



Link, Murrel & Company

Certified Public Accountants & Consultants

OCTOBER 27, 2017

ONEOC
1901 E FOURTH STREET NO. 100
SANTA ANA, CA 92705

DEAR TIM:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2016 FORM 990

2016 CALIFORNIA FORM 199

2016 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

BEST REGARDS,

LINK, MURREL & COMPANY, LLP

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
DECEMBER 31, 2016

| | |
|---|--|
| Prepared for | ONEOC 1901 E FOURTH STREET NO. 100 SANTA ANA, CA 92705 |
| Prepared by | LINK, MURREL & COMPANY, LLP 18831 BARDEEN AVENUE, STE. 200 IRVINE, CA 92612-1520 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED. |

2016 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING
DECEMBER 31, 2016

| | |
|---|---|
| Prepared for | ONEOC 1901 E FOURTH STREET NO. 100 SANTA ANA, CA 92705 |
| Prepared by | LINK, MURREL & COMPANY, LLP 18831 BARDEEN AVENUE, STE. 200 IRVINE, CA 92612-1520 |
| To be signed and dated by | THE AUTHORIZED INDIVIDUAL(S). |
| Amount of tax | Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$ |
| Overpayment | Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00 |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500 |
| Return must be mailed on or before | NOVEMBER 15, 2017 |
| Special Instructions | |

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
DECEMBER 31, 2016

| | |
|---|--|
| Prepared for | ONEOC 1901 E FOURTH STREET NO. 100 SANTA ANA, CA 92705 |
| Prepared by | LINK, MURREL & COMPANY, LLP 18831 BARDEEN AVENUE, STE. 200 IRVINE, CA 92612-1520 |
| Amount due or refund | BALANCE DUE OF \$225.00 |
| Make check payable to | ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS |
| Mail tax return and check (if applicable) to | REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470 |
| Return must be mailed on or before | NOVEMBER 15, 2017 |
| Special Instructions | THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). |

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

ONEOC
1901 E FOURTH STREET, NO. 100
SANTA ANA, CA 92705

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



Form **990**

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

OMB No. 1545-0047

2016
Open to Public Inspection

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 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning _____ **and ending** _____

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ONEOC Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1901 E FOURTH STREET 100 City or town, state or province, country, and ZIP or foreign postal code SANTA ANA, CA 92705 | D Employer identification number 95-2021700 |
| | F Name and address of principal officer: TIMOTHY STRAUCH SAME AS C ABOVE | E Telephone number (714) 953-5757 |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | J Website: ▶ WWW.ONEOC.ORG | G Gross receipts \$ 12,957,123. |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation: 1958 | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| | | H(c) Group exemption number ▶ |
| M State of legal domicile: CA | | |

| Part I Summary | | Prior Year | Current Year |
|---|--|--|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: FULL SERVICE, NONPROFIT RESOURCE CENTER WITH AN EXTENSIVE OFFERING OF INTEGRATED SERVICES. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 27 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 26 |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 179 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 47865 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 6,641,612. | 10,626,726. |
| | 9 Program service revenue (Part VIII, line 2g) | 2,205,889. | 2,144,622. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,506. | 691. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 67,005. | 110,698. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,916,012. | 12,882,737. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,157,961. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 4,044,652. | 3,769,052. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 768,457. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,108,267. | 3,249,781. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 8,310,880. | 12,438,451. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 605,132. | 444,286. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 5,357,477. | End of Year 6,649,894. |
| | 21 Total liabilities (Part X, line 26) | 1,153,826. | 2,049,985. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 4,203,651. | 4,599,909. |

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 TIMOTHY STRAUCH, COO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name CRAIG W. MURREL | Preparer's signature |
| | Firm's name ▶ LINK, MURREL & COMPANY, LLP | Date 10/27/17 |
| | Firm's address ▶ 18831 BARDEEN AVENUE, STE. 200 IRVINE, CA 92612-1520 | Check if self-employed <input type="checkbox"/> PTIN P00969203 |
| | | Firm's EIN ▶ 33-0158349 |
| | | Phone no. (949) 261-1120 |

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ONEOC'S MISSION IS TO ACCELERATE NONPROFIT SUCCESS WITH FUNDING FROM PUBLIC AND PRIVATE SOURCES. ONEOC DELIVERS THE FOLLOWING FOUR SERVICES: VOLUNTEER SERVICES, TRAINING SERVICES, CONSULTING SERVICES AND BUSINESS SERVICES. WE HELP ORANGE COUNTY'S NONPROFITS BECOME AS

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 [X] 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 [X] 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 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 \$ 1,831,286. including grants of \$ 1,099.) (Revenue \$ 1,679,349.) VOLUNTEER SERVICES: CONNECTING NONPROFITS WITH VOLUNTEERS IS WHAT WE'VE DONE FOR 56 YEARS. IT'S WHAT WE DO, WHAT WE ARE, HOW WE LIVE. DURING 2016, ONEOC CONNECTED 47,865 INDIVIDUAL, FAMILY AND CORPORATE VOLUNTEERS IN SERVICE, DELIVERING 1,041,872 HOURS TO NONPROFITS VALUED AT \$28.7 MILLION TO OUR COMMUNITIES.

4b (Code:) (Expenses \$ 357,915. including grants of \$) (Revenue \$ 109,067.) TRAINING SERVICES: WE TRAIN HUNDREDS OF ORGANIZATIONS, THEIR STAFFS AND VOLUNTEERS IN OUR SEMINARS, WEBINARS AND TRAINING SESSIONS EVERY YEAR. WE IMPROVED THE SKILLS OF 1,525 NONPROFIT BOARDS, EXECUTIVES, STAFF AND VOLUNTEERS THROUGH QUALITY, AFFORDABLE EDUCATIONAL EXPERIENCES IN BOARD EXCELLENCE, MARKETING, FUNDRAISING, VOLUNTEER MANAGEMENT, LEADERSHIP DEVELOPMENT AND NONPROFIT OPERATIONS.

4c (Code:) (Expenses \$ 177,544. including grants of \$) (Revenue \$ 197,866.) CONSULTING SERVICES: WE USED A COLLABORATIVE APPROACH TO HELP 40 NONPROFITS ACCELERATE THEIR SUCCESS THROUGH A POOL OF 11 AFFILIATED EXPERT CONSULTANTS WHO SPECIALIZE IN PLANNING AND EVALUATION, ORGANIZATIONAL DEVELOPMENT, BOARD EXCELLENCE, FINANCE AND HUMAN RESOURCES, LEADERSHIP ADVANCEMENT, AND FUNDRAISING AND MARKETING.

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,821,909. including grants of \$ 5,418,519.) (Revenue \$ 158,340.)

4e Total program service expenses 11,188,654.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | 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? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | 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? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> | | 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? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for Form 1096, Form W-2G, Form W-3, and various tax compliance questions.

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 or note to any line 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. | | |
| | 1a 27 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 26 | | |
| 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? | | |
| 10b | | | |
| 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? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | 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 take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

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 Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records: **VALERIE FRYER - (714) 953-5757**
1901 E. FOURTH AVENUE, STE. 100, SANTA ANA, CA 92705

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

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 organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MCQUAID DANIEL J. PRESIDENT & CEO | 37.50 | X | | X | | | | 219,648. | 0. | 13,356. |
| (2) QUINTANA KATHY SECRETARY | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (3) TILLOTSON MARK TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (4) REINDL ROB BOARD CHAIR | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (5) COPLEY DAVID VICE CHAIR-AUDIT | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (6) DUNCAN PETER VICE CHAIR-EXTERNAL AFFAIRS | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (7) HERD HEATHER VICE CHAIR-BUSINESS/FINANCE | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (8) MEISTER GARY VICE CHAIR-GOVERNANCE | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (9) BANDA MELYSSA DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (10) BENJAMINS SHERRY DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (11) BLACK JEFF DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (12) DIAZ REGINO DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (13) ESBER SUZANNE DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (14) EUSER ANDREW DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (15) FAWAZ BASSAM DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (16) FEUERBORN PAUL DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (17) HART TALLIA DIRECTOR | 3.00 | 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 (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) HEDGES PAM DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (19) HOGAN JOHN DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (20) HURLEY BOB DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (21) KLIMOW KATE DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (22) MIER JAVIER DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (23) MIRMAN E. RICHARD DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (24) MISHRIKI JOSEPH DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (25) OYLER TENNYSON DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (26) TALBOT TODD DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| 1b Sub-total | | | | | | | 219,648. | 0. | 13,356. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 404,666. | 0. | 23,066. | |
| d Total (add lines 1b and 1c) | | | | | | | 624,314. | 0. | 36,422. | |

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 **4**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|---|--|--------------------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 502,370. | | | | |
| | c Fundraising events | 1c | 289,510. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 2,052,309. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,782,537. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 160,123. | | | | |
| | h Total. Add lines 1a-1f | | 10,626,726. | | | | |
| | Program Service Revenue | 2 a SERVICE FEES | Business Code 900099 | 2,144,622. | 2,144,622. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 2,144,622. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,175. | | | 1,175. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | 484. | | | |
| | | c Gain or (loss) | | -484. | | | |
| | d Net gain or (loss) | | -484. | | | -484. | |
| | 8 a Gross income from fundraising events (not including \$ 289,510. of contributions reported on line 1c). See Part IV, line 18 | a | 168,672. | | | | |
| | | b Less: direct expenses | b | 73,902. | | | |
| c Net income or (loss) from fundraising events | | | 94,770. | | | 94,770. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a MISCELLANEOUS INCOME | | 900099 | 15,928. | | | 15,928. | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 15,928. | | | |
| 12 Total revenue. See instructions. | | | 12,882,737. | 2,144,622. | 0. | 111,389. | |

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).

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 5,419,618. | 5,419,618. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 418,102. | 233,832. | 133,092. | 51,178. |
| 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 | 2,791,515. | 2,294,011. | 150,870. | 346,634. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 327,565. | 254,561. | 43,498. | 29,506. |
| 10 Payroll taxes | 231,870. | 186,200. | 19,049. | 26,621. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 957,830. | 940,585. | 7,206. | 10,039. |
| b Legal | 10,446. | 10,446. | | |
| c Accounting | 53,655. | 31,678. | 9,352. | 12,625. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 251,527. | 208,650. | 10,872. | 32,005. |
| 12 Advertising and promotion | 113,573. | 29,088. | 56. | 84,429. |
| 13 Office expenses | 585,887. | 547,331. | 14,938. | 23,618. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 423,250. | 356,703. | 27,573. | 38,974. |
| 17 Travel | 163,818. | 138,437. | 14,360. | 11,021. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 84,945. | 54,456. | 12,722. | 17,767. |
| 23 Insurance | 26,170. | 16,997. | 3,727. | 5,446. |
| 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 INKIND SUPPLIES EXPENSE | 160,123. | 140,066. | | 20,057. |
| b TELEPHONE AND UTILITIES | 83,483. | 70,768. | 5,102. | 7,613. |
| c DIRECT CLIENT CARE | 71,998. | 71,998. | | |
| d BANK CHARGES | 62,974. | 49,384. | 4,891. | 8,699. |
| e All other expenses | 200,102. | 133,845. | 24,032. | 42,225. |
| 25 Total functional expenses. Add lines 1 through 24e | 12,438,451. | 11,188,654. | 481,340. | 768,457. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 2,707,003. | 1 | 2,397,420. |
| | 2 Savings and temporary cash investments | 1,245,803. | 2 | 1,246,675. |
| | 3 Pledges and grants receivable, net | 523,736. | 3 | 1,966,300. |
| | 4 Accounts receivable, net | 348,025. | 4 | 378,700. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other 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 instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 2,062. | 8 | 992. |
| | 9 Prepaid expenses and deferred charges | 54,110. | 9 | 59,891. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 521,160. | | |
| | b Less: accumulated depreciation | 10b 350,215. | 215,299. | 10c 170,945. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | 252,873. | 13 | 423,905. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 8,566. | 15 | 5,066. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,357,477. | 16 | 6,649,894. | |
| Liabilities | 17 Accounts payable and accrued expenses | 526,740. | 17 | 516,312. |
| | 18 Grants payable | 563,200. | 18 | 1,440,246. |
| | 19 Deferred revenue | 53,522. | 19 | 86,242. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 10,364. | 25 | 7,185. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,153,826. | 26 | 2,049,985. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,219,476. | 27 | 1,337,074. |
| | 28 Temporarily restricted net assets | 2,984,175. | 28 | 3,262,835. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 4,203,651. | 33 | 4,599,909. | |
| 34 Total liabilities and net assets/fund balances | 5,357,477. | 34 | 6,649,894. | |

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 | 12,882,737. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,438,451. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 444,286. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,203,651. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -48,028. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 4,599,909. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" 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. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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 | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 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 | X | |

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **ONEOC** Employer identification number **95-2021700**

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|------------|------------|------------|------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,935,153. | 5,491,447. | 5,253,244. | 6,684,760. | 10,626,726. | 32,991,330. |
| 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 | 2,023,424. | 2,217,332. | 1,875,361. | 2,205,889. | 2,313,294. | 10,635,300. |
| 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 | 6,958,577. | 7,708,779. | 7,128,605. | 8,890,649. | 12,940,020. | 43,626,630. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | 2,157,583. | 1,646,877. | 1,713,876. | 2,096,637. | 4,280,967. | 11,895,940. |
| c Add lines 7a and 7b | 2,157,583. | 1,646,877. | 1,713,876. | 2,096,637. | 4,280,967. | 11,895,940. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 31,730,690. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|------------|------------|------------|------------|-------------|-------------|
| 9 Amounts from line 6 | 6,958,577. | 7,708,779. | 7,128,605. | 8,890,649. | 12,940,020. | 43,626,630. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,061. | 2,357. | 1,796. | 1,506. | 1,175. | 9,895. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 3,061. | 2,357. | 1,796. | 1,506. | 1,175. | 9,895. |
| 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 VI.) | 9,087. | 27,995. | 4,414. | 23,857. | 15,928. | 81,281. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 6,970,725. | 7,739,131. | 7,134,815. | 8,916,012. | 12,957,123. | 43,717,806. |

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 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | 72.58 % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | 70.44 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | .02 % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | .04 % |

19a 33 1/3% support tests - 2016. 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 - 2015. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

ONEOC

Employer identification number

95-2021700

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| | |
|--|---|
| Name of organization ONEOC | Employer identification number 95-2021700 |
|--|---|

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>379,121.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>450,400.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>459,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>254,900.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>641,015.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>301,158.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization ONEOC | Employer identification number 95-2021700 |
|--|---|

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> <hr/> | \$ <u>2,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> <hr/> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization ONEOC | Employer identification number 95-2021700 |
|--|---|

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|--|---|
| Name of organization ONEOC | Employer identification number 95-2021700 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization ONEOC **Employer identification number** 95-2021700

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|---|
| 1 Total number at end of year | 13 | |
| 2 Aggregate value of contributions to (during year) | 3,596,012. | |
| 3 Aggregate value of grants from (during year) | 2,496,111. | |
| 4 Aggregate value at end of year | 1,099,901. | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on 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 XIII, 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

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 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" on 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 XIII 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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:

| | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | | | | |
| c Leasehold improvements | | 11,352. | 5,052. | 6,300. |
| d Equipment | | 509,808. | 345,163. | 164,645. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 170,945. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) INVESTMENT POOLS | 423,905. | END-OF-YEAR MARKET VALUE |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 423,905. | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE | 7,185. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 7,185. |

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 13,057,732. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | 174,511. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 484. | |
| e | Add lines 2a through 2d | 2e | | 174,995. |
| 3 | Subtract line 2e from line 1 | 3 | | 12,882,737. |
| 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 XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 12,882,737. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|----------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 12,613,446. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 174,511. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 484. | |
| e | Add lines 2a through 2d | 2e | | 174,995. |
| 3 | Subtract line 2e from line 1 | 3 | | 12,438,451. |
| 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 XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 12,438,451. |

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ONEOC FOLLOWS THE PROVISIONS OF FASB ASC 740 WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A NONPUBLIC ENTITY'S FINANCIAL STATEMENTS. IT DETAILS HOW ENTITIES SHOULD RECOGNIZE, MEASURE, PRESENT, AND DISCLOSE UNCERTAIN TAX POSITIONS THAT HAVE BEEN OR ARE EXPECTED TO BE TAKEN. AS SUCH, FINANCIAL STATEMENTS WILL REFLECT EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS. THERE WAS NO IMPACT TO ONEOC'S FINANCIAL STATEMENTS AS A RESULT OF FASB ASC 740. ONEOC'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE YEARS ENDED DECEMBER 31, 2013 THROUGH 2016 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Part XIII Supplemental Information (continued)

ONEOC'S CALIFORNIA FORM 199, CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN, FOR THE YEARS ENDED DECEMBER 31, 2012 THROUGH 2016 ARE SUBJECT TO EXAMINATION BY THE CALIFORNIA FRANCHISE TAX BOARD, GENERALLY FOUR YEARS AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSITION OF FIXED ASSETS 484.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSITION OF FIXED ASSETS 484.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|--|---|--------------------------|--------------|------------------|--|
| | | SPRIT OF VOLUNTEERISM | | NONE | |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 458,182. | | | 458,182. |
| | 2 Less: Contributions | 289,510. | | | 289,510. |
| | 3 Gross income (line 1 minus line 2) | 168,672. | | | 168,672. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 38,532. | | | 38,532. |
| | 7 Food and beverages | 35,370. | | | 35,370. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 73,902. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 94,770. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **ONEOC** Employer identification number **95-2021700**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| FRIENDS OF FAMILY HEALTH CENTER 501 S. IDAHO ST. LA HABRA, CA 90631 | 27-1316512 | 501(C)(3) | 12,698. | 0. | | | HEALTH & EDUCATION SERVICES |
| LUCILLE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVE., STE. 240 - PALO ALTO, CA 94301 | 77-0440090 | 501(C)(3) | 200,000. | 0. | | | CANCER RESEARCH |
| PATIENT SAFETY MOVEMENT FOUNDATION 52 DISCOVERY IRVINE, CA 92618 | 46-2730379 | 501(C)(3) | 3,099,901. | 0. | | | HEALTH & EDUCATION SERVICES |
| ACCESS CALIFORNIA SERVICES 631 BROOKHURST ST. STE. 107 ANAHEIM, CA 92804 | 33-0826205 | 501(C)(3) | 11,766. | 0. | | | HEALTH & EDUCATION SERVICES |
| ALTAMED 2040 CAMFIELD AVE. LOS ANGELES, CA 90040 | 95-2810095 | 501(C)(3) | 52,444. | 0. | | | HEALTH & EDUCATION SERVICES |
| ST. BALDRICK'S FOUNDATION 3720 STEPHAN M WHITE DR SAN PEDRO, CA 90731 | 33-0585381 | 501(C)(3) | 25,000. | 0. | | | CANCER RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **52.**

3 Enter total number of other organizations listed in the line 1 table **10.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY - 1505 E. 17TH ST. STE. 230 - SANTA ANA, CA 92705 | 47-5394284 | GOVERNMENT | 5,000. | 0. | | | HEALTH & EDUCATION SERVICES |
| WEILL CORNELL BRAIN & SPINE 525 E. 68TH ST., BOX 99 NEW YORK, NY 10065 | 13-6094042 | 501(C)(3) | 50,000. | 0. | | | CANCER RESEARCH |
| SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA ST. STE. 230 LOS ANGELES, CA 90012 | 95-2831058 | 501(C)(3) | 5,100. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMAKING |
| ENTRUSTED LEGACY 7850 WHITE LANE, STE. E-150 BAKERSFIELD, CA 93309 | 27-2049633 | 501(C)(3) | 11,000. | 0. | | | EDUCATION |
| CIBAC'S FOUNDATION 21400 MAGNOLIA ST HUNTINGTON BEACH, CA 92646 | 33-0723897 | 501(C)(3) | 8,884. | 0. | | | EDUCATION |
| 2-1-1 ORANGE COUNTY P. O. BOX 10473 SANTA ANA, CA 92711 | 33-0063532 | 501(C)(3) | 65,367. | 0. | | | HUMAN SERVICES |
| CHARITABLE VENTURES OF ORANGE COUNTY - 1505 E. 17TH ST. STE. 101 - SANTA ANA, CA 92705 | 20-8756660 | 501(C)(3) | 187,174. | 0. | | | HEALTH AND EDUCATION SERVICES |
| THE JOYFUL CHILD P. O. BOX 12680 WESTMINSTER, CA 92685 | 55-0794474 | 501(C)(3) | 7,500. | 0. | | | EDUCATION |
| TACKETT SERVICE DOGS P. O. BOX 2461 ORANGE, CA 92859 | 46-2275762 | CORPORATION | 147,304. | 0. | | | TRAINING |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| JESSIE REES FOUNDATION P. O. BOX 80667 RANCHO SANTA MARGARITA, CA 92688 | 45-1836440 | 501(C)(3) | 11,020. | 0. | | | HUMAN SERVICES |
| THE SAN DIEGO FOUNDATION 25058 HISTORIC DECATUR, SUITE 200 SAN DIEGO, CA 92106 | 95-2942582 | 501(C)(3) | 33,525. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMANKING |
| WILLOW INTERNATIONAL 337 N. CLARK ST. ORANGE, CA 92868 | 35-2534806 | 501(C)(3) | 17,775. | 0. | | | FOREIGN AFFAIRS |
| ANAHEIM CITY SCHOOL DISTRICT 101 S. EAST ST. ANAHEIM, CA 92805 | 95-6000119 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |
| ASSISTANCE LEAGUE OF CAPISTRANO VALLEY - 526 N. EL CAMINO REAL - SAN CLEMENTE, CA 92672 | 95-3201899 | 501(C)(3) | 5,000. | 0. | | | HUMAN SERVICES |
| BOYS HOPE GIRLS HOPE 12120 BRIDGETON SQUARE DR BRIDGETON, MO 63044 | 51-0182614 | 501(C)(3) | 10,500. | 0. | | | CHILDREN'S AND YOUTH SERVICES |
| BUENA PARK SCHOOL DISTRICT 6885 ORANGETHORPE AVE BUENA PARK, CA 90620 | 46-0681058 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |
| CAL STATE FULLERTON PHILANTHROPIC FOUNDATION - 2600 NUTWOOD AVE. CP500-13 - FULLERTON, CA 92831 | 33-0567945 | 501(C)(3) | 10,000. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMAKING |
| COALITION OF ORANGE COUNTY COMMUNITY CLINICS - 17701 COWAN AVENUE SUITE 220 - IRVINE, CA 92614-6057 | 95-2900725 | 501(C)(3) | 175,000. | 0. | | | HEALTH AND EDUCATION SERVICES |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COMMUNITY HEALTHY INITIATIVE OF ORANGE COUNTY - 1505 E. 17TH STREET, SUITE 121 - SANTA ANA, CA 92705 | 47-2671013 | 501(C)(3) | 339,147. | 0. | | | HEALTH & EDUCATION SERVICES |
| CYPRESS SCHOOL DISTRICT 9470 MOODY ST CYPRESS, CA 90630 | 33-0365485 | GOVERNMENT | 8,500. | 0. | | | EDUCATION |
| DREAMS FOR SCHOOLS 16381 SCIENTIFIC WAY IRVINE, CA 92618 | 36-4683422 | 501(C)(3) | 34,653. | 0. | | | ARTS, CULTURE, HUMANITY |
| EARTHHEART C/O INQUIRING SYSTEMS INC. - PO BOX 2037 - SONOMA, CA 95476 | 94-2524840 | 501(C)(3) | 6,435. | 0. | | | ANIMALS & EDUCATION |
| ENVISION EXCELLENCE IN STEM EDUCATION - 2108 LAMBERTON ROAD - CLEVELAND HEIGHTS, CA 44118 | 20-8622102 | 501(C)(3) | 15,620. | 0. | | | EDUCATION |
| FOOD FINDERS 3744 N. INDUSTRY AVE. SUITE 401 LAKEWOOD, CA 90712 | 33-0412749 | 501(C)(3) | 23,242. | 0. | | | FOOD BANK, FOOD PANTRIES |
| FOUNTAIN VALLEY SCHOOL DISTRICT 10055 SLATER AVE. FOUNTAIN VALLEY, CA 92708 | 95-3794172 | GOVERNMENT | 8,500. | 0. | | | EDUCATION |
| FULLERTON SCHOOL DISTRICT EDUCATIONAL FOUNDATION - PO BOX 5317 - FULLERTON, CA 92838 | 33-0755742 | 501(C)(3) | 5,000. | 0. | | | EDUCATION |
| ILLUMINATION FOUNDATION 2691 RICHTER AVE #107 IRVINE, CA 92606 | 71-1047686 | 501(C)(3) | 5,270. | 0. | | | HUMAN SERVICES |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| INTERVENTION CENTER FOR EARLY CHILDHOOD - 17461 DERIAN AVE. SUITE 114 - IRVINE, CA 92614 | 95-3850651 | 501(C)(3) | 5,000. | 0. | | | DISEASE, DISORDERS, MEDICAL DISCIPLINES |
| JAMBOREE HOUSING CORPORATION 17701 COWAN AVENUE SUITE 220 IRVINE, CA 92614 | 33-0413518 | 501(C)(3) | 14,006. | 0. | | | HOUSING DEVELOPMENT CONSTRUCTION MANAGEMENT |
| KIDS CONNECTED 26071 MERIT CIRCLE, SUITE 103 LAGUNA HILLS, CA 92653 | 33-0754654 | 501(C)(3) | 5,000. | 0. | | | HUMAN SERVICES |
| KIDSWORKS 1902 W CHESTNUT AVE SANTA ANA, CA 92703 | 74-3081569 | 501(C)(3) | 7,500. | 0. | | | HEALTH & EDUCATION SERVICES |
| LAUREL HOUSE ONE HOPE DRIVE TUSTIN, CA 92782 | 33-0098433 | 501(C)(3) | 6,500. | 0. | | | HOUSING |
| MUSEUM OF HERITAGE AND AVIATION FOUNDATION - 2233 WOODBLUFF RD - LAKE FOREST, CA 92630 | 45-4782811 | 501(C)(3) | 10,449. | 0. | | | ARTS, CULTURE, HUMANITY |
| NEMA DBA PROVISIONAL BRIDGE PO BOX 337 TALLULAH FALLS, GA 30573 | 27-4357830 | 501(C)(3) | 36,690. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMAKING |
| OCEAN INSTITUTE 24200 DANA POINT HARBOR DR. DANA POINT, CA 92629 | 33-0203488 | 501(C)(3) | 6,570. | 0. | | | EDUCATION |
| OCEAN VIEW SCHOOL DISTRICT 4200 OLDS ROAD OXNARD, CA 93033 | 95-6002237 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ORANGEWOOD CHILDREN'S FOUNDATION 1575 E 17TH STREET SANTA ANA, CA 92705 | 95-3616628 | 501(C)(3) | 7,830. | 0. | | | HUMAN SERVICES |
| ORANGE COUNTY DEPARTMENT OF EDUCATION - PO BOX 9050 - COSTA MESA, CA 92628 | 95-6000943 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |
| ORANGE COUNTY EDUCATION & RESEARCH INSTITUTE - 2 PARK PLAZA - IRVINE, CA 92614-8561 | 95-3851959 | 501(C)(3) | 5,000. | 0. | | | EDUCATION |
| ORANGE COUNTY RONALD MCDONALD HOUSE - 4560 FOUNTAIN AVENUE - LOS ANGELES, CA 90029 | 95-3167869 | 501(C)(3) | 15,695. | 0. | | | HUMAN SERVICES |
| ORANGE ELDERLY SERVICES 170 S. OLIVE ST ORANGE, CA 92866 | 33-0035445 | 501(C)(3) | 5,515. | 0. | | | HUMAN SERVICES |
| ORANGE UNIFIED SCHOOL DISTRICT 1401 N. HANDY ST ORANGE, CA 92867 | 95-6004968 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |
| PEDIATRIC BRAIN TUMOR RESEARCH FUND - PO BOX 9784 - SEATTLE, WA 98109 | 75-3202608 | 501(C)(3) | 25,000. | 0. | | | RESEARCH |
| PROJECT ACCESS 3900 BIRCH STREET #113 NEWPORT BEACH, CA 92660 | 33-0834635 | 501(C)(3) | 7,500. | 0. | | | FAMILY SERVICES |
| PROJECT TOMORROW 15707 ROCKFIELD BLVD, SUITE 250 IRVINE, CA 92618 | 95-4581958 | 501(C)(3) | 6,500. | 0. | | | FAMILY SERVICES |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| SANTA ANA UNIFIED SCHOOL DISTRICT 1601 EAST CHESTNUT AVENUE SANTA ANA, CA 92701-6322 | 95-6002823 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |
| SERVING KIDS HOPE 2100 W ALTON AVE STE 2 SANTA ANA, CA 92704 | 47-1518476 | 501(C)(3) | 187,055. | 0. | | | HUMAN SERVICES |
| SPARKHOUSE 2850 REDHILL AVE., SUITE 140 SANTA ANA, CA 92705 | 27-0870113 | 501(C)(3) | 6,000. | 0. | | | EDUCATION |
| SPECIAL OLYMPICS ORANGE COUNTY 1600 FORBES WAY, SUITE 200 LONG BEACH, CA 90810 | 95-4538450 | 501(C)(3) | 6,500. | 0. | | | RECREATION, SPORTS, LEISURE |
| TALLER SAN JOSE 801 N BROADWAY SANTA ANA, CA 92701 | 59-3816355 | 501(C)(3) | 12,500. | 0. | | | TRAINING |
| THE LITERACY PROJECT 124 TUSTIN AVE., SUITE 103 NEWPORT BEACH, CA 92663 | 33-0395322 | 501(C)(3) | 6,500. | 0. | | | EDUCATION |
| TIGER WOOD FOUNDATION ONE TIGER WOODS WAY ANAHEIM, CA 92801 | 20-0677815 | 501(C)(3) | 75,000. | 0. | | | EDUCATION |
| UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013 | 95-1709293 | 501(C)(3) | 37,100. | 0. | | | TEMPORARY SHELTER FOR THE HOMELESS |
| VETERANS TRANSITION SUPPORT 1716 NISSON RD #C TUSTIN, CA 92780 | 47-1391543 | 501(C)(3) | 8,000. | 0. | | | EMPLOYMENT |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
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| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ONEOC ESTABLISHED A DIRECT SPONSORSHIP MODEL WHEREBY ONEOC IS SOLELY RESPONSIBLE FOR EACH PROJECT ("GRANTEE" ORGANIZATION). THE PROJECT'S ASSETS ARE THE PROPERTY OF ONEOC AND THE LIABILITIES ARE THE OBLIGATIONS OF ONEOC. ONEOC IS THE EMPLOYER OF RECORD FOR ANY EMPLOYEES ASSIGNED TO THE PROJECTS AND ACTS AS THE PRINCIPAL FOR SUBSTANTIALLY ALL OF THE TRANSACTIONS INCLUDING RECEIPT OF CASH FOR THE FISCAL SPONSORED PROJECTS OR THEIR ACTIVITIES AS WELL AS RECORDING RELATED INCOME AND EXPENSES, ALL OF WHICH ARE INCLUDED IN THE CENTER'S FINANCIAL STATEMENTS AND TAX RETURNS. EACH OF

Part IV Supplemental Information

THE FISCALLY SPONSORED PROJECTS HAVE AN ADVISORY BODY THAT DECIDES WHICH CHARITIES SHALL RECEIVE THE NET PROCEEDS FROM THE EVENT. THE ADVISORY BODY THEN REQUESTS TO RELEASE THE FUNDS AS DIRECTED BY THE MISSION OF THE PROJECT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2016

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

ONEOC

Employer identification number

95-2021700

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MCQUAID DANIEL J. PRESIDENT & CEO | (i) | 153,145. | 43,003. | 23,500. | 0. | 13,356. | 233,004. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) STRAUCH TIMOTHY CHIEF OPERATING OFFICER | (i) | 134,502. | 15,323. | 18,000. | 0. | 7,128. | 174,953. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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.

PART I, LINE 3:

IN ADDITION TO THE BOXES CHECKED, SEE EXPLANATION FOR FORM 990, PART VI,
SECTION B, LINE 15 (SCHEDULE O) FOR FURTHER EXPLANATION REGARDING THE
ESTABLISHMENT OF THE CEO'S COMPENSATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **ONEOC** Employer identification number: **95-2021700**

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | | | | |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (GIFT BASKETS) | X | 0 | 160,123. | FAIR MARKET VALUE |
| 26 | Other ▶ (_____) | | | | |
| 27 | Other ▶ (_____) | | | | |
| 28 | Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----------|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

ONEOC

Employer identification number

95-2021700

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EFFECTIVE AND EFFICIENT AS THEY ARE PASSIONATE ABOUT THEIR MISSIONS.

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

BUSINESS SERVICES: ONEOC OFFERS FISCAL SPONSORSHIP SERVICES FOR

COMMUNITY INITIATIVE PROJECTS OF FOUNDATIONS, PHILANTHROPIC

COLLABORATIONS, AND SOCIAL ENTREPRENEURS WHO WANT FISCAL SPONSORSHIP

INCLUDING NONPROFIT INCUBATION. WE PROVIDE THE FINANCIAL, HUMAN

RESOURCES AND OTHER CORE FUNCTIONS TO COMMUNITY INITIATIVES THAT DO NOT

HAVE OR POSSIBLY WANT TO OBTAIN THEIR OWN APPROVED IRS NONPROFIT

STATUS. ONEOC IS LEGALLY AND FINANCIALLY RESPONSIBLE FOR ALL FISCAL

PROJECTS AND ACTIVITIES. AT THE END OF 2016, WE PROVIDED SERVICES TO

42 ACTIVE COMMUNITY INITIATIVES WHICH ALLOWED THEIR STAFF AND

VOLUNTEERS TO MORE EFFECTIVELY AND EFFICIENTLY CARRY OUT THEIR

MISSIONS. ONEOC ALSO BEGAN OFFERING GIVING SERVICES FOR COMPANIES THAT

WANT EASY WAYS TO IMPROVE THEIR PHILANTHROPY IN THE COMMUNITY, EITHER

BY ESTABLISHING A COMPANY FOUNDATION THROUGH A DONOR ADVISED FUND AT

ONEOC OR EMPOWERING THEIR EMPLOYEES TO GIVE BY USING CHARITABLE GIVING

CARDS.

EXPENSES \$ 8,821,909. INCL GRANTS OF \$ 5,418,519. REVENUE \$ 158,340.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE

AUDIT COMMITTEE. THE ORGANIZATION'S FINANCE DIRECTOR WORKS CLOSELY WITH

THE OUTSIDE ACCOUNTING FIRM IT ENGAGES TO REVIEW THE RETURN; AND THE FINAL

DRAFT OF FORM 990 IS ALSO REVIEWED BY THE CEO & COO PRIOR TO PROVIDING THE

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

ONEOC

Employer identification number

95-2021700

DRAFT TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE ALSO MET WITH THE ACCOUNTING FIRM HIRED TO PREPARE THE FORM 990. SUBSEQUENT TO ITS REVIEW, THE AUDIT COMMITTEE REPORTS BACK TO THE BOARD REGARDING ITS OVERSIGHT OF THE FORM 990 AND THE FINAL DRAFT IS PROVIDED TO THE ENTIRE VOTING BOARD BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ONEOC DOES HAVE A WRITTEN CONFLICT OF INTEREST POLICY ON FILE. THE BUSINESS AND FINANCE COMMITTEE OF THE BOARD IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS. PURSUANT TO THE CONFLICTS OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I.E., BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES). COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE. WHEN SOMEONE BECOMES A COVERED PERSON AND ANNUALLY THEREAFTER, EACH COVERED PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT HE/SHE: (1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY; AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICTS OF INTEREST QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE BUSINESS AND FINANCE COMMITTEE AND ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS ARE INFORMED VIA WRITTEN COMMUNICATION. THE PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD; (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION

Name of the organization

ONEOC

Employer identification number

95-2021700

OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING; (3) THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION; (4) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED; (5) ANY CONFLICTING ISSUES DURING THE COURSE OF A BOARD MEETING WHICH CANNOT BE RESOLVED IS REFERRED BACK TO THE BUSINESS AND FINANCE COMMITTEE; AND (6) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD ASSIGNS A STANDING GOVERNANCE COMMITTEE, COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHICH HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT, TO BE ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR THE CEO. THE COMMITTEE DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR THE CEO. THE COMMITTEE USES BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF THE CEO, I.E., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR SIMILAR JOB RESPONSIBILITIES AND THE ANNUAL COMPENSATION & BENEFIT GUIDE BY THE CENTER FOR NONPROFIT MANAGEMENT. THE COMMITTEE PRESENTS ITS REPORT TO THE BOARD OF DIRECTORS FOR A DISCUSSION WHICH IS DOCUMENTED IN THE BOARD MINUTES. A SIMILAR PROCESS TAKES PLACE BY THE CEO FOR EACH OF THE KEY OFFICERS AND HIGHLY COMPENSATED EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE

| | |
|-----------------------------------|--|
| Name of the organization ONEOC | Employer identification number 95-2021700 |
|-----------------------------------|--|

AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES IT FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|---|----------|
| EMANCIPATION TRANSFER OF ASSETS OF INTO OWN 501(C) EXEMPT ORGANIZATIONS | |
| TERRAMICA | -5,966. |
| SERVING KIDS HOPE | -42,062. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -48,028. |

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XI:

IN KEEPING WITH THE FISCAL SPONSOR MODEL WITHIN ONEOC BUSINESS SERVICES, AFTER GUIDANCE, TRAINING, AND EDUCATION ON HOW TO ADMINISTER A CHARITABLE ENTERPRISE, TWO FISCAL PROJECTS WERE ABLE TO FORM THEIR OWN 501(C)(3) EXEMPT ORGANIZATION AND BEGAN INDEPENDENT OPERATIONS. ON MAY 2, 2016, ONEOC COMPLETED IT'S INCUBATION OF THE FISCALLY SPONSORED PROJECT TERRAMICA. ON JULY 31, 2016, SERVING KIDS HOPE ALSO EMANCIPATED INTO THEIR OWN 501(C)(3) EXEMPT ORGANIZATION.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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 |
|--|--|--|
| File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. ONEOC | Employer identification number (EIN) or 95-2021700 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1901 E FOURTH STREET, NO. 100 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA ANA, CA 92705 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return 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 (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

VALERIE FRYER

• The books are in the care of ▶ **1901 E. FOURTH AVENUE, STE. 100 - SANTA ANA, CA 92705**
Telephone No. ▶ **(714) 953-5757** 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) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a 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. | 3a | \$ | 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. | 3b | \$ | 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. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

ONEOC
1901 E FOURTH STREET, NO. 100
SANTA ANA, CA 92705

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0500

FORM 199

ONEOC
1901 E FOURTH STREET, NO. 100
SANTA ANA, CA 92705

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

FORM RRF-1

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

| | | |
|--|--------------------------------|---|
| Corporation/Organization name ONEOC | | California corporation number 0363736 |
| Additional information. See instructions. | | FEIN 95-2021700 |
| Street address (suite or room) 1901 E FOURTH STREET, NO. 100 | | PMB no. |
| City SANTA ANA | State CA | ZIP code 92705 |
| Foreign country name | Foreign province/state/country | Foreign postal code |

| | |
|---|---|
| <p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p> |
|---|---|

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 | 2,330,397.00 |
| | 2 Gross dues and assessments from members and affiliates | 2 | 502,370.00 |
| | 3 Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 10,124,356.00 |
| | 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 \$50,000, see General Instruction B | 4 | 12,957,123.00 |
| | 5 Cost of goods sold | 5 | 00 |
| | 6 Cost or other basis, and sales expenses of assets sold | 6 | 484.00 |
| | 7 Total costs. Add line 5 and line 6 | 7 | 484.00 |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 12,956,639.00 |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 12,512,353.00 |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 444,286.00 |
| Filing Fee | 11 Total payments | 11 | 00 |
| | 12 Use tax. See General Instruction K | 12 | 00 |
| | 13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | 00 |
| | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | 00 |
| | 15 Filing fee \$10 or \$25. See General Instruction F | 15 | N/A 00 |
| 16 Penalties and Interest. See General Instruction J | 16 | 00 | |
| 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result | 17 | 00 | |

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 COO | Date _____ | Telephone 714-953-5757 |
| Paid Preparer's Use Only | Preparer's signature _____ | Date 10/27/17 | Check if self-employed <input type="checkbox"/> | PTIN P00969203 |
| | Firm's name (or yours, if self-employed) and address LINK, MURREL & COMPANY, LLP 18831 BARDEEN AVENUE, STE. 200 IRVINE, CA 92612-1520 | FEIN 33-0158349 | | |
| | Telephone (949) 261-1120 | | | |

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951 11-30-16

| | | | | | | |
|------------------------------------|-----------------------------------|--|---|-------------------|--------------|---------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 168,672.00 | |
| | 2 | Interest | • | 2 | 1,175.00 | |
| | 3 | Dividends | • | 3 | 00 | |
| | 4 | Gross rents | • | 4 | 00 | |
| | 5 | Gross royalties | • | 5 | 00 | |
| | 6 | Gross amount received from sale of assets (See Instructions) | STATEMENT 2 • | 6 | 0.00 | |
| | 7 | Other income | SEE STATEMENT 3 • | 7 | 2,160,550.00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | | 8 | 2,330,397.00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid | • | 9 | 5,419,618.00 | |
| | 10 | Disbursements to or for members | • | 10 | 00 | |
| | 11 | Compensation of officers, directors, and trustees | SEE STATEMENT 4 • | 11 | 418,102.00 | |
| | 12 | Other salaries and wages | • | 12 | 2,791,515.00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | 00 |
| | | 14 | Taxes | • | 14 | 231,870.00 |
| | | 15 | Rents | • | 15 | 423,250.00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 84,945.00 |
| | | 17 | Other Expenses and Disbursements | SEE STATEMENT 5 • | 17 | 3,143,053.00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | 12,512,353.00 |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|--|--------------|---------------------------|--------------|---------------------|------------|
| Assets | (a) | (b) | (c) | (d) | |
| 1 Cash | | 3,952,806. | | • | 3,644,095. |
| 2 Net accounts receivable | | 348,025. | | • | 378,700. |
| 3 Net notes receivable | | | | • | |
| 4 Inventories | | 2,062. | | • | 992. |
| 5 Federal and state government obligations | | | | • | |
| 6 Investments in other bonds | | | | • | |
| 7 Investments in stock | | | | • | |
| 8 Mortgage loans | | | | • | |
| 9 Other investments | | 252,873. | | • | 324,004. |
| 10 a Depreciable assets | 481,536. | | 521,160. | | |
| b Less accumulated depreciation | (266,237.) | 215,299. | (350,215.) | | 170,945. |
| 11 Land | | | | • | |
| 12 Other assets | STMT 6 | 586,412. | | • | 2,031,257. |
| 13 Total assets | | 5,357,477. | | | 6,549,993. |
| Liabilities and net worth | | | | | |
| 14 Accounts payable | | 526,740. | | • | 516,312. |
| 15 Contributions, gifts, or grants payable | | 563,200. | | • | 1,440,246. |
| 16 Bonds and notes payable | | | | • | |
| 17 Mortgages payable | | | | • | |
| 18 Other liabilities | STMT 7 | 63,886. | | | 93,427. |
| 19 Capital stock or principal fund | | | | • | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | • | |
| 21 Retained earnings or income fund | | 4,203,651. | | • | 4,599,909. |
| 22 Total liabilities and net worth | | 5,357,477. | | | 6,649,894. |

| 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 \$50,000. | | | |
| 1 Net income per books | • | 444,286. | 7 Income recorded on books this year not included in this return. |
| 2 Federal income tax | • | | • |
| 3 Excess of capital losses over capital gains | • | | 8 Deductions in this return not charged against book income this year |
| 4 Income not recorded on books this year | • | | • |
| 5 Expenses recorded on books this year not deducted in this return | • | | 9 Total. Add line 7 and line 8 |
| 6 Total. Add line 1 through line 5 | | 444,286. | 10 Net income per return. Subtract line 9 from line 6 |
| | | | 444,286. |

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|---|---|--------------|------------|
| ORANGE COUNTY UNITED WAY | 18012 MITCHELL AVE SO IRVINE, CA 92614 | 06/15/16 | 379,121. |
| THE CALIFORNIA ENDOWMENT | 1000 N ALAMEDA ST. LOS ANGELES, CA 90012 | 06/15/16 | 450,400. |
| THE SAMUELI FOUNDATION | 2101 EAST COAST HWY., STE 300 CORONA DEL MAR, CA 92625 | 06/15/16 | 459,000. |
| COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY | 11870 MONARCH STREET GARDEN GROVE, CA 92841 | 06/15/16 | 254,900. |
| COUNTY OF ORANGE - SOCIAL SERVICES AGENCY | 500 N. STATE COLLEGE BLVD. ORANGE, CA 92868 | 06/15/16 | 641,015. |
| NAPA COUNTY SCHOOLS | 2121 IMOLA AVE. NAPA, CA 94559 | 06/15/16 | 301,158. |
| MASIMO CORPORATION | 52 DISCOVERY IRVINE, CA 92618 | 06/15/16 | 2,000,000. |
| MEDTRONICS | 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MN 55432 | 06/15/16 | 1,000,000. |
| TOTAL INCLUDED ON LINE 3 | | | 5,485,594. |

| | | | |
|----------|----------------------------------|-----------|---|
| FORM 199 | GROSS AMOUNT FROM SALE OF ASSETS | STATEMENT | 2 |
|----------|----------------------------------|-----------|---|

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|---------------------------------|------------------------|--------------|--------------------|----------------------|
| | | | PURCHASED | |
| | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
| | 1,452. | 968. | 0. | 0. |
| TOTAL TO FORM 199, PAGE 2, LN 6 | 1,452. | 968. | 0. | 0. |

| | | | |
|----------|--------------|-----------|---|
| FORM 199 | OTHER INCOME | STATEMENT | 3 |
|----------|--------------|-----------|---|

| DESCRIPTION | AMOUNT |
|------------------------------------|------------|
| MISCELLANEOUS INCOME | 15,928. |
| SERVICE FEES | 2,144,622. |
| TOTAL TO FORM 199, PART II, LINE 7 | 2,160,550. |

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|---|------------------------------------|--------------|
| MCQUAID DANIEL J. 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | PRESIDENT & CEO 37.50 | 146,224. |
| QUINTANA KATHY 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | SECRETARY 3.00 | 0. |
| TILLOTSON MARK 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | TREASURER 3.00 | 0. |
| REINDL ROB 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | BOARD CHAIR 3.00 | 0. |
| COPLEY DAVID 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | VICE CHAIR-AUDIT 3.00 | 0. |
| DUNCAN PETER 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | VICE CHAIR-EXTERNAL AFFAIR 3.00 | 0. |
| HERD HEATHER 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | VICE CHAIR-BUSINESS/FINANC 3.00 | 0. |
| MEISTER GARY 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | VICE CHAIR-GOVERNANCE 3.00 | 0. |
| BANDA MELYSSA 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| BENJAMINS SHERRY 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| BLACK JEFF 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |

| | | |
|---|------------------|----|
| DIAZ REGINO 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| ESBER SUZANNE 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| EUSER ANDREW 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| FAWAZ BASSAM 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| FEUERBORN PAUL 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| HART TALLIA 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| HEDGES PAM 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| HOGAN JOHN 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| HURLEY BOB 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| KLIMOW KATE 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| MIER JAVIER 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| MIRMAN E. RICHARD 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| MISHRIKI JOSEPH 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |

| <u>ONEOC</u> | | <u>95-2021700</u> |
|---|------------------------------------|-------------------|
| OYLER TENNYSON 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| TALBOT TODD 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| VOGEDING STEVEN 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR 3.00 | 0. |
| POWERS BARBARA 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | CHIEF DEVELOPMENT OFFICER 37.50 | 0. |
| STRAUCH TIMOTHY 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | CHIEF OPERATING OFFICER 37.50 | 149,283. |
| FRYER VALERIE 1901 E FOURTH STREET, NO. 100 SANTA ANA, CA 92705 | DIRECTOR OF FINANCE 37.50 | 122,595. |
| TOTAL TO FORM 199, PART II, LINE 11 | | <u>418,102.</u> |

| <u>FORM 199</u> | <u>OTHER EXPENSES</u> | <u>STATEMENT</u> | <u>5</u> |
|---------------------------------------|-----------------------|-------------------|----------|
| <u>DESCRIPTION</u> | | <u>AMOUNT</u> | |
| INKIND SUPPLIES EXPENSE | | 160,123. | |
| TELEPHONE AND UTILITIES | | 83,483. | |
| DIRECT CLIENT CARE | | 71,998. | |
| BANK CHARGES | | 62,974. | |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | | 73,902. | |
| OTHER EMPLOYEE BENEFITS | | 327,565. | |
| MANAGEMENT FEES | | 957,830. | |
| LEGAL FEES | | 10,446. | |
| ACCOUNTING FEES | | 53,655. | |
| OTHER PROFESSIONAL FEES | | 251,527. | |
| ADVERTISING AND PROMOTION | | 113,573. | |
| OFFICE EXPENSES | | 585,887. | |
| TRAVEL | | 163,818. | |
| INSURANCE | | 26,170. | |
| ALL OTHER EXPENSES | | 200,102. | |
| TOTAL TO FORM 199, PART II, LINE 17 | | <u>3,143,053.</u> | |

| FORM 199 | OTHER ASSETS | STATEMENT | 6 |
|--|--------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| PLEDGES AND GRANTS RECEIVABLE | | 523,736. | 1,966,300. |
| PREPAID EXPENSES AND DEFERRED CHARGES | | 54,110. | 59,891. |
| DEPOSITS | | 8,566. | 5,066. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | | 586,412. | 2,031,257. |

| FORM 199 | OTHER LIABILITIES | STATEMENT | 7 |
|--|-------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| CAPITAL LEASE | | 10,364. | 7,185. |
| DEFERRED REVENUE | | 53,522. | 86,242. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | | 63,886. | 93,427. |

TAXABLE YEAR
2016

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|--------------------------|--------------------|
| Exempt Organization name | Identifying number |
| ONEOC | 95-2021700 |

Part I Electronic Return Information (whole dollars only)

| | |
|--|------------------------|
| 1 Total gross receipts (Form 199, line 4) | 1 12,957,123.00 |
| 2 Total gross income (Form 199, line 8) | 2 12,956,639.00 |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 12,512,353.00 |

Part II Settle Your Account Electronically for Taxable Year 2016

| | | |
|---|------------------|--|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|---|------------------|--|

Part III Banking Information (Have you verified the exempt organization's banking information?)

| | |
|-------------------------------|--|
| 5 Routing number _____ | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 6 Account number _____ | |

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

| | | | |
|------------------|----------------------|------|-------|
| Sign Here | | | |
| | Signature of officer | Date | Title |

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|----------------------|---|--|--|---|-----------------------------|
| ERO Must Sign | ERO's signature | Date _____ | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P00969203 |
| | Firm's name (or yours if self-employed) and address | LINK, MURREL & COMPANY, LLP | | | FEIN 33-0158349 |
| | | 18831 BARDEEN AVENUE, STE. 200 | | | ZIP code 92612-1520 |
| | | | IRVINE, CA | | |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|--------------------------------|---|--|---|---------------------------------------|
| Paid Preparer Must Sign | Paid preparer's signature | Date _____ | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN P00969203 |
| | Firm's name (or yours if self-employed) and address | LINK, MURREL & COMPANY, LLP | | |
| | | 18831 BARDEEN AVENUE, STE. 200 | | |
| | | | IRVINE, CA | |
| | | | FEIN 33-0158349 | |
| | | | ZIP code 92612-1520 | |

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

| | |
|---|--|
| State Charity Registration Number: CT 5730 ONEOC <small>Name of Organization</small> 1901 E FOURTH STREET, NO. 100 <small>Address (Number and Street)</small> SANTA ANA, CA 92705 <small>City or Town, State and ZIP Code</small> | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0363736</u> Federal Employer I.D. No. <u>95-2021700</u> |
|---|--|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2016 ending 12/31/2016) list:
 Gross annual revenue \$ 12,882,737. Total assets \$ 6,649,894.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 8 | X | |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 9 | X | |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | X |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | X | |

Organization's area code and telephone number (714) 953-5757

Organization's e-mail address VFRYER@ONEOC.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

TIMOTHY STRAUCH

COO

Signature of authorized officer

Printed Name

Title

Date

COMMUNITY ACTION PARTNERSHIP (LEAD AGENCY)
11870 MONARCH ST
GARDEN GROVE, CA 92841
BELINDA ONG

FEDERAL AFFORDABLE CARE ACT - MEDI-CAL OUTREACH, ENROLLMENT AND
RETENTION ACTIVITIES
OC SOCIAL SERVICES DEPT
888 N. MAIN ST
SANTA ANA, CA 92701-3518
ROSA RICA

US DEPT OF COMMERCE - UNALLIED MANAGEMENT PROJECTS/NOAA FISHERIES
NMFS, WEST COAST REGIONAL OFFICE
7600 SAND POINT WAY NE (BLDG 1)
SEATTLE, WA 98115
KIM RANESES

CNCS/OPR/CA VOLUNTEERS/POINTS OF LIGHT - VOLUNTEER GENERATION FUND:
CVSEI HUBS (FRESNO)
CALIFORNIA VOLUNTEERS
1400 10TH STREET, SUITE 1160
SACRAMENTO, CA 95814
LEAH FARKAS

COUNTY OF ORANGE- SOCIAL SERVICES AGENCY
888 NORTH MAIN STREET
SANTA ANA, CA 92701
ROSA RICO (714) 245-6153

SANTA ANA UNIFIED SCHOOL DISTRICT
1601 E CHESTNUT AVE
SANTA ANA, CA 92701

CITY OF IRVINE
ONE CIVIC CENTER PLAZA
IRVINE, CA 92868
CORINNE SCHNEIDER-JONES (949) 724-6255

COUNTY OF ORANGE HEALTH CARE AGENCY
405 W 5TH STREET, 7TH FLOOR
SANTA ANA, CA 92701
MARK REFOWITZ

CALIFORNIA VOLUNTEERS
1110 K STREET
SACRAMENTO, CA 95814
KATHIE O'RAY

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

1505 EAST 17TH STREET, SUITE 230
SANTA ANA, CA 92705
SUSIE KIM (714) 567-0157

FORM RRF-1

EXPLANATION OF CHARITABLE RAFFLES
PART B, LINE 7

STATEMENT 9

AGGREGATE GROSS RECEIPTS FROM RAFFLE: \$67,624
AGGREGATE DIRECT COSTS INCURRED: \$ 0
RAFFLE DATES: 4/14/2016, 4/21/2016, 4/22/2016, 6/4/2016, 10/16/2016
AND 10/22/2016

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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 | |
|----------------------|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
| | ONEOC | 95-2021700 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN) |
| | 1901 E FOURTH STREET, NO. 100 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | SANTA ANA, CA 92705 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return 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 (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

VALERIE FRYER

• The books are in the care of ▶ **1901 E. FOURTH AVENUE, STE. 100 - SANTA ANA, CA 92705**
Telephone No. ▶ **(714) 953-5757** 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) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a 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. | 3a | \$ | 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. | 3b | \$ | 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. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

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

OMB No. 1545-0047

2016
Open to Public Inspection

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 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

| | | |
|---|--|--|
| <p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <p>C Name of organization ONEOC</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1901 E FOURTH STREET 100</p> <p>City or town, state or province, country, and ZIP or foreign postal code SANTA ANA, CA 92705</p> <p>F Name and address of principal officer: TIMOTHY STRAUCH SAME AS C ABOVE</p> | <p>D Employer identification number 95-2021700</p> <p>E Telephone number (714) 953-5757</p> <p>G Gross receipts \$ 12,957,123.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p> |
| <p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>J Website: ▶ WWW.ONEOC.ORG</p> <p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p> <p>L Year of formation: 1958 M State of legal domicile: CA</p> | | |

| Part I Summary | | | | |
|------------------------------------|--|---|--|-------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: FULL SERVICE, NONPROFIT RESOURCE CENTER WITH AN EXTENSIVE OFFERING OF INTEGRATED SERVICES. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 27 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 26 |
| | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 179 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 47865 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 6,641,612. | 10,626,726. |
| | 9 | Program service revenue (Part VIII, line 2g) | 2,205,889. | 2,144,622. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,506. | 691. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 67,005. | 110,698. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,916,012. | 12,882,737. |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,157,961. |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,044,652. | 3,769,052. |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 768,457. | | |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,108,267. | 3,249,781. |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,310,880. | 12,438,451. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 605,132. | 444,286. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 5,357,477. | 6,649,894. |
| | 21 | Total liabilities (Part X, line 26) | 1,153,826. | 2,049,985. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 4,203,651. | 4,599,909. |

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 TIMOTHY STRAUCH, COO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name CRAIG W. MURREL | Preparer's signature |
| | Firm's name ▶ LINK, MURREL & COMPANY, LLP | Date 10/27/17 |
| | Firm's address ▶ 18831 BARDEEN AVENUE, STE. 200 IRVINE, CA 92612-1520 | Check if self-employed <input type="checkbox"/> PTIN P00969203 |
| | | Firm's EIN ▶ 33-0158349 |
| | | Phone no. (949) 261-1120 |

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ONEOC'S MISSION IS TO ACCELERATE NONPROFIT SUCCESS WITH FUNDING FROM PUBLIC AND PRIVATE SOURCES. ONEOC DELIVERS THE FOLLOWING FOUR SERVICES: VOLUNTEER SERVICES, TRAINING SERVICES, CONSULTING SERVICES AND BUSINESS SERVICES. WE HELP ORANGE COUNTY'S NONPROFITS BECOME AS

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 [X] 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 [X] 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 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 \$ 1,831,286. including grants of \$ 1,099.) (Revenue \$ 1,679,349.) VOLUNTEER SERVICES: CONNECTING NONPROFITS WITH VOLUNTEERS IS WHAT WE'VE DONE FOR 56 YEARS. IT'S WHAT WE DO, WHAT WE ARE, HOW WE LIVE. DURING 2016, ONEOC CONNECTED 47,865 INDIVIDUAL, FAMILY AND CORPORATE VOLUNTEERS IN SERVICE, DELIVERING 1,041,872 HOURS TO NONPROFITS VALUED AT \$28.7 MILLION TO OUR COMMUNITIES.

4b (Code:) (Expenses \$ 357,915. including grants of \$) (Revenue \$ 109,067.) TRAINING SERVICES: WE TRAIN HUNDREDS OF ORGANIZATIONS, THEIR STAFFS AND VOLUNTEERS IN OUR SEMINARS, WEBINARS AND TRAINING SESSIONS EVERY YEAR. WE IMPROVED THE SKILLS OF 1,525 NONPROFIT BOARDS, EXECUTIVES, STAFF AND VOLUNTEERS THROUGH QUALITY, AFFORDABLE EDUCATIONAL EXPERIENCES IN BOARD EXCELLENCE, MARKETING, FUNDRAISING, VOLUNTEER MANAGEMENT, LEADERSHIP DEVELOPMENT AND NONPROFIT OPERATIONS.

4c (Code:) (Expenses \$ 177,544. including grants of \$) (Revenue \$ 197,866.) CONSULTING SERVICES: WE USED A COLLABORATIVE APPROACH TO HELP 40 NONPROFITS ACCELERATE THEIR SUCCESS THROUGH A POOL OF 11 AFFILIATED EXPERT CONSULTANTS WHO SPECIALIZE IN PLANNING AND EVALUATION, ORGANIZATIONAL DEVELOPMENT, BOARD EXCELLENCE, FINANCE AND HUMAN RESOURCES, LEADERSHIP ADVANCEMENT, AND FUNDRAISING AND MARKETING.

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,821,909. including grants of \$ 5,418,519.) (Revenue \$ 158,340.)

4e Total program service expenses 11,188,654.

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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | 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? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | 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? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> | | 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? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-questions for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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 or note to any line 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. | | |
| | 1a 27 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 26 | | |
| 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? | | |
| 10b | | | |
| 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? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | 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 take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

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 Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records: **VALERIE FRYER - (714) 953-5757**
1901 E. FOURTH AVENUE, STE. 100, SANTA ANA, CA 92705

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

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 organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MCQUAID DANIEL J. PRESIDENT & CEO | 37.50 | X | | X | | | | 219,648. | 0. | 13,356. |
| (2) QUINTANA KATHY SECRETARY | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (3) TILLOTSON MARK TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (4) REINDL ROB BOARD CHAIR | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (5) COPLEY DAVID VICE CHAIR-AUDIT | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (6) DUNCAN PETER VICE CHAIR-EXTERNAL AFFAIRS | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (7) HERD HEATHER VICE CHAIR-BUSINESS/FINANCE | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (8) MEISTER GARY VICE CHAIR-GOVERNANCE | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (9) BANDA MELYSSA DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (10) BENJAMINS SHERRY DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (11) BLACK JEFF DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (12) DIAZ REGINO DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (13) ESBER SUZANNE DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (14) EUSER ANDREW DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (15) FAWAZ BASSAM DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (16) FEUERBORN PAUL DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (17) HART TALLIA DIRECTOR | 3.00 | 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 (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) HEDGES PAM DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (19) HOGAN JOHN DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (20) HURLEY BOB DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (21) KLIMOW KATE DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (22) MIER JAVIER DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (23) MIRMAN E. RICHARD DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (24) MISHRIKI JOSEPH DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (25) OYLER TENNYSON DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| (26) TALBOT TODD DIRECTOR | 3.00 | X | | | | | 0. | 0. | 0. | |
| 1b Sub-total | | | | | | | 219,648. | 0. | 13,356. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 404,666. | 0. | 23,066. | |
| d Total (add lines 1b and 1c) | | | | | | | 624,314. | 0. | 36,422. | |

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 **4**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|--|---|---------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 502,370. | | | | |
| | c Fundraising events | 1c | 289,510. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 2,052,309. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,782,537. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 160,123. | | | | |
| | h Total. Add lines 1a-1f | | 10,626,726. | | | | |
| Program Service Revenue | 2 a SERVICE FEES | Business Code | | | | | |
| | | 900099 | 2,144,622. | 2,144,622. | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 2,144,622. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,175. | | | 1,175. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | | 484. | | | |
| | | c Gain or (loss) | | -484. | | | |
| | d Net gain or (loss) | | -484. | | | -484. | |
| | 8 a Gross income from fundraising events (not including \$ 289,510. of contributions reported on line 1c). See Part IV, line 18 | a | 168,672. | | | | |
| | | b Less: direct expenses | b | 73,902. | | | |
| c Net income or (loss) from fundraising events | | | 94,770. | | | 94,770. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a MISCELLANEOUS INCOME | 900099 | 15,928. | | | 15,928. | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 15,928. | | | | | |
| 12 Total revenue. See instructions. | | 12,882,737. | 2,144,622. | 0. | 111,389. | | |

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 | 5,419,618. | 5,419,618. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 418,102. | 233,832. | 133,092. | 51,178. |
| 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 | 2,791,515. | 2,294,011. | 150,870. | 346,634. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 327,565. | 254,561. | 43,498. | 29,506. |
| 10 Payroll taxes | 231,870. | 186,200. | 19,049. | 26,621. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 957,830. | 940,585. | 7,206. | 10,039. |
| b Legal | 10,446. | 10,446. | | |
| c Accounting | 53,655. | 31,678. | 9,352. | 12,625. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 251,527. | 208,650. | 10,872. | 32,005. |
| 12 Advertising and promotion | 113,573. | 29,088. | 56. | 84,429. |
| 13 Office expenses | 585,887. | 547,331. | 14,938. | 23,618. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 423,250. | 356,703. | 27,573. | 38,974. |
| 17 Travel | 163,818. | 138,437. | 14,360. | 11,021. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 84,945. | 54,456. | 12,722. | 17,767. |
| 23 Insurance | 26,170. | 16,997. | 3,727. | 5,446. |
| 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 INKIND SUPPLIES EXPENSE | 160,123. | 140,066. | | 20,057. |
| b TELEPHONE AND UTILITIES | 83,483. | 70,768. | 5,102. | 7,613. |
| c DIRECT CLIENT CARE | 71,998. | 71,998. | | |
| d BANK CHARGES | 62,974. | 49,384. | 4,891. | 8,699. |
| e All other expenses | 200,102. | 133,845. | 24,032. | 42,225. |
| 25 Total functional expenses. Add lines 1 through 24e | 12,438,451. | 11,188,654. | 481,340. | 768,457. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 2,707,003. | 1 | 2,397,420. |
| | 2 Savings and temporary cash investments | 1,245,803. | 2 | 1,246,675. |
| | 3 Pledges and grants receivable, net | 523,736. | 3 | 1,966,300. |
| | 4 Accounts receivable, net | 348,025. | 4 | 378,700. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other 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 instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 2,062. | 8 | 992. |
| | 9 Prepaid expenses and deferred charges | 54,110. | 9 | 59,891. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 521,160. | | |
| | b Less: accumulated depreciation | 10b 350,215. | 215,299. | 10c 170,945. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | 252,873. | 13 | 423,905. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 8,566. | 15 | 5,066. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,357,477. | 16 | 6,649,894. | |
| Liabilities | 17 Accounts payable and accrued expenses | 526,740. | 17 | 516,312. |
| | 18 Grants payable | 563,200. | 18 | 1,440,246. |
| | 19 Deferred revenue | 53,522. | 19 | 86,242. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 10,364. | 25 | 7,185. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,153,826. | 26 | 2,049,985. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,219,476. | 27 | 1,337,074. |
| | 28 Temporarily restricted net assets | 2,984,175. | 28 | 3,262,835. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 4,203,651. | 33 | 4,599,909. | |
| 34 Total liabilities and net assets/fund balances | 5,357,477. | 34 | 6,649,894. | |

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 | 12,882,737. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,438,451. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 444,286. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,203,651. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -48,028. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 4,599,909. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" 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. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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 | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 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 | X | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 10 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|------------|------------|------------|------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,935,153. | 5,491,447. | 5,253,244. | 6,684,760. | 10,626,726. | 32,991,330. |
| 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 | 2,023,424. | 2,217,332. | 1,875,361. | 2,205,889. | 2,313,294. | 10,635,300. |
| 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 | 6,958,577. | 7,708,779. | 7,128,605. | 8,890,649. | 12,940,020. | 43,626,630. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | 2,157,583. | 1,646,877. | 1,713,876. | 2,096,637. | 4,280,967. | 11,895,940. |
| c Add lines 7a and 7b | 2,157,583. | 1,646,877. | 1,713,876. | 2,096,637. | 4,280,967. | 11,895,940. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 31,730,690. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|------------|------------|------------|------------|-------------|-------------|
| 9 Amounts from line 6 | 6,958,577. | 7,708,779. | 7,128,605. | 8,890,649. | 12,940,020. | 43,626,630. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,061. | 2,357. | 1,796. | 1,506. | 1,175. | 9,895. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 3,061. | 2,357. | 1,796. | 1,506. | 1,175. | 9,895. |
| 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 VI.) | 9,087. | 27,995. | 4,414. | 23,857. | 15,928. | 81,281. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 6,970,725. | 7,739,131. | 7,134,815. | 8,916,012. | 12,957,123. | 43,717,806. |

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 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | 72.58 % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | 70.44 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | .02 % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | .04 % |

19a 33 1/3% support tests - 2016. 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 - 2015. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|--|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

ONEOC

Employer identification number

95-2021700

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| | |
|--|---|
| Name of organization ONEOC | Employer identification number 95-2021700 |
|--|---|

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>379,121.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>450,400.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>459,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>254,900.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>641,015.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>301,158.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization ONEOC | Employer identification number 95-2021700 |
|--|---|

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ <u>2,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization ONEOC | Employer identification number 95-2021700 |
|--|---|

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|--|---|
| Name of organization ONEOC | Employer identification number 95-2021700 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization ONEOC **Employer identification number** 95-2021700

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|---|
| 1 Total number at end of year | 13 | |
| 2 Aggregate value of contributions to (during year) | 3,596,012. | |
| 3 Aggregate value of grants from (during year) | 2,496,111. | |
| 4 Aggregate value at end of year | 1,099,901. | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on 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 XIII, 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

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 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" on 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 XIII 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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:

| | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | | | | |
| c Leasehold improvements | | 11,352. | 5,052. | 6,300. |
| d Equipment | | 509,808. | 345,163. | 164,645. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 170,945. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) INVESTMENT POOLS | 423,905. | END-OF-YEAR MARKET VALUE |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 423,905. | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE | 7,185. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 7,185. |

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 13,057,732. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | 174,511. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 484. |
| e | Add lines 2a through 2d | 2e | 174,995. |
| 3 | Subtract line 2e from line 1 | 3 | 12,882,737. |
| 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 XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 12,882,737. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 12,613,446. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 174,511. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 484. |
| e | Add lines 2a through 2d | 2e | 174,995. |
| 3 | Subtract line 2e from line 1 | 3 | 12,438,451. |
| 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 XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 12,438,451. |

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ONEOC FOLLOWS THE PROVISIONS OF FASB ASC 740 WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A NONPUBLIC ENTITY'S FINANCIAL STATEMENTS. IT DETAILS HOW ENTITIES SHOULD RECOGNIZE, MEASURE, PRESENT, AND DISCLOSE UNCERTAIN TAX POSITIONS THAT HAVE BEEN OR ARE EXPECTED TO BE TAKEN. AS SUCH, FINANCIAL STATEMENTS WILL REFLECT EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE POSITION AND ALL RELEVANT FACTS. THERE WAS NO IMPACT TO ONEOC'S FINANCIAL STATEMENTS AS A RESULT OF FASB ASC 740. ONEOC'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE YEARS ENDED DECEMBER 31, 2013 THROUGH 2016 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Part XIII Supplemental Information (continued)

ONEOC'S CALIFORNIA FORM 199, CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN, FOR THE YEARS ENDED DECEMBER 31, 2012 THROUGH 2016 ARE SUBJECT TO EXAMINATION BY THE CALIFORNIA FRANCHISE TAX BOARD, GENERALLY FOUR YEARS AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSITION OF FIXED ASSETS 484.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSITION OF FIXED ASSETS 484.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|---|--------------|------------------------|--|
| | | SPIRIT OF VOLUNTEERISM (event type) | (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 458,182. | | 458,182. |
| | 2 | Less: Contributions | 289,510. | | 289,510. |
| | 3 | Gross income (line 1 minus line 2) | 168,672. | | 168,672. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 38,532. | | 38,532. |
| | 7 | Food and beverages | 35,370. | | 35,370. |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 94,770. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **ONEOC** Employer identification number **95-2021700**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| FRIENDS OF FAMILY HEALTH CENTER 501 S. IDAHO ST. LA HABRA, CA 90631 | 27-1316512 | 501(C)(3) | 12,698. | 0. | | | HEALTH & EDUCATION SERVICES |
| LUCILLE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVE., STE. 240 - PALO ALTO, CA 94301 | 77-0440090 | 501(C)(3) | 200,000. | 0. | | | CANCER RESEARCH |
| PATIENT SAFETY MOVEMENT FOUNDATION 52 DISCOVERY IRVINE, CA 92618 | 46-2730379 | 501(C)(3) | 3,099,901. | 0. | | | HEALTH & EDUCATION SERVICES |
| ACCESS CALIFORNIA SERVICES 631 BROOKHURST ST. STE. 107 ANAHEIM, CA 92804 | 33-0826205 | 501(C)(3) | 11,766. | 0. | | | HEALTH & EDUCATION SERVICES |
| ALTAMED 2040 CAMFIELD AVE. LOS ANGELES, CA 90040 | 95-2810095 | 501(C)(3) | 52,444. | 0. | | | HEALTH & EDUCATION SERVICES |
| ST. BALDRICK'S FOUNDATION 3720 STEPHAN M WHITE DR SAN PEDRO, CA 90731 | 33-0585381 | 501(C)(3) | 25,000. | 0. | | | CANCER RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **52.**

3 Enter total number of other organizations listed in the line 1 table **10.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY - 1505 E. 17TH ST. STE. 230 - SANTA ANA, CA 92705 | 47-5394284 | GOVERNMENT | 5,000. | 0. | | | HEALTH & EDUCATION SERVICES |
| WEILL CORNELL BRAIN & SPINE 525 E. 68TH ST., BOX 99 NEW YORK, NY 10065 | 13-6094042 | 501(C)(3) | 50,000. | 0. | | | CANCER RESEARCH |
| SOUTHERN CALIFORNIA GRANTMAKERS 1000 N. ALAMEDA ST. STE. 230 LOS ANGELES, CA 90012 | 95-2831058 | 501(C)(3) | 5,100. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMAKING |
| ENTRUSTED LEGACY 7850 WHITE LANE, STE. E-150 BAKERSFIELD, CA 93309 | 27-2049633 | 501(C)(3) | 11,000. | 0. | | | EDUCATION |
| CIBAC'S FOUNDATION 21400 MAGNOLIA ST HUNTINGTON BEACH, CA 92646 | 33-0723897 | 501(C)(3) | 8,884. | 0. | | | EDUCATION |
| 2-1-1 ORANGE COUNTY P. O. BOX 10473 SANTA ANA, CA 92711 | 33-0063532 | 501(C)(3) | 65,367. | 0. | | | HUMAN SERVICES |
| CHARITABLE VENTURES OF ORANGE COUNTY - 1505 E. 17TH ST. STE. 101 - SANTA ANA, CA 92705 | 20-8756660 | 501(C)(3) | 187,174. | 0. | | | HEALTH AND EDUCATION SERVICES |
| THE JOYFUL CHILD P. O. BOX 12680 WESTMINSTER, CA 92685 | 55-0794474 | 501(C)(3) | 7,500. | 0. | | | EDUCATION |
| TACKETT SERVICE DOGS P. O. BOX 2461 ORANGE, CA 92859 | 46-2275762 | CORPORATION | 147,304. | 0. | | | TRAINING |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| JESSIE REES FOUNDATION P. O. BOX 80667 RANCHO SANTA MARGARITA, CA 92688 | 45-1836440 | 501(C)(3) | 11,020. | 0. | | | HUMAN SERVICES |
| THE SAN DIEGO FOUNDATION 25058 HISTORIC DECATUR, SUITE 200 SAN DIEGO, CA 92106 | 95-2942582 | 501(C)(3) | 33,525. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMANKING |
| WILLOW INTERNATIONAL 337 N. CLARK ST. ORANGE, CA 92868 | 35-2534806 | 501(C)(3) | 17,775. | 0. | | | FOREIGN AFFAIRS |
| ANAHEIM CITY SCHOOL DISTRICT 101 S. EAST ST. ANAHEIM, CA 92805 | 95-6000119 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |
| ASSISTANCE LEAGUE OF CAPISTRANO VALLEY - 526 N. EL CAMINO REAL - SAN CLEMENTE, CA 92672 | 95-3201899 | 501(C)(3) | 5,000. | 0. | | | HUMAN SERVICES |
| BOYS HOPE GIRLS HOPE 12120 BRIDGETON SQUARE DR BRIDGETON, MO 63044 | 51-0182614 | 501(C)(3) | 10,500. | 0. | | | CHILDREN'S AND YOUTH SERVICES |
| BUENA PARK SCHOOL DISTRICT 6885 ORANGETHORPE AVE BUENA PARK, CA 90620 | 46-0681058 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |
| CAL STATE FULLERTON PHILANTHROPIC FOUNDATION - 2600 NUTWOOD AVE. CP500-13 - FULLERTON, CA 92831 | 33-0567945 | 501(C)(3) | 10,000. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMAKING |
| COALITION OF ORANGE COUNTY COMMUNITY CLINICS - 17701 COWAN AVENUE SUITE 220 - IRVINE, CA 92614-6057 | 95-2900725 | 501(C)(3) | 175,000. | 0. | | | HEALTH AND EDUCATION SERVICES |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COMMUNITY HEALTHY INITIATIVE OF ORANGE COUNTY - 1505 E. 17TH STREET, SUITE 121 - SANTA ANA, CA 92705 | 47-2671013 | 501(C)(3) | 339,147. | 0. | | | HEALTH & EDUCATION SERVICES |
| CYPRESS SCHOOL DISTRICT 9470 MOODY ST CYPRESS, CA 90630 | 33-0365485 | GOVERNMENT | 8,500. | 0. | | | EDUCATION |
| DREAMS FOR SCHOOLS 16381 SCIENTIFIC WAY IRVINE, CA 92618 | 36-4683422 | 501(C)(3) | 34,653. | 0. | | | ARTS, CULTURE, HUMANITY |
| EARTHHEART C/O INQUIRING SYSTEMS INC. - PO BOX 2037 - SONOMA, CA 95476 | 94-2524840 | 501(C)(3) | 6,435. | 0. | | | ANIMALS & EDUCATION |
| ENVISION EXCELLENCE IN STEM EDUCATION - 2108 LAMBERTON ROAD - CLEVELAND HEIGHTS, CA 44118 | 20-8622102 | 501(C)(3) | 15,620. | 0. | | | EDUCATION |
| FOOD FINDERS 3744 N. INDUSTRY AVE. SUITE 401 LAKEWOOD, CA 90712 | 33-0412749 | 501(C)(3) | 23,242. | 0. | | | FOOD BANK, FOOD PANTRIES |
| FOUNTAIN VALLEY SCHOOL DISTRICT 10055 SLATER AVE. FOUNTAIN VALLEY, CA 92708 | 95-3794172 | GOVERNMENT | 8,500. | 0. | | | EDUCATION |
| FULLERTON SCHOOL DISTRICT EDUCATIONAL FOUNDATION - PO BOX 5317 - FULLERTON, CA 92838 | 33-0755742 | 501(C)(3) | 5,000. | 0. | | | EDUCATION |
| ILLUMINATION FOUNDATION 2691 RICHTER AVE #107 IRVINE, CA 92606 | 71-1047686 | 501(C)(3) | 5,270. | 0. | | | HUMAN SERVICES |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| INTERVENTION CENTER FOR EARLY CHILDHOOD - 17461 DERIAN AVE. SUITE 114 - IRVINE, CA 92614 | 95-3850651 | 501(C)(3) | 5,000. | 0. | | | DISEASE, DISORDERS, MEDICAL DISCIPLINES |
| JAMBOREE HOUSING CORPORATION 17701 COWAN AVENUE SUITE 220 IRVINE, CA 92614 | 33-0413518 | 501(C)(3) | 14,006. | 0. | | | HOUSING DEVELOPMENT CONSTRUCTION MANAGEMENT |
| KIDS CONNECTED 26071 MERIT CIRCLE, SUITE 103 LAGUNA HILLS, CA 92653 | 33-0754654 | 501(C)(3) | 5,000. | 0. | | | HUMAN SERVICES |
| KIDSWORKS 1902 W CHESTNUT AVE SANTA ANA, CA 92703 | 74-3081569 | 501(C)(3) | 7,500. | 0. | | | HEALTH & EDUCATION SERVICES |
| LAUREL HOUSE ONE HOPE DRIVE TUSTIN, CA 92782 | 33-0098433 | 501(C)(3) | 6,500. | 0. | | | HOUSING |
| MUSEUM OF HERITAGE AND AVIATION FOUNDATION - 2233 WOODBLUFF RD - LAKE FOREST, CA 92630 | 45-4782811 | 501(C)(3) | 10,449. | 0. | | | ARTS, CULTURE, HUMANITY |
| NEMA DBA PROVISIONAL BRIDGE PO BOX 337 TALLULAH FALLS, GA 30573 | 27-4357830 | 501(C)(3) | 36,690. | 0. | | | PHILANTHROPY, VOLUNTARISM & GRANTMAKING |
| OCEAN INSTITUTE 24200 DANA POINT HARBOR DR. DANA POINT, CA 92629 | 33-0203488 | 501(C)(3) | 6,570. | 0. | | | EDUCATION |
| OCEAN VIEW SCHOOL DISTRICT 4200 OLDS ROAD OXNARD, CA 93033 | 95-6002237 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ORANGEWOOD CHILDREN'S FOUNDATION 1575 E 17TH STREET SANTA ANA, CA 92705 | 95-3616628 | 501(C)(3) | 7,830. | 0. | | | HUMAN SERVICES |
| ORANGE COUNTY DEPARTMENT OF EDUCATION - PO BOX 9050 - COSTA MESA, CA 92628 | 95-6000943 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |
| ORANGE COUNTY EDUCATION & RESEARCH INSTITUTE - 2 PARK PLAZA - IRVINE, CA 92614-8561 | 95-3851959 | 501(C)(3) | 5,000. | 0. | | | EDUCATION |
| ORANGE COUNTY RONALD MCDONALD HOUSE - 4560 FOUNTAIN AVENUE - LOS ANGELES, CA 90029 | 95-3167869 | 501(C)(3) | 15,695. | 0. | | | HUMAN SERVICES |
| ORANGE ELDERLY SERVICES 170 S. OLIVE ST ORANGE, CA 92866 | 33-0035445 | 501(C)(3) | 5,515. | 0. | | | HUMAN SERVICES |
| ORANGE UNIFIED SCHOOL DISTRICT 1401 N. HANDY ST ORANGE, CA 92867 | 95-6004968 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |
| PEDIATRIC BRAIN TUMOR RESEARCH FUND - PO BOX 9784 - SEATTLE, WA 98109 | 75-3202608 | 501(C)(3) | 25,000. | 0. | | | RESEARCH |
| PROJECT ACCESS 3900 BIRCH STREET #113 NEWPORT BEACH, CA 92660 | 33-0834635 | 501(C)(3) | 7,500. | 0. | | | FAMILY SERVICES |
| PROJECT TOMORROW 15707 ROCKFIELD BLVD, SUITE 250 IRVINE, CA 92618 | 95-4581958 | 501(C)(3) | 6,500. | 0. | | | FAMILY SERVICES |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| SANTA ANA UNIFIED SCHOOL DISTRICT 1601 EAST CHESTNUT AVENUE SANTA ANA, CA 92701-6322 | 95-6002823 | GOVERNMENT | 5,000. | 0. | | | EDUCATION |
| SERVING KIDS HOPE 2100 W ALTON AVE STE 2 SANTA ANA, CA 92704 | 47-1518476 | 501(C)(3) | 187,055. | 0. | | | HUMAN SERVICES |
| SPARKHOUSE 2850 REDHILL AVE., SUITE 140 SANTA ANA, CA 92705 | 27-0870113 | 501(C)(3) | 6,000. | 0. | | | EDUCATION |
| SPECIAL OLYMPICS ORANGE COUNTY 1600 FORBES WAY, SUITE 200 LONG BEACH, CA 90810 | 95-4538450 | 501(C)(3) | 6,500. | 0. | | | RECREATION, SPORTS, LEISURE |
| TALLER SAN JOSE 801 N BROADWAY SANTA ANA, CA 92701 | 59-3816355 | 501(C)(3) | 12,500. | 0. | | | TRAINING |
| THE LITERACY PROJECT 124 TUSTIN AVE., SUITE 103 NEWPORT BEACH, CA 92663 | 33-0395322 | 501(C)(3) | 6,500. | 0. | | | EDUCATION |
| TIGER WOOD FOUNDATION ONE TIGER WOODS WAY ANAHEIM, CA 92801 | 20-0677815 | 501(C)(3) | 75,000. | 0. | | | EDUCATION |
| UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013 | 95-1709293 | 501(C)(3) | 37,100. | 0. | | | TEMPORARY SHELTER FOR THE HOMELESS |
| VETERANS TRANSITION SUPPORT 1716 NISSON RD #C TUSTIN, CA 92780 | 47-1391543 | 501(C)(3) | 8,000. | 0. | | | EMPLOYMENT |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ONEOC ESTABLISHED A DIRECT SPONSORSHIP MODEL WHEREBY ONEOC IS SOLELY RESPONSIBLE FOR EACH PROJECT ("GRANTEE" ORGANIZATION). THE PROJECT'S ASSETS ARE THE PROPERTY OF ONEOC AND THE LIABILITIES ARE THE OBLIGATIONS OF ONEOC. ONEOC IS THE EMPLOYER OF RECORD FOR ANY EMPLOYEES ASSIGNED TO THE PROJECTS AND ACTS AS THE PRINCIPAL FOR SUBSTANTIALLY ALL OF THE TRANSACTIONS INCLUDING RECEIPT OF CASH FOR THE FISCAL SPONSORED PROJECTS OR THEIR ACTIVITIES AS WELL AS RECORDING RELATED INCOME AND EXPENSES, ALL OF WHICH ARE INCLUDED IN THE CENTER'S FINANCIAL STATEMENTS AND TAX RETURNS. EACH OF

Part IV Supplemental Information

THE FISCALLY SPONSORED PROJECTS HAVE AN ADVISORY BODY THAT DECIDES WHICH CHARITIES SHALL RECEIVE THE NET PROCEEDS FROM THE EVENT. THE ADVISORY BODY THEN REQUESTS TO RELEASE THE FUNDS AS DIRECTED BY THE MISSION OF THE PROJECT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ONEOC

Employer identification number

95-2021700

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| | | |
| 1b | | |
| 2 | | |
| | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| 7 | | X |
| | | |
| 8 | | X |
| | | |
| 9 | | |

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MCQUAID DANIEL J. PRESIDENT & CEO | (i) | 153,145. | 43,003. | 23,500. | 0. | 13,356. | 233,004. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) STRAUCH TIMOTHY CHIEF OPERATING OFFICER | (i) | 134,502. | 15,323. | 18,000. | 0. | 7,128. | 174,953. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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.

PART I, LINE 3:

IN ADDITION TO THE BOXES CHECKED, SEE EXPLANATION FOR FORM 990, PART VI,
SECTION B, LINE 15 (SCHEDULE O) FOR FURTHER EXPLANATION REGARDING THE
ESTABLISHMENT OF THE CEO'S COMPENSATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **ONEOC** Employer identification number: **95-2021700**

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | | | | |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (GIFT BASKETS) | X | 0 | 160,123. | FAIR MARKET VALUE |
| 26 | Other ▶ (_____) | | | | |
| 27 | Other ▶ (_____) | | | | |
| 28 | Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----------|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

ONEOC

Employer identification number

95-2021700

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EFFECTIVE AND EFFICIENT AS THEY ARE PASSIONATE ABOUT THEIR MISSIONS.

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

BUSINESS SERVICES: ONEOC OFFERS FISCAL SPONSORSHIP SERVICES FOR

COMMUNITY INITIATIVE PROJECTS OF FOUNDATIONS, PHILANTHROPIC

COLLABORATIONS, AND SOCIAL ENTREPRENEURS WHO WANT FISCAL SPONSORSHIP

INCLUDING NONPROFIT INCUBATION. WE PROVIDE THE FINANCIAL, HUMAN

RESOURCES AND OTHER CORE FUNCTIONS TO COMMUNITY INITIATIVES THAT DO NOT

HAVE OR POSSIBLY WANT TO OBTAIN THEIR OWN APPROVED IRS NONPROFIT

STATUS. ONEOC IS LEGALLY AND FINANCIALLY RESPONSIBLE FOR ALL FISCAL

PROJECTS AND ACTIVITIES. AT THE END OF 2016, WE PROVIDED SERVICES TO

42 ACTIVE COMMUNITY INITIATIVES WHICH ALLOWED THEIR STAFF AND

VOLUNTEERS TO MORE EFFECTIVELY AND EFFICIENTLY CARRY OUT THEIR

MISSIONS. ONEOC ALSO BEGAN OFFERING GIVING SERVICES FOR COMPANIES THAT

WANT EASY WAYS TO IMPROVE THEIR PHILANTHROPY IN THE COMMUNITY, EITHER

BY ESTABLISHING A COMPANY FOUNDATION THROUGH A DONOR ADVISED FUND AT

ONEOC OR EMPOWERING THEIR EMPLOYEES TO GIVE BY USING CHARITABLE GIVING

CARDS.

EXPENSES \$ 8,821,909. INCL GRANTS OF \$ 5,418,519. REVENUE \$ 158,340.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE

AUDIT COMMITTEE. THE ORGANIZATION'S FINANCE DIRECTOR WORKS CLOSELY WITH

THE OUTSIDE ACCOUNTING FIRM IT ENGAGES TO REVIEW THE RETURN; AND THE FINAL

DRAFT OF FORM 990 IS ALSO REVIEWED BY THE CEO & COO PRIOR TO PROVIDING THE

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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DRAFT TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE ALSO MET WITH THE ACCOUNTING FIRM HIRED TO PREPARE THE FORM 990. SUBSEQUENT TO ITS REVIEW, THE AUDIT COMMITTEE REPORTS BACK TO THE BOARD REGARDING ITS OVERSIGHT OF THE FORM 990 AND THE FINAL DRAFT IS PROVIDED TO THE ENTIRE VOTING BOARD BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ONEOC DOES HAVE A WRITTEN CONFLICT OF INTEREST POLICY ON FILE. THE BUSINESS AND FINANCE COMMITTEE OF THE BOARD IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS. PURSUANT TO THE CONFLICTS OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I.E., BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES). COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE. WHEN SOMEONE BECOMES A COVERED PERSON AND ANNUALLY THEREAFTER, EACH COVERED PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT HE/SHE: (1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY; AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICTS OF INTEREST QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE BUSINESS AND FINANCE COMMITTEE AND ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS ARE INFORMED VIA WRITTEN COMMUNICATION. THE PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD; (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION

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OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING; (3) THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION; (4) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED; (5) ANY CONFLICTING ISSUES DURING THE COURSE OF A BOARD MEETING WHICH CANNOT BE RESOLVED IS REFERRED BACK TO THE BUSINESS AND FINANCE COMMITTEE; AND (6) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD ASSIGNS A STANDING GOVERNANCE COMMITTEE, COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHICH HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT, TO BE ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR THE CEO. THE COMMITTEE DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR THE CEO. THE COMMITTEE USES BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF THE CEO, I.E., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR SIMILAR JOB RESPONSIBILITIES AND THE ANNUAL COMPENSATION & BENEFIT GUIDE BY THE CENTER FOR NONPROFIT MANAGEMENT. THE COMMITTEE PRESENTS ITS REPORT TO THE BOARD OF DIRECTORS FOR A DISCUSSION WHICH IS DOCUMENTED IN THE BOARD MINUTES. A SIMILAR PROCESS TAKES PLACE BY THE CEO FOR EACH OF THE KEY OFFICERS AND HIGHLY COMPENSATED EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE

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|-----------------------------------|--|
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AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES IT FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|---|----------|
| EMANCIPATION TRANSFER OF ASSETS OF INTO OWN 501(C) EXEMPT ORGANIZATIONS | |
| TERRAMICA | -5,966. |
| SERVING KIDS HOPE | -42,062. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -48,028. |

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XI:

IN KEEPING WITH THE FISCAL SPONSOR MODEL WITHIN ONEOC BUSINESS SERVICES, AFTER GUIDANCE, TRAINING, AND EDUCATION ON HOW TO ADMINISTER A CHARITABLE ENTERPRISE, TWO FISCAL PROJECTS WERE ABLE TO FORM THEIR OWN 501(C)(3) EXEMPT ORGANIZATION AND BEGAN INDEPENDENT OPERATIONS. ON MAY 2, 2016, ONEOC COMPLETED IT'S INCUBATION OF THE FISCALLY SPONSORED PROJECT TERRAMICA. ON JULY 31, 2016, SERVING KIDS HOPE ALSO EMANCIPATED INTO THEIR OWN 501(C)(3) EXEMPT ORGANIZATION.