

**Return of Organization Exempt From Income Tax**

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

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2011 calendar year, or tax year beginning **JULY 01**, 2011, and ending **JUNE 30**, 2012

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **ORANGE COUNTY CENTER FOR CONTEMPORARY**  
**Doing Business As**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/Suite  
**117 N SYCAMORE STREET**  
 City or town, state or country, and ZIP + 4  
**Santa Ana CA 92701**

**D** Employer identification number  
**95-3545841**

**E** Telephone number  
**(714) 667-1517**

**F** Name and address of principal officer:  
**See attachment #1**

**G** Gross receipts \$ **48,763**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.occca.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1980** **M** State of legal domicile: **CA**

**H(c)** Group exemption number ▶

Part I Summary		Prior Year	Current Year
<b>1</b> Briefly describe the organization's mission or most significant activities: See attachment #2			
<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>4</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>4</b>
<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>		
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		<b>20</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0</b>
<b>8</b> Contributions and grants (Part VIII, line 1h)		<b>43,882</b>	<b>37,458</b>
<b>9</b> Program service revenue (Part VIII, line 2g)			
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>402</b>	<b>-795</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>2,600</b>	<b>4,675</b>
<b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>46,884</b>	<b>41,338</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>40,377</b>	<b>63,709</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>40,377</b>	<b>63,709</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>6,507</b>	<b>-22,371</b>
<b>20</b> Total assets (Part X, line 16)		<b>1,045,786</b>	<b>1,023,415</b>
<b>21</b> Total liabilities (Part X, line 26)		<b>527,277</b>	<b>527,277</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>518,509</b>	<b>496,138</b>

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer **CHRISTINA PONCE** **TREASURER** Date

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name **Soledad Taylor** Preparer's signature Date Check  if self-employed PTIN

Firm's name ▶ **Office 4315** Firm's EIN ▶  
 Firm's address ▶ **2646 DUPONT STE C20** Phone no.  
**IRVINE CA 92612** **(949) 474-2008**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See attachment #3

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

If "Yes," describe these new services on Schedule O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 56,635 including grants of \$ ) (Revenue \$ 37,458 )

See attachment #4

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 56,635

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, & program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	N/A	

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
21 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
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
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		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and sponsoring organizations.

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	4	
b	Enter the number of voting members included in line 1a, above, who are independent	4	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► CA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► See attachment #5

**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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER			
KEBE FOX SECRETARY	20.00	X			X				0	0	0
CHRISTINA PONCE TREASURER	20.00				X				0	0	0
JEFF ALU ASSISTANT DIRECTOR	20.00	X							0	0	0
STEPHEN ANDERSON DIRECTOR	20.00	X							0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
<b>1b</b> Sub-total .....											
<b>c</b> Total from continuation sheets to Part VII, Section A .....											
<b>d</b> Total (add lines 1b and 1c) .....											

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

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

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

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

<b>Part VIII</b>		<b>Statement of Revenue</b>		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS	1a	Federated campaigns	1a				
	b	Membership dues	1b	3,490			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	33,968			
	g	Noncash contributions included in lines 1a-1f:	\$				
<b>h Total. Add lines 1a-1f</b>				37,458			
PROGRAM SERVICE REVENUE				<b>Business Code</b>			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
<b>g Total. Add lines 2a-2f</b>							
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)			6			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
				(i) Real	(ii) Personal		
	6a	Gross Rents		4,675			
	b	Less: rental expenses					
	c	Rental income or (loss)		4,675			
	<b>d Net rental income or (loss)</b>			4,675			
				(i) Securities	(ii) Other		
	7a	Gross amount from sales of assets other than inventory				6,624	
	b	Less: cost or other basis and sales expenses				7,425	
	c	Gain or (loss)				-801	
	<b>d Net gain or (loss)</b>					-801	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			a			
	b	Less: direct expenses		b			
<b>c Net income or (loss) from fundraising events</b>							
9a Gross income from gaming activities. See Part IV, line 19			a				
b	Less: direct expenses		b				
<b>c Net income or (loss) from gaming activities</b>							
10a Gross sales of inventory, less returns and allowances			a				
b	Less: cost of goods sold		b				
<b>c Net income or (loss) from sales of inventory</b>							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11a							
b							
c							
d	All other revenue						
<b>e Total. Add lines 11a-11d</b>							
<b>12 Total revenue. See instructions</b>				41,339			

**Part IX** Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
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.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	1,896	1,171	725	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other				
12	Advertising and promotion	5,547	5,547		
13	Office expenses	421		421	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	547	547		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	1,350	1,350		
20	Interest	20,584	20,584		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,035	4,035		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	GALLERY REPAIRS AND MAINTENANCE	11,321	11,321		
b	UTILITIES	6,198	6,198		
c	PROPERTY TAXES	3,836		3,836	
d	FEES FOR ART EVENTS	2,551	2,551		
e	All other expenses	5,423	3,331	2,092	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	63,709	56,635	7,074	
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

<b>Part X</b>		<b>Balance Sheet</b>				
				(A)	(B)	
				Beginning of year	End of year	
<b>A S S E T S</b>	<b>1</b> Cash -- non-interest-bearing .....			23,104	<b>1</b> 11,507	
	<b>2</b> Savings and temporary cash investments .....			22,682	<b>2</b> 9,798	
	<b>3</b> Pledges and grants receivable, net .....				<b>3</b>	
	<b>4</b> Accounts receivable, net .....				<b>4</b> 2,110	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) .....				<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....				<b>7</b>	
	<b>8</b> Inventories for sale or use .....				<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....				<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>	1,000,000			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		1,000,000	<b>10c</b>	1,000,000
	<b>11</b> Investments -- publicly traded securities .....				<b>11</b>	
	<b>12</b> Investments -- other securities. See Part IV, line 11 .....				<b>12</b>	
	<b>13</b> Investments -- program-related. See Part IV, line 11 .....				<b>13</b>	
	<b>14</b> Intangible assets .....				<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....				<b>15</b>	
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34) .....			1,045,786	<b>16</b>	1,023,415	
<b>L I A B I L I T I E S</b>	<b>17</b> Accounts payable and accrued expenses .....				<b>17</b>	
	<b>18</b> Grants payable .....				<b>18</b>	
	<b>19</b> Deferred revenue .....				<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....				<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....				<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....				<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....			527,277	<b>23</b>	527,277
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....				<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....				<b>25</b>	
	<b>26</b> Total liabilities. Add lines 17 through 25 .....			527,277	<b>26</b>	527,277
<b>N E T A S S E T S O R S</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	<b>27</b> Unrestricted net assets .....				<b>27</b>	
	<b>28</b> Temporarily restricted net assets .....				<b>28</b>	
	<b>29</b> Permanently restricted net assets .....				<b>29</b>	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	<b>30</b> Capital stock or trust principal, or current funds .....				<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			472,723	<b>31</b>	472,723
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			45,786	<b>32</b>	23,415
<b>33</b> Total net assets or fund balances .....			518,509	<b>33</b>	496,138	
<b>34</b> Total liabilities and net assets/fund balances .....			1,045,786	<b>34</b>	1,023,415	

**Part XI** Reconciliation of Net Assets

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	41,338
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	63,709
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-22,371
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	518,509
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	496,138

**Part XII** Financial Statements and Reporting

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?		X
<b>2c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....N/A If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....N/A		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2011**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Name of the organization

ORANGE COUNTY CENTER FOR CONTEMPORARY ART

Employer identification number

95-3545841

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,178	21,300	36,769	43,882	37,458	172,587
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					3,874	3,874
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	33,178	21,300	36,769	43,882	41,332	176,461
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						176,461

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	33,178	21,300	36,769	43,882	41,332	176,461
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-2,004	6,918	1,102	3,002	6	9,024
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	-2,004	6,918	1,102	3,002	6	9,024
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	31,174	28,218	37,871	46,884	41,338	185,485

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	95.13 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	93.74 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	4.87 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	6.26 %

19a 33 1/3 % support tests -- 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests -- 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

2011

Open to Public Inspection

Name of the organization

ORANGE COUNTY CENTER FOR CONTEMPORARY ART

Employer identification number

95-3545841

Part I

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Table with 1 column: Held at the End of the Tax Year. Rows: 2a, 2b, 2c, 2d

Part III

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  \_\_\_\_\_
- (ii) related organizations  \_\_\_\_\_

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,000,000		1,000,000
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)  1,000,000

**Part VII** Investments – Other Securities. See Form 990, Part X, line 12.

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

**Part VIII** Investments – Program Related. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

<b>Part XI</b>		<b>Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

<b>Part XII</b>		<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

<b>Part XIII</b>		<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV** **Supplemental Information**

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

ORANGE COUNTY CENTER FOR CONTEMPORARY ART

Employer identification number

95-3545841

PART VI - Qtn 11 (a) The governing body reviews the tax return information at their meeting before filing the return.

PART VI- Qtn 6, 7a&b, 8a

The governing body is elected by the members of the organization and do act on the behalf of the decisions subject to approval by members. The governing body documents their meetings and all decision making during the year.

PART VI - Qtn 19 - The organization makes available its policy and financial statements available upon request and there is no conflict of interest policy

SCH D - PART VI - LINE 1(b) - building is at value on balance sheet as well as the loan outstanding.

The property is solely used for the benefit of the artists to use as a gallery, etc.

990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2011, or tax period beginning	07-01-2011, and ending	06-30-2012.
Name of Organization ORANGE COUNTY CENTER FOR CONTEMPORARY ART			Employer Identification Number 95-3545841

Principal officer name ..... CHRISTINA PONCE  
 or  
 Business Name:

Street Address ..... 117 N SYCAMORE ST

U.S. Address:  
 Zip code 92701 City SANTA ANA State CA

Foreign Address  
 City .....  
 Province or State .....  
 Country .....  
 Postal code .....

# 990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012.
Name of Organization	ORANGE COUNTY CENTER FOR CONTEMPORARY ART			Employer Identification Number
				95-3545841

## Primary Purpose

THE ORANGE COUNTY CENTER FOR CONTEMPORARY ART IS AN ARTIST OPERATED ORGANIZATION DEDICATED TO FREEDOM OF EXPRESSION IN THE ARTS. IT PROVIDES ARTISTS A FORUM TO EXPLORE AND DEVELOP IDEAS IN CONTEMPORARY ART IN AN ATMOSPHERE THAT PROMOTES EXPERIMENTATION AND RISK TAKING, WITHOUT THE SPECTER OF CENSORSHIP

990 PRIMARY EXEMPT PURPOSE

Attachment 3: Form 990 Page 2, Part III

Open to Public			
Inspection	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012.
Name of Organization	ORANGE COUNTY CENTER FOR CONTEMPORARY ART		Employer Identification Number
			95-3545841

Primary Purpose

THE ORANGE COUNTY CENTER FOR CONTEMPORARY ART IS AN ARTIST OPERATED ORGANIZATION DEDICATED TO FREEDOM OF EXPRESSION IN THE ARTS. IT PROVIDES ARTISTS A FORUM TO EXPLORE AND DEVELOP IDEAS IN CONTEMPORARY ART IN AN ATMOSPHERE THAT PROMOTES EXPERIMENTATION AND RISK TAKING, WITHOUT THE SPECTER OF CENSORSHIP

# 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2011, or tax period beginning	07-01-2011, and ending	06-30-2012.
---------------------------	-------------------------------------------------	------------------------	-------------

Name of Organization ORANGE COUNTY CENTER FOR CONTEMPORARY ART	Employer Identification Number 95-3545841
-------------------------------------------------------------------	----------------------------------------------

Part III - Statement of Program Service Accomplishments			
Code:	Expenses:	56,635 including Grants of:	Revenue: 37,458
Exempt Purpose Achievements			

THE ORGANIZATION PROVIDES THE LOCATION FOR THE ARTISTS TO DISPLAY, EXHIBIT AND ADVERTISE THEIR ARTWORK. THE ORGANIZATION ALSO PROVIDES A FORUM FOR ESTABLISHED AND EMERGING ARTIST TO EXPLORE AND DEVELOP IDEAS IN CONTEMPORARY ART. THE ORGANIZATION DEVELOPS AND ACTIVELY PARTICIPATED IN NUMEROUS PUBLIC EDUCATIONAL OUTREACH AND COMMUNITY ARTS SERVICES SUCH AS FILMS, FORUMS, ECLECTIC CONCERTS, ARTIST RECEPTIONS, TALKS, LECTURES AND WORKSHOPS.

Attachment 5: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2011 or tax period beginning 07-01, and ending 06-30-2012.
Name of Organization ORANGE COUNTY CENTER FOR CONTEMPORARY ART	Employer Identification Number 95-3545841

Part VI - Line 20

Individual Name ..... CHRISTINA PONCE

or

Business Name:

Street Address ..... 117 N SYCAMORE ST

U.S. Address:

Zip code 92701 City Santa Ana State CA

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (714) 667-1517

Fax Number .....

**990 PAGE 10, OTHER EXPENSES**

Attachment 6: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection For calendar year 2011 or tax period beginning 07-01-2011, and ending 06-30-2012.

Name of Organization ORANGE COUNTY CENTER FOR CONTEMPORARY ART Employer Identification Number 95-3545841

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
JANITORIAL EXPENSE	1,580	790	790	
JUROR FEE	1,200	1,200		
TELEPHONE	1,098		1,098	
POSTAGE	614	614		
SUBMISSION EXPENSE	427	427		
FOOD	300	300		
BANK CHARGES	139		139	
FEDERAL TAXES	35		35	
BUSINESS LICENSES	30		30	
<b>Total:</b>	<b>5,423</b>	<b>3,331</b>	<b>2,092</b>	

**2011 DETAIL STATEMENTS**

ORANGE COUNTY CENTER FOR CONTE  
95-3545841

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STATEMENT #1 - All other contributions etc. (990-EO PG 9 Line 1f)

DONATIONS & GRANTS.....	2,522
MISC INC.....	531
SLIDE FEES.....	30,915
SHIPPING DEPOSIT	

TOTAL CARRIED TO 990-EO PG 9 Line 1f..... 33,968

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STATEMENT #2 - Cash investments end yr (990-EO PG 11 Line 2b)

	Beginning	Ending
BUILDING RESERVE FUND.....	22,682	12,101
UNDEPOSITED FUNDS.....	0	190
PETTY CASH.....	0	7
REFUNDABLE DEPOSIT.....	0	-2,500

TOTAL CARRIED TO 990-EO PG 11 Line 2b..... 22,682 9,798

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TAXABLE YEAR **2011** California Exempt Organization Annual Information Return

FORM

199

Calendar year 2011 or fiscal year beginning month 07 day 01 year 2011, and ending month 06 day 30 year 2012.

Corporation/Organization Name <b>ORANGE COUNTY CENTER FOR CONTEMPORARY ART</b>		California corporation number <b>0994374 CA Corporate</b>	
Address (suite, room, or PMB no.) <b>117 N SYCAMORE STREET</b>		FEIN <b>95-3545841</b>	
City <b>SANTA ANA</b>	State <b>CA</b>	ZIP Code <b>92701</b>	

**A** First Return .....  Yes  No

**B** Amended Return .....  Yes  No

**C** IRC Section 4947(a)(1) trust .....  Yes  No

**D** Final Return .....  Yes  No

Dissolved       Surrendered (Withdrawn)

Merged/Reorganized      Enter date: \_\_\_\_\_

**E** Check accounting method:  
(1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed?  
(1)  990T (2)  990(PF) (3)  Sch H (990)

**G** Is this a group filing for the subordinates/affiliates?  Yes  No  
If "Yes," attach a roster. See instructions

**H** Is this organization in a group exemption?  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?  Yes  No  
If "Yes," explain, and attach copies of revised documents.

**J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)?  Yes  No  
If "Yes," complete and attach form FTB 3509.

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**Part I** Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	11,305
	2	Gross dues and assessments from members and affiliates	2	3,490
	3	Gross contributions, gifts, grants, and similar amounts received	3	33,968
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B.	4	48,763
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	7,425
	7	Total costs. Add line 5 and line 6	7	7,425
	8	Total gross income. Subtract line 7 from line 4	8	41,338
Ex-penses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	63,709
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-22,371
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10
	12	Total payments	12	
	13	Penalties and Interest. See General Instruction J	13	
	14	Use tax. See General Instruction K	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10

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

Sign Here	Signature of officer	Title <b>TREASURER</b>	Date	Telephone
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>550-67-5975</b>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address <b>OFFICE 4315 2646 DUPONT STE C20 IRVINE CA 92612</b>			FEIN <b>43-1871840</b>
	May the FTB discuss this return with the preparer shown above? See instructions			Telephone <b>949) 474-2008</b>

Yes  No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts -- complete Part II or furnish substitute information. See Specific Line Instructions.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	6
	3	Dividends	3	
	4	Gross rents	4	4,675
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See Instructions)	6	6,624
	7	Other income. Attach schedule	7	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	11,305
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	
	12	Other salaries and wages	12	
	13	Interest	13	
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion (See Instructions)	16	
	17	Other Expenses and Disbursements. Attach schedule	17	63,709
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	63,709

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		23,104		11,507
2	Net accounts receivable				2,110
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10	a Depreciable assets			1,000,000	
	b Less accumulated depreciation	( )		( )	1,000,000
11	Land				
12	Other assets. Attach schedule		22,682		9,798
13	<b>Total assets</b>		45,786		1,023,415
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		527,277		527,277
18	Other liabilities. Attach Schedule				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation		472,723		472,723
21	Retained earnings or income fund		45,786		23,415
22	<b>Total liabilities and net worth</b>		1,045,786		1,023,415

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000.				
1	Net income per books		7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule			
6	Total. Add line 1 through line 5			