

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning** 10/01 , 2008, and ending 9/30 , 2009

|  |   |  |   |
|--|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C</b><br>FOUNDATION FOR THE GREAT PARK<br>7290 TRABUCO RD, BLDG ONE<br>IRVINE, CA 92618 | <b>D</b> Employer identification number<br>91-2080343<br><b>E</b> Telephone number<br>949-653-1775<br><b>F</b> Group Exemption Number ..... ▶ |
|--|---|--|---|

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ ORANGECOUNTYGREATPARK.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Organization type** (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 808,087.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|   |   |           |          |  |
|---|---|-----------|----------|--|
|   | 1 Contributions, gifts, grants, and similar amounts received .....  | 1         | 767,652. |  |
|   | 2 Program service revenue including government fees and contracts .....   | 2         |          |  |
|   | 3 Membership dues and assessments .....   | 3         |          |  |
|   | 4 Investment income .....   | 4         | 2,647.   |  |
| REVENUE   | 5a Gross amount from sale of assets other than inventory .....  | 5a        |          |  |
|   | b Less: cost or other basis and sales expenses .....  | 5b        |          |  |
|   | c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch) .....   | 5c        |          |  |
|   | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> .....        |           |          |  |
|   | a Gross revenue (not including \$ 202,128. of contributions reported on line 1) .....   | 6a        | 37,788.  |  |
| b Less: direct expenses other than fundraising expenses .....                                   | 6b  | 37,788.   |          |  |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) ..... | 6c  |           |          |  |
| 7a Gross sales of inventory, less returns and allowances .....                                  | 7a  |           |          |  |
| b Less: cost of goods sold .....  | 7b  |           |          |  |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....          | 7c  |           |          |  |
| 8 Other revenue (describe ▶ .....   | 8   |           |          |  |
|   | 9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) .....  | 9         | 770,299. |  |
| EXPENSES  | 10 Grants and similar amounts paid (attach schedule) .....  | 10        | 330,000. |  |
|   | 11 Benefits paid to or for members .....  | 11        |          |  |
|   | 12 Salaries, other compensation, and employee benefits .....  | 12        | 167,506. |  |
|   | 13 Professional fees and other payments to independent contractors .....  | 13        | 79,929.  |  |
|   | 14 Occupancy, rent, utilities, and maintenance .....  | 14        | 1,132.   |  |
|   | 15 Printing, publications, postage, and shipping .....  | 15        |          |  |
|   | 16 Other expenses (describe ▶ SEE STATEMENT 2 .....   | 16        | 358,248. |  |
| 17 <b>Total expenses</b> (add lines 10 through 16) .....  | 17  | 936,815.  |          |  |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....                        | 18  | -166,516. |          |  |
| ASSETS  | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) ..... | 19        | 568,318. |  |
|   | 20 Other changes in net assets or fund balances (attach explanation) .....  | 20        |          |  |
|   | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 .....  | 21        | 401,802. |  |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments .....   | 443,944.              | 282,592.        |
| 23 Land and buildings .....   | 23                    |                 |
| 24 Other assets (describe ▶ SEE STATEMENT 3 .....   | 134,596.              | 125,655.        |
| 25 <b>Total assets</b> .....  | 578,540.              | 408,247.        |
| 26 <b>Total liabilities</b> (describe ▶ SEE STATEMENT 4 .....                               | 10,222.               | 6,445.          |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) ..... | 568,318.              | 401,802.        |

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.**

Form **990-EZ** (2008)



**Part V Other Information** (Note the statement requirement in General Instruction V.)

|     |   | Yes | No |
|-----|---|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. . . . .   |     | X  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes . . . . .  | X   |    |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.   |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .  |     | X  |
| b   | If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .   |     |    |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N. . . . .   |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. . . . . ▶ <b>37a</b>   0.   |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .   |     | X  |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .              |     | X  |
| b   | If 'Yes,' complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b>   N/A  |     |    |
| 39  | 501(c)(7) organizations. Enter:   |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>   N/A   |     |    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>   N/A  |     |    |
| 40a | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.   |     |    |
| b   | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I. . . . . |     | X  |
| c   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶ 0.  |     |    |
| d   | Enter amount of tax on line 40c reimbursed by the organization. . . . . ▶ 0.  |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. . . . .   |     | X  |
| 41  | List the states with which a copy of this return is filed ▶ CA  |     |    |

**42a** The books are in care of ▶ CONWAY FINANCIALS Telephone no. ▶ 949-497-6010  
 Located at ▶ 611 LOMBARDY, LAGUNA BEACH, CA ZIP + 4 ▶ 92651

|  |  | Yes | No |
|--|--|-----|----|
| b  | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . |     | X  |
|  | If 'Yes,' enter the name of the foreign country: . . . ▶ _____   |     |    |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b> |  |     |    |
| c  | At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .   |     | X  |
|  | If 'Yes,' enter the name of the foreign country: . . . ▶ _____   |     |    |

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ **43** | N/A

|    |   | Yes | No |
|----|---|-----|----|
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .  |     | X  |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . . |     | X  |

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 9

|   | Yes | No |
|---|-----|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I..... |     | X  |
| <b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....   | X   |    |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....   |     | X  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....   |     | X  |
| <b>49b</b> If 'Yes,' was the related organization(s) a section 527 organization?.....   |     |    |

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| Total number of other employees paid over \$100,000..... ▶     |  |                  |   |  |

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each independent contractor paid more than \$100,000  | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of other independent contractors receiving over \$100,000..... ▶ |                     |                  |

**Sign Here**

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.

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

|   |   |   |  |
|---|---|---|--|
| Preparer's signature ▶  | Date  | Check if self-employed ▶ <input type="checkbox"/> | Preparer's Identifying Number (See instructions) N/A |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | CANGELOSI & HOLMES, INC., CPAS<br>17702 IRVINE BLVD, SUITE 200<br>TUSTIN, CA 92780-3238 |   |  |
|   | EIN ▶   | N/A   |  |
|   | Phone no. ▶   | (714) 832-9832                                    |  |

May the IRS discuss this return with the preparer shown above? See instructions..... ▶  Yes  No

**BAA** Form 990-EZ (2008)



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total  |
|--|----------|----------|----------|----------|----------|------------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)   | 191,504. | 700,783. | 770,882. | 571,490. | 767,652. | 3,002,311. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.   |          |          |          |          |          | 0.         |
| <b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. |          |          |          |          |          | 0.         |
| <b>4 Total.</b> Add lines 1-3.   | 191,504. | 700,783. | 770,882. | 571,490. | 767,652. | 3,002,311. |
| <b>5</b> 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).          |          |          |          |          |          | 1,100,194. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 1,902,117. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008  | (f) Total                |
|---|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4.   | 191,504. | 700,783. | 770,882. | 571,490. | 767,652.  | 3,002,311.               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  | 2,019.   | 6,727.   | 16,540.  | 11,037.  | 2,647.    | 38,970.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.  |          |          |          |          |           | 0.                       |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |           | 0.                       |
| <b>11 Total support.</b> Add lines 7 through 10.  |          |          |          |          |           | 3,041,281.               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions).  |          |          |          |          | <b>12</b> | 0.                       |
| <b>13 First five years.</b> 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**

|  |           |                                     |
|--|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).  | <b>14</b> | 62.5%                               |
| <b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f.  | <b>15</b> | 62.0%                               |
| <b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶  |           | <input checked="" type="checkbox"/> |
| <b>b 33-1/3 support test – 2007.</b> 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"/>            |
| <b>17a 10%-facts-and-circumstances test – 2008.</b> 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test – 2007.</b> 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> 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 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . .  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .         |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .   |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1-5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons. . . . .   |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . . |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b. . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .                   | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .                      | <b>18</b> | % |

**19a 33-1/3 support tests – 2008.** 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 – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ and 990-PF**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

Name of the organization

FOUNDATION FOR THE GREAT PARK

Employer identification number

91-2080343

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules** –

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

FOUNDATION FOR THE GREAT PARK

91-2080343

**Part I Contributors** (see instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|---------------|-----------------------------------|--------------------------------|--|
| 1             | -----<br>-----<br>-----           | \$ 175,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2             | -----<br>-----<br>-----           | \$ 26,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3             | -----<br>-----<br>-----           | \$ 37,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4             | -----<br>-----<br>-----           | \$ 37,615.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5             | -----<br>-----<br>-----           | \$ 15,595.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6             | -----<br>-----<br>-----           | \$ 330,000.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|   |  |
|---|--|
| Name of organization<br>FOUNDATION FOR THE GREAT PARK | Employer identification number<br>91-2080343 |
|---|--|

**Part II** Noncash Property (see instructions.)

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 4                         | RENT   | \$ 37,615.                                     | 9/30/09              |
| 5                         | LEGAL SVCS                                   | \$ 15,595.                                     | 9/30/09              |
| 6                         | 5000 CITRUS TREES                            | \$ 330,000.                                    | 3/18/09              |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |

Name of organization

Employer identification number

FOUNDATION FOR THE GREAT PARK

91-2080343

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        | N/A                    |                    |  |
|                        |                        |                    |  |
|                        |                        |                    |  |

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

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

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

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

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

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

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

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

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **To be completed by organizations described below.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**

CMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

**If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization<br><b>FOUNDATION FOR THE GREAT PARK</b> | Employer identification number<br><b>91-2080343</b> |
|--|---|

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If 'Yes,' describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's own internal funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|---|---|
|          |             |         |   |   |
|          |             |         |   |   |
|          |             |         |   |   |
|          |             |         |   |   |
|          |             |         |   |   |
|          |             |         |   |   |
|          |             |         |   |   |
|          |             |         |   |   |
|          |             |         |   |   |
|          |             |         |   |   |

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and 'limited control' provisions apply.

| Limits on Lobbying Expenditures –<br>(The term 'expenditures' means amounts paid or incurred.)  |  | (a) Filing organization's totals | (b) Affiliated group totals                              |
|---|--|----------------------------------|--|
| 1 a   | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |                                  |  |
| b   | Total lobbying expenditures to influence a legislative body (direct lobbying) .....    | 60,000.                          |  |
| c   | Total lobbying expenditures (add lines 1a and 1b) .....                                | 60,000.                          | 0.   |
| d   | Other exempt purpose expenditures .....  | 876,815.                         |  |
| e   | Total exempt purpose expenditures (add lines 1c and 1d) .....                          | 936,815.                         | 0.   |
| f   | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 165,522.                         |  |
| If the amount on line 1e, column (a) or (b) is <b>The lobbying nontaxable amount is:</b><br>Not over \$500,000      20% of the amount on line 1e.<br>Over \$500,000 but not over \$1,000,000      \$100,000 plus 15% of the excess over \$500,000.<br>Over \$1,000,000 but not over \$1,500,000      \$175,000 plus 10% of the excess over \$1,000,000.<br>Over \$1,500,000 but not over \$17,000,000      \$225,000 plus 5% of the excess over \$1,500,000.<br>Over \$17,000,000      \$1,000,000. |  |                                  |  |
| g   | Grassroots nontaxable amount (enter 25% of line 1f) .....                              | 41,381.                          | 0.   |
| h   | Subtract line 1g from line 1a. Enter -0- if line g is more than line a .....           | 0.                               | 0.   |
| i   | Subtract line 1f from line 1c. Enter -0- if line f is more than line c .....           | 0.                               | 0.   |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   |  |                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period            |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                     | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2a Lobbying non-taxable amount .....                            |          |          | 123,918. | 165,522. | 289,440.  |
| b Lobbying ceiling amount (150% of line 2a, column (e)) .....   |          |          |          |          | 434,160.  |
| c Total lobbying expenditures .....                             |          |          | 60,000.  | 60,000.  | 120,000.  |
| d Grassroots non-taxable amount .....                           |          |          | 30,980.  | 41,381.  | 72,361.   |
| e Grassroots ceiling amount (150% of line 2d, column (e)) ..... |          |          |          |          | 108,542.  |
| f Grassroots lobbying expenditures .....                        |          |          |          |          | 0.        |

BAA

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |     |    |        |
| <b>c</b> Media advertisements?   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?   |     |    |        |
| <b>i</b> Other activities? If 'Yes,' describe in Part IV   |     |    |        |
| <b>j</b> Total lines 1c through 1i   |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     |    |        |
| <b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912   |     |    |        |
| <b>c</b> If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |     |    |        |

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                     | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | <b>2</b> |    |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? | <b>3</b> |    |

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question 3 is answered 'Yes.'** See Schedule C Instructions for details.

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |           |  |
| <b>a</b> Current year   | <b>2a</b> |  |
| <b>b</b> Carryover from last year   | <b>2b</b> |  |
| <b>c</b> Total  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  | <b>5</b>  |  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| REVENUE         | (a) Event #1   | (b) Event #2          | (c) Other Events | (d) Total Events                |
|-----------------|--|-----------------------|------------------|---------------------------------|
|                 | JEWEL / GARDEN<br>(event type)                               | (event type)          | (total number)   | (Add col. (a) through col. (c)) |
| 1               | Gross receipts   | 239,916.              |                  | 239,916.                        |
| 2               | Less: Charitable contributions                               | 202,128.              |                  | 202,128.                        |
| 3               | Gross revenue (line 1 minus line 2)                          | 37,788.               |                  | 37,788.                         |
| DIRECT EXPENSES | 4  | Cash prizes           |                  |                                 |
|                 | 5  | Non-cash prizes       |                  |                                 |
|                 | 6  | Rent/facility costs   | 37,788.          | 37,788.                         |
|                 | 7  | Other direct expenses |                  |                                 |
| 8               | Direct expense summary. Add lines 4- through 7 in column (d) |                       |                  | 37,788.                         |
| 9               | Net income summary. Combine lines 3 and 8 in column (d)      |                       |                  |                                 |

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

| REVENUE         | (a) Bingo  | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming  |
|-----------------|--|---|---|---|
|                 | (Add col. (a) through col. (c))                                |   |   |   |
| 1               | Gross revenue  |   |   |   |
| DIRECT EXPENSES | 2  | Cash prizes   |   |   |
|                 | 3  | Non-cash prizes   |   |   |
|                 | 4  | Rent/facility costs   |   |   |
|                 | 5  | Other direct expenses   |   |   |
| 6               | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)    |   |   |   |
| 8               | Net gaming income summary. Combine lines 1 and 7 in column (d) |   |   |   |

|  | YES | NO |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____   |     |    |
| a Is the organization licensed to operate gaming activities in each of these states? .....   | 9a  |    |
| b If 'No,' Explain:<br>-----<br>-----  |     |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....   | 10a |    |
| b If 'Yes,' Explain:<br>-----<br>-----   |     |    |
| 11 Does the organization operate gaming activities with nonmembers? .....  | 11  |    |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ..... | 12  |    |

|  |            | YES        | NO |
|--|------------|------------|----|
| <b>13</b> Indicate the percentage of gaming activity operated in:  |            |            |    |
| <b>a</b> The organization's facility. ....   | <b>13a</b> | %          |    |
| <b>b</b> An outside facility. ....   | <b>13b</b> | %          |    |
| <b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:  |            |            |    |
| Name: ▶ -----  |            |            |    |
| Address: ▶ -----   |            |            |    |
| <b>15a</b> Does the organization have a contact with a third party from whom the organization receives gaming revenue? .....   |            | <b>15a</b> |    |
| <b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.                                 |            |            |    |
| <b>c</b> If 'Yes,' enter name and address:   |            |            |    |
| Name: ▶ -----  |            |            |    |
| Address: ▶ -----   |            |            |    |
| <b>16</b> Gaming manager information   |            |            |    |
| Name: ▶ -----  |            |            |    |
| Gaming manager compensation ▶ \$ _____   |            |            |    |
| Description of services provided: ▶ -----  |            |            |    |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor  |            |            |    |
| <b>17</b> Mandatory distributions  |            |            |    |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....  |            | <b>17a</b> |    |
| <b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____ |            |            |    |

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: RESTR USE OC GREAT PARK  
 DONEE'S NAME: ORANGE COUNTY GREAT PARK  
 IRVINE, CA  
 DESCRIPTION OF PROPERTY: 5000 CITRUS TREES  
 DATE OF GIFT: 4/29/2009  
 FAIR MARKET VALUE: \$ 330,000.  
 METHOD USED TO DETERMINE FMV: COST

**STATEMENT 2  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

|                                    |    |                 |
|------------------------------------|----|-----------------|
| DEPRECIATION .....                 | \$ | 3,862.          |
| INSURANCE .....                    |    | 8,907.          |
| MEETINGS & FORUMS .....            |    | 17,101.         |
| MISCELLANEOUS .....                |    | 1,537.          |
| OFFICE EXPENSES .....              |    | 11,921.         |
| PLANNED GIVING .....               |    | 1,500.          |
| PROMOTIONAL ITEMS .....            |    | 853.            |
| PUBLIC EDUCATION .....             |    | 159,285.        |
| SPECIAL EVENT INDIRECT COSTS ..... |    | 148,644.        |
| TELEPHONE & UTILITIES .....        |    | 2,893.          |
| TRAVEL .....                       |    | 1,745.          |
| TOTAL                              | \$ | <u>358,248.</u> |

**STATEMENT 3  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

|   | <u>BEGINNING</u>   | <u>ENDING</u>      |
|---|--------------------|--------------------|
| FURNITURE AND FIXTURES .....                | \$ 2,513.          | \$ 2,001.          |
| MACHINERY AND EQUIPMENT .....               | 5,430.             | 3,051.             |
| MISCELLANEOUS .....                         | 7,771.             | 6,800.             |
| PLEDGES AND GRANTS RECEIVABLE .....         | 111,738.           | 109,011.           |
| PREPAID EXPENSES AND DEFERRED CHARGES ..... | 7,144.             | 4,792.             |
| TOTAL                                       | <u>\$ 134,596.</u> | <u>\$ 125,655.</u> |

**STATEMENT 4  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

|   | <u>BEGINNING</u>  | <u>ENDING</u>    |
|---|-------------------|------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES ..... | \$ 9,697.         | \$ 5,920.        |
| AMTS HELD FOR OTHERS .....                  | 525.              | 525.             |
| TOTAL                                       | <u>\$ 10,222.</u> | <u>\$ 6,445.</u> |

2/10/10

03:27PM

**STATEMENT 5  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO OPERATE AS AN ALL-INCLUSIVE, PUBLIC BENEFIT CORPORATION ENGAGED IN ACTIVITIES TO GENERATE AND MAINTAIN PUBLIC AND PRIVATE SUPPORT THROUGHOUT ORANGE COUNTY AND BEYOND FOR THE DEVELOPMENT AND OPERATION OF THE ORANGE COUNTY GREAT PARK.

**STATEMENT 6  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

PUBLIC INFORMATION & EVENT SUPPORT - PROVIDED INFORMATION ABOUT THE GREAT PARK TO RESIDENTS OF OC AND BEYOND THROUGH A VARIETY OF MEDIA & PUBLIC PRESENTATIONS - MAINTAINED A WEB SITE TO INFORM THE PUBLIC ABOUT THE DEVELOPMENT OF THE GREAT PARK AND PUBLISHED OTHER PUBLIC INFORMATION MATERIALS TO SUPPORT A COMMUNITY OUTREACH PROGRAM - SUPPORTED PARK EVENTS TARGETED TO OC RESIDENTS INCLUDING: GREAT SKATE, ANNUAL GREAT PARK ANNIVERSARY EVENT, GREAT PARK SUMMER CONCERT SERIES AND GREAT PARK PUMPKIN HARVEST -- \$58,101

FIRST MAJOR PROJECT - NATURE EDUCATION GARDEN SUCCESSFULLY COMPLETED INCUBATION OF ITS FIRST MAJOR PROJECT, THE CONSERVANCY GARDEN (RENAMED NATURE EDUCATION GARDEN) - SPONSORED A REQUIRED PRIORITY PROGRAM FEASIBILITY STUDY FOR THE GARDEN, WHICH WAS APPROVED BY THE PARK BOARD - THE STUDY IS ALSO THE SOURCE DOCUMENT FOR STATE AND FEDERAL GRANT APPLICATIONS FOR THIS PROJECT -- \$100,000

**STATEMENT 7  
FORM 990-EZ, PART III, LINE 30  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

CITRUS TREES FOR THE GREAT PARK - IN FURTHERANCE OF THE CONSERVANCY'S NON-PROFIT PURPOSES, THE CONSERVANCY FACILITATED A DONATION OF 5,000 CITRUS TREES TO THE ORANGE COUNTY GREAT PARK - PROVIDED THE 5,000 TREES TO THE CITY OF IRVINE/ORANGE COUNTY GREAT PARK CORPORATION FOR USE IN THE GREAT PARK AT SITES INCLUDING THE GREAT PARK CITRUS ORCHARD -- \$330,000

PROGRAM SERVICE ALLOCATION OF EVENT COSTS - THE CONSERVANCY HOSTS AN ANNUAL "FRIEND RAISER/FUND RAISER" EVENT - THE JEWEL OF ORANGE COUNTY - TO PROMOTE THE GREAT PARK - ALSO HOSTED A GARDEN LUNCHEON TO EDUCATE PARTICIPANTS ABOUT THE IMPORTANCE OF PUBLIC GARDENS, AND TO RAISE PUBLIC AWARENESS FOR TWO IMPORTANT PARK FEATURES - THE NATURE EDUCATION GARDEN AND THE BOTANICAL GARDEN -- \$74,051

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FOUNDATION FOR THE GREAT PARK

91-2080343

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**STATEMENT 8  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| <u>NAME AND ADDRESS</u>                               | <u>TITLE AND<br/>AVERAGE HOURS<br/>PER WEEK DEVOTED</u> | <u>COMPEN-<br/>SATION</u> | <u>CONTRI-<br/>BUTION TO<br/>EBP &amp; DC</u> | <u>EXPENSE<br/>ACCOUNT/<br/>OTHER</u> |
|---|---|---------------------------|---|---------------------------------------|
| MICHAEL D. RAY<br>7290 TRABUCO RD<br>IRVINE, CA 92618 | DIRECTOR<br>5.00  | \$ 0.                     | \$ 0.   | \$ 0.                                 |
| DAVID HOROWITZ<br>SAME                                | VICE CHAIR<br>5.00                                      | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |
| MARIAN BERGESON<br>SAME                               | CHAIRMAN<br>5.00  | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |
| JOHN KATKISH<br>SAME                                  | TREASURER<br>5.00                                       | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |
| FREDERICK THOMAS HUME<br>SAME                         | DIRECTOR<br>5.00  | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |
| ROBERT CURRIE<br>SAME                                 | SECRETARY<br>5.00                                       | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |
| JIM KIKTA<br>SAME                                     | DIRECTOR<br>5.00  | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |
| THOMAS H. NIELSEN<br>SAME                             | DIRECTOR<br>5.00  | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |
| TIM PAONE<br>SAME                                     | DIRECTOR<br>5.00  | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |
| SHEILA PETERSON<br>SAME                               | DIRECTOR<br>5.00  | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |
| ALLAN GIBSON<br>SAME                                  | DIRECTOR<br>5.00  | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |
| JAMES "WALKIE" RAY<br>SAME                            | DIRECTOR<br>5.00  | 0.                        | 0.  | 0.                                    |
| '   |   |                           |   |                                       |

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FOUNDATION FOR THE GREAT PARK

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STATEMENT 8 (CONTINUED)  
 FORM 990-EZ, PART IV  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS          | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|---------------------------|--|-------------------|----------------------------------|------------------------------|
| JOHN SULLIVAN<br>SAME     | DIRECTOR<br>5.00                               | \$ 0.             | \$ 0.                            | \$ 0.                        |
| '                         |  |                   |                                  |                              |
| CAROL SIMON<br>SAME       | EXEC DIRECTOR<br>40.00                         | 78,000.           | 0.                               | 0.                           |
| '                         |  |                   |                                  |                              |
| JENNIFER WILSON<br>SAME   | ASSOC DIRECTOR<br>40.00                        | 58,500.           | 0.                               | 0.                           |
| '                         |  |                   |                                  |                              |
| GREG MACGILLIVRAY<br>SAME | DIRECTOR<br>5.00                               | 0.                | 0.                               | 0.                           |
| '                         |  |                   |                                  |                              |
| ROBERT MAGNUSON<br>SAME   | DIRECTOR<br>5.00                               | 0.                | 0.                               | 0.                           |
| '                         |  |                   |                                  |                              |
| DOUG NEFF<br>SAME         | DIRECTOR<br>5.00                               | 0.                | 0.                               | 0.                           |
| '                         |  |                   |                                  |                              |
| JANET RAY<br>SAME         | DIRECTOR<br>5.00                               | 0.                | 0.                               | 0.                           |
| '                         |  |                   |                                  |                              |
| TEDDIE RAY<br>SAME        | DIRECTOR<br>5.00                               | 0.                | 0.                               | 0.                           |
| '                         |  |                   |                                  |                              |
| BILL WITTE<br>SAME        | DIRECTOR<br>5.00                               | 0.                | 0.                               | 0.                           |
| '                         |  |                   |                                  |                              |
| KRIS ELFTMANN<br>SAME     | DIRECTOR<br>5.00                               | 0.                | 0.                               | 0.                           |
| '                         |  |                   |                                  |                              |
| MICHAEL ELLZEY<br>SAME    | EX-OFFICIO DIR<br>0                            | 0.                | 0.                               | 0.                           |
| '                         |  |                   |                                  |                              |
|                           | TOTAL  | \$ 136,500.       | \$ 0.                            | \$ 0.                        |

**STATEMENT 9  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO