

Form **990**



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

- B** Check if applicable
- Address change
 - Name change
 - Initial return

C Name of organization ORANGE COAST COLLEGE FOUNDATION	
Doing Business As	
Number and street (or P O box if mail is not delivered to street address) 2701 FAIRVIEW ROAD	Room/suite

D Employer identification number

33-0071349

E Telephone number

[REDACTED]

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

To the organization described in section 501 (c)(3) or 4047 (c)(1) (other than a private foundation)? Yes

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Line	Asset	Cost	Acquired	Disposed	Gain/Loss
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Check if Schedule O contains a response or note to any line in this Part V

			Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				



Part 15. Governance, Management, and Operations. Except "Yes" responses to Items 15b, 15c, 15d, and 15e.

Item	Yes	No
15a. Did the organization have a governing document (articles of incorporation, bylaws, or other similar document) that was adopted by the board of directors or the governing authority of the organization?		
15b. Did the organization have a written conflict of interest policy?		
15c. Did the organization have a written whistleblower policy?		
15d. Did the organization have a written document describing the process for selecting, evaluating, and compensating the CEO or top manager?		
15e. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other officers, directors, or trustees?		
15f. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15g. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15h. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15i. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15j. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15k. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15l. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15m. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15n. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15o. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
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15v. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
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15x. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15y. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		
15z. Did the organization have a written document describing the process for selecting, evaluating, and compensating the other key personnel?		

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

Complete the table for all persons named below. Report compensation for the calendar year ending on the last day of the reporting period.

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

(A) Name and Title	(B) Address	(C) Position (do not check)	(D) Responsible	(E) Responsible	(F) Estimated
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under
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1a	Federated campaigns	1a				
1b	Membership dues	1b				

Part IV Statement of Functional Expenses

Centers 501(c)(29) and 501(c)(4) organizations must complete all columns. All other organizations must complete columns (A) through (D).

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

(A)

(B)

1. Total assets

1,005,240

1,419,642

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)		
	1	6,330,459
2 Total expenses (must equal Part IV, column (A), line 25)		

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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**Open to Public
Inspection**

Name of the organization

Employer identification number

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**, (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

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

(Complete only if you checked the box on line 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.)

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the						

Part III - **Support Schedule for Organizations Described in Section 506(c)(2)**

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

Section A. Public Support

Part IV. Supplemental Information. Provide the explanations requested by Part III, line 10; Part III, line 17a; or

Part IV

1

17a. For each item on line 17a, explain the circumstances that caused the item to be included on this return.

17c

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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▶ 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

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

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

a Public exhibition

d Loan or exchange programs

b Scholarly research

e Other

Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990

See Form 990, Part X, line 12.

(1) Description of security instrument

(2) Debt instrument

(3) Method of valuation

Form

(1) Financial derivatives

(2) Closely-held equity interests

Part VI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if

the organization answered 'Yes' to Form 990, Part IV, line 12a.

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Schedule I
(Form 990)

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

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Complete if the organization answered "Yes" to Form 990, Part III, line 31 or 32

Part I
Section 170(e)(2)(B) - Excess of 30% of AGI
Section 170(e)(2)(C) - Excess of 14% of AGI
Section 170(e)(2)(D) - Excess of 8% of AGI
Section 170(e)(2)(E) - Excess of 2% of AGI
Section 170(e)(2)(F) - Excess of 1% of AGI
Section 170(e)(2)(G) - Excess of 0.5% of AGI
Section 170(e)(2)(H) - Excess of 0.25% of AGI
Section 170(e)(2)(I) - Excess of 0.125% of AGI
Section 170(e)(2)(J) - Excess of 0.0625% of AGI
Section 170(e)(2)(K) - Excess of 0.03125% of AGI
Section 170(e)(2)(L) - Excess of 0.015625% of AGI
Section 170(e)(2)(M) - Excess of 0.0078125% of AGI
Section 170(e)(2)(N) - Excess of 0.00390625% of AGI
Section 170(e)(2)(O) - Excess of 0.001953125% of AGI
Section 170(e)(2)(P) - Excess of 0.0009765625% of AGI
Section 170(e)(2)(Q) - Excess of 0.00048828125% of AGI
Section 170(e)(2)(R) - Excess of 0.000244140625% of AGI
Section 170(e)(2)(S) - Excess of 0.0001220703125% of AGI
Section 170(e)(2)(T) - Excess of 0.00006103515625% of AGI
Section 170(e)(2)(U) - Excess of 0.000030517578125% of AGI
Section 170(e)(2)(V) - Excess of 0.0000152587890625% of AGI
Section 170(e)(2)(W) - Excess of 0.00000762939453125% of AGI
Section 170(e)(2)(X) - Excess of 0.000003814697265625% of AGI
Section 170(e)(2)(Y) - Excess of 0.0000019073486328125% of AGI
Section 170(e)(2)(Z) - Excess of 0.00000095367431640625% of AGI
Section 170(e)(2)(AA) - Excess of 0.000000476837158203125% of AGI
Section 170(e)(2)(AB) - Excess of 0.0000002384185791015625% of AGI
Section 170(e)(2)(AC) - Excess of 0.00000011920928955078125% of AGI
Section 170(e)(2)(AD) - Excess of 0.000000059604644775390625% of AGI
Section 170(e)(2)(AE) - Excess of 0.0000000298023223876953125% of AGI

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

0010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

[Redacted]

[Redacted]

Part III Individual whose compensation must be reported in Schedule J. report compensation from the organization on row (i) and from related organizations described in the

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury

Noncash Contributions

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

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Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 32, and whether the organization is reporting as Part I column (b) the number of contributions, the

number of items received from contributors of both. Also complete this part for any additional functions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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SCHEDULE R

Related Organizations and Unrelated Partnerships

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The table content is almost entirely obscured by thick black redaction bars. Only a few faint horizontal lines and a small rectangular mark are visible.

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

[Redacted]

[Redacted]

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 35 because it had one or more related organizations treated as a corporation or trust during the tax year.

[Redacted]

Part IV Transactions With Related Organizations Complete if the information provided "Yes" on Form 990, Part IV, lines 24-25b, or 26

Note: Complete line 1 if any entity is listed in Parts III, IIII, or IV of this schedule.

Yes No

Part VII Unrelated Organizations Taxable as a Partnership. Complete if the exemption requested in Schedule R-Part IV, line 27, is checked.

Part VII	Name of the organization	Tax-exempt status	Tax-exempt status code	Tax-exempt status code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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 receipts) that was not a related organization. See instructions regarding exclusions for certain investment partnerships.

Part VIII	Name of the partnership	Tax-exempt status	Tax-exempt status code	Tax-exempt status code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**