A section 501(c)(3) and 501(c)(4) organizations. Briter amount on the organization apply section 4955 > N/A. Section 501(c)(3) and 501(c)(4) organizations. Briter amount of tax imposed on organization during the year of the things on an excess benefit transaction than 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization any of its prior Forms 990 or 90-E2? If Yes, complete Schedule L. Part I C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All organizations and surface the sections 4912, 4955, and 4958 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of the section of the section 4912 of the organization of the foreign country > 42a The organization of the section 4912 of the organization maintain and office outside of the U.S.? If Yes, enter the name of the foreign country > 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-E2 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year? If Yes, Form 990 must be completed instead of Form 990-E2. b) d) the organization po	ı	off 'Yes,' complete Schedule L, Part II and enter the total	504		^		
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40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A section 4911 * N/A, section 4912 * N/A, section 4915 * N/A section 4915 * N/A section 4916 * N/A section 4916 * N/A section 4916 * N/A, section 4916 * N/A section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 * 0. d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year was the organization a party to a prohibited tax sheller transaction? If vest, complete Form 886-1. 41 List the states with which a copy of this return is filed * NONE 42 a The organization's books are in care of * JOEL NIGRO 500							
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d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax. ### All Companizations At any time during the tax year, was the organization a party to a prohibited tax. #### All List the states with which a copy of this return is filed. ### NONE ### All Companizations ### All Companization ### All Companizations ### All Companizations ### All Companizations ### All Companizations ### All Companization ### All Companizations ### All Companizations ### All Companizations ### All Companizations ### All Companization ### All Companiz		on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b				
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e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed * NONE 42 a The organization's books are in care of * JOEL NIGRO Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA CA Telephone no * 949-456-5255 Located at * P.O. BOX 1743 SANTA ANA	•						
shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed > NONE 42 a The organization's books are in care of > JOEL_NIGRO Located at > P_O_BOX_1743_SANTA_ANA_CA		<u> </u>					
42 a The organization's books are in care of Located at P.O. BOX 1743 SANTA ANA CA b 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d if 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization have a controlled entity of the organization with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization have a controlled entity of the organization with a controlled entity within the meaning of section 512(b)(13)?		shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х		
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-E7 (see instructions)							
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)				X		

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Page 4

	he organization engage, directly or indiredudes for public office? If 'Yes,' complete		ign activities on behalf o	of or in opposition to	46	Yes	No X	
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only	uestions 47-49b and	d 52, and complete		5	^_	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI					
47 Did th	ne organization engage in lobbying activities	or have a section 501/h	\ election in effect during	the tax year? If 'Ves '		Yes	No	
	blete Schedule C, Part II	or have a section sortin	y election in elect during	the tax year in res,	47			
	e organization a school as described in se		• •	dule E	48		ļ	
	he organization make any transfers to an es,' was the related organization a section		e related organization?		49 a			
50 Comp	olete this table for the organization a section olete this table for the organization's five high oyees) who each received more than \$100,00	nest compensated emplo			<u> </u>			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp			
51 Comp	number of other employees paid over \$1 plete this table for the organization's five high pensation from the organization. If there i	nest compensated indep	endent contractors who ea	ach received more than \$	100,000 of			
	(a) Name and business address of each independent of	`	(b) ⊤ype	of service	(c) Compe	(c) Compensation		
								
d Total	number of other independent contractors	s each receiving over S	\$100,000	•	L			
chari	he organization complete Schedule A? N otable trusts must attach a completed Sch	edule A			► Yes		No	
Under penaltie true, correct a	es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	including accompanying sche r) is based on all information	dules and statements, and to the of which preparer has any knowl	e best of my knowledge and be ledge	hef, it is			
	Signature of officer			67/17	/14			
Sign Here	JOEL NIGRO Type or print name and title			PRESIDENT /				
	Print/Type preparer's name	Preparer's signature	Date		TIN			
Paid	JOHN P GONZALEZ, CPA	JOHN P GONZALI	Z) CPA 7/10/2	Check if self employed P	01221288			
Preparer	rer Firm's name ► GONZALEZ CPA V							
Use Only					<u>26-2943397</u>			
	IRVINE, CA 9261			Phone no (94				
May the IR	S discuss this return with the preparer sh	nown above? See instr	uctions ————————————————————————————————————		► X Yes		No	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number ORANGE COUNTY GANG INVESTIGATORS ASSOCIATION 26-3808628 FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE THE PURPOSE OF THIS CORPORATION IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER SUCH LAW. SUCH PURPOSES FOR WHICH THIS CORRUPTION IS FORMED ARE, AMONG OTHER NONPROFITABLE PURPOSES: 1. TO FOSTER AND EXPAND A COMMUNITY OF LAW ENFORCEMENT PROFESSIONALS RESPONSIBLE FOR INVESTIGATING PROSECUTING AND SUPPRESSING GANGS AND GANG VIOLENCE IN ORANGE COUNTY, CALIFORNIA, AND THE SURROUNDING AREA; 2. TO SHARE INTELLIGENCE AND RESOURCES, AND PROVIDE EDUCATIONAL TRAINING, WITHIN THE LAW ENFORCEMENT COMMUNITY TO IMPROVE EFFORTS TO INVESTIGATE, PROSECUTE AND SUPPRESS GANGS AND GANG VIOLENCE; AND 3. TO PROMOTE AND ENCOURAGE AN UNDERSTANDING OF THE CAUSES OF GANGS AND GANG ACTIVITY TO DEVELOP PROGRAMS AND METHODS TO REDUCES GANG ACTIVITY.

2013 SCHEDULE O - SUPPLEMENTAL INFORMATION ORANGE COUNTY GANG INVESTIGATORS ASSOCIATION 26-3808628

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS \$ 12,412.
MEALS AND ENTERTAINMENT 3,451.
OFFICE EXPENSES
UNIFORMS

\$ 12,412.
3,451.
3,605.
TOTAL \$ 20,855.

Form **8868**

(Rev January 2014)

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.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers. Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or ORANGE COUNTY GANG INVESTIGATORS print ASSOCIATION 26-3808628 Number, street, and room or suite number. If a P O box, see instructions Social security number (SSN) File by the due date for PO BOX 1743 filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions SANTA ANA, CA 92702 Enter the Return code for the return that this application is for (file a separate application for each return) 01 Application Is For Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of JOEL NIGRO

Telephone No ► 949-456-5255 Fax No ►			
If the organization does not have an office or place of business in the United States, check this box			•
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is	for the whole gro	up, L
check this box If it is for part of the group, check this box and attach a list with the natthe extension is for	mes ar	nd EINs of all mer	nbers
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until 8/15 , 20 14 , to file the exempt organization return for the organization named above			
The extension is for the organization's return for			
► X calendar year 20 13 or			
tax year beginning , 20 , and ending , 20			
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period	ai retu	rn	
3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3 c	\$	0.
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 84	53-EO	and Form 8879-E	O for

payment instructions