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)

OMB No 1545-0047 2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For t	he 2004 calen	dar year, d	or tax year beg	inning 10,	/01	, 2004,	and e	ending	9/3			2005	
В									DE	mployer iden	tification Number			
	Address change Please use IRS label FOUNDATION FOR THE GREAT PARK							91-2080	343					
	N	ame change	or print or type. TILETTN CD 02790						elephone nun	nber				
	In	nitial return	See specific	fic						714-544	-5410			
	F	ınal return	instruc- tions.							ccounting nethod:	Cash 2	Accrual		
	A	mended return										Other (spe	ecify)	_
	☐ A	pplication pending	• Section	on 501(c)(3) org	anizations	and 4947(a)(1) nonexempt		H and I a	are not appli	cable to	section 527 o	organizations	
	charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).							ıp retur	n for affiliates	? Yes	X No			
G	Weh	site. ► ORAN	•	TYGREATPAI	•			- 1	H (b)	If 'Yes,' ente	r numb	er of affiliates	—	
			GLCOOM	TIGNEATIA	M. ONG			\dashv	H (c)	Are all affilia	ites inc	luded? .	Yes	No
J		nization type ck only one).	>	X 501(c)	3 ◀ (inse	ort no.)	4947(a)(1) or	527		(If 'No,' attac	ch a list	See instructi	ions)	
ĸ				nization's gross				1727				turn filed by a		
	\$25,0	000. The organ	nization ne	eed not file a re	turn with the	e IRS; but	if the organizati	on -	-	organization	covere	d by a group r	uling? Yes	X No
	recei	ived a Form 99 e states requi	90 Packag re a comp	e in the mail, it liete return	should file	a return wi	thout financial o			•	$\overline{}$	on Numbe		
_			<u> </u>			102 5	0.0			Check ►		•	tion is not requir	
L				b, 9b, and 10b to		► 193,5:		N = 1 =					990-EZ, or 990-F	⁷ F)
T _i a							ts or Fund B	salan	ces (S	See Instru	iction	s)		
	1		-	ants, and simila	r amounts r	eceived:			ı	1.01	F 0.4	, Frid		
		Direct public	• •		• •	•	••	1a		191,	, 504			
<u>م</u>		Indirect public Government			• • • • • •	•		1b 1c						
902		Total (add lines 1a through 1c) (ca			04. noncas							1 d	1.01	,504.
							tracts (from Pai	_				2	191	, 304.
T	3	Membership (· ·	es and con	tracts (Ironi Fai	it VII,	iiile 93	·) ·		3		
	4			I temporary cas		nts	• • •			• •		4	2	,019.
ZAZ	5		-	from securities						• ••		5	٤.	, 015.
-	_	Gross rents.			•		•	6a	i .		• •	ASSOCIAL S		·
3	b	Less: rental e	expenses					6b		-				
9	С	Net rental inc	ome or (lo	oss) (subtract li	ne 6b from	line 6a)						. 6c		
MCZE WAS THE	7			ne (describe		ĺ) 7		
₹.v	8a	Gross amoun	t from sale	es of assets oth	ner	(A) Securities			(B) Othe	r	272.00.00.00		
N N	-	than inventor						8a						
Ę	b	Less: cost or	other bas	ıs and sales ex	penses			8b						
	С	Gain or (loss) (at	ttach schedul	e)				8c						
	d			bine line 8c, co								. 8d		
	9	•		·	-	-	it is from gamin	ı g, che	eck her	re .►				
	а			ludıng \$		0	f contributions	1 .	1					
		reported on li				• • •		9a	 					
				other than fundi				9b						
				om special ever y, less returns			m line 9a)	1 10-	٠ .	• • • •		9c		
		Less: cost of		•	anu anowan	ces		10 a				- 14		
			-	u les of inventory (at	 tach schadula)	Countract line				***	-	10 c		
	11			art VII, line 103		(Subulact IIIIe	100 Holli lille 10a)	• •		•		11		··· <u>-</u>
	12			es 1d, 2, 3, 4, 5		9c. 10c. an	d DE	<u> </u>	\ /E-r			12	193	, 523.
_	13			line 44, colum					V Et	J		13		,741.
EXPENSES	14			ral (from line 4		C))	1,			72		. 14		,010.
E	15			44, column (D))	-		DEC	2 1	200	RS-0S		15		,759.
8 5	16			attach schedule						, S		16		
Š	17			nes 16 and 44,		<u> </u>	00	75,	1 11	-		17	277	,510.
Α	18			he year (subtra			UGL	ノニバ	<u>y,</u> U	1		10		,987.
N S E E T T	19			inces at beginn								. 19		,304.
	20			ssets or fund b								. 20		
S	21	Net assets or	fund bala	nces at end of	year (comb	ine lines 18	3, 19, and 20) .					21	90	,317.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

L	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
22	Grants and allocations (att sch)							
	(cash \$)				%	S. I. S.		
23	non-cash \$) Specific assistance to individuals (att sch)	22						
24	Benefits paid to or for members (att sch)	24						
25	Compensation of officers, directors, etc	25	70,200.	49,140.	21,060.			
26	Other salaries and wages	26	73,875.	61,233.	3,866.	8,776.		
27	Pension plan contributions	27						
28	Other employee benefits	28						
29	Payroll taxes	29						
30	Professional fundraising fees	30						
31	Accounting fees	31	4,250.		4,250.			
32	Legal fees	32	11,074.	4,762.	6,312.			
33	Supplies	33						
34	Telephone	34						
35 36	Postage and shipping Occupancy	35 36	17,348.	12,144.	5,204.			
37	Equipment rental and maintenance	37	17,340.	144.	5,204.			
38	Printing and publications.	38						
39	Travel	39	3,589.	2,871.	718.			
40	Conferences, conventions, and meetings	40	21,252.	13,911.	7,341.			
41	Interest	41	21/202.	10/511.	1,011.			
42	Depreciation, depletion, etc (attach schedule).	42	1,022.		1,022.			
43	Other expenses not covered above (itemize)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
a	SEE STATEMENT 1	43a	74,900.	35,680.	20,237.	18,983.		
Ŀ		43b			•			
c		43 c						
c		43 d						
6		43e						
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	277,510.	179,741.	70,010.	27,759.		
Join	Costs. Check If you are following	SOP 9						
	any joint costs from a combined education					► Yes X No		
	es,' enter (i) the aggregate amount of thes		costs \$; (ii) the a	mount allocated to Prog	ram services		
\$_	; (iii) the amount a	llocated	to Management and ge	eneral \$; and (iv) th	e amount allocated		
	indraising \$ III Statement of Program Ser	doo 4	o o o municipamento					
	t is the organization's primary exempt pur			NITT O		Drogram Carrian Evnanga		
All o	rganizations must describe their exempt pur	pose: ourbose	SEE STATEME e achievements in a clea	ar and concise manner.	State the number of	Program Service Expenses (Required for 501(c)(3) and		
clien	rganizations must describe their exempt p ts served, publications issued, etc. Discusons and 4947(a)(1) nonexempt charitable	ss achi	evements that are not n	neasurable. (Section 50)	1(c)(3) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)		
2	SEE STATEMENT 3		made also differ the anne	out of granto & anocati	one to others.)	optional for others)		
•				·				
				· 				
			(Grants and	allocations \$)	179,741.		
Ŀ								
			(Grants and	l allocations \$				
•	;							
(Grants and allocations \$)								
(d							
	(Grants and allocations \$							
	Other program services			l allocations \$)			
	Total of Program Service Expenses (sh	ould ed		·	▶	179,741.		

Part IV Balance Sheets (See Instructions)

Note	e: \	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	4	5 Cash – non-interest-bearing	175,093.	45	92,343.
	4	6 Savings and temporary cash investments		46	
		, ,			
	4	7a Accounts receivable 47a			
		b Less: allowance for doubtful accounts		47 c	
- 1	4	8a Pledges receivable 48a		\$ 1	
		b Less allowance for doubtful accounts 48b		48 c	
	4	9 Grants receivable		49	
ASSETS	5	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
Ē	5	1 a Other notes & loans receivable (attach sch)			
Ś		b Less: allowance for doubtful accounts 51 b		51 c	
	5	2 Inventories for sale or use		52	
	5	Prepaid expenses and deferred charges		53	
	5	4 Investments – securities (attach schedule) ▶ Cost FMV		54	
	5	5a Investments – land, buildings, & equipment: basis 55a		andrije L	
		b Less: accumulated depreciation (attach schedule)		55 c	
	50	5 Investments – other (attach schedule)		56	
		7a Land, buildings, and equipment: basis 57a 5,109.	-		
		b Less: accumulated depreciation (attach schedule) STATEMENT 4 57b 1,533.	4,598.	57 c	3,576.
	58			58	
	59		179,691.	59	95,919.
	60		5,387.	60	5,602.
Ļ	6	Grants payable	•	61	
À	62	2 Deferred revenue		62	
L-AB-L-T-ES	63	3 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
Ţ	64	4a Tax-exempt bond liabilities (attach schedule)		64 a	
<u>į</u>		b Mortgages and other notes payable (attach schedule)		64 b	
5	6	5 Other liabilities (describe ►).		65	
		Total liabilities (add lines 60 through 65)	5,387.	66	5,602.
,	Orga	anizations that follow SFAS 117, check here ► X and complete lines 67			
Ĕ		through 69 and lines 73 and 74.			
1	67		174,304.	67	90,317.
ASSETS	68	. ,		68	
Ĭ	69	· · · · · · · · · · · · · · · · · · ·		69	
Q (Orga	anizations that do not follow SFAS 117, check here and complete lines			
	_	70 through 74.			
FUZD	_	Capital stock, trust principal, or current funds		70	
	7	,,,		71	
<u>֚֡</u> ֜֝֝֡֓֞֝֝	7:	Retained earnings, endowment, accumulated income, or other funds		72	
BALAZCEN		Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	174,304.	73	90,317.
	74	4 Total liabilities and net assets/fund balances (add lines 66 and 73)	179,691.	74	95,919.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Pa	Reconciliation of Reven Financial Statements wi per Return (See instruct	ith Revenue	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return				
а	Total revenue, gains, and other support per audited financial statements	a 193,523.	a	Total expenses and financial statements	losses per audited	277,510.	
b	Amounts included on line a but not on line 12, Form 990:		b	Amounts included o on line 17, Form 99			
(1)	Net unrealized gains on investments \$		(1) Donated serv- ices and use of facilities \$	**************************************		
(2)	Donated services and use of facilities \$		(2	Prior year adjust- ments reported on line 20, Form 990 \$			
(3)	Recoveries of prior year grants . \$		(3	Losses reported on line 20, Form 990 \$			
(4)	Other (specify):		(4) Other (specify):	34		
	s					.	
	Add amounts on lines (1) through (4)	b		Add amounts on lines (1)	through (4).		
C	Line a minus line b	c 193,523.	С	Line a minus line b	▶ с	277,510.	
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included or Form 990 but not on	n line 17, n line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		(1	Investment expenses not included on line 6b, Form 990 \$			
(2)	Other (specify):		(2)	Other (specify)	7.50		
	\$			s			
	Add amounts on lines (1) and (2)	d		Add amounts on line	es (1) and (2) b d		
e	Total revenue per line 12, Form 990 (line c plus line d)	e 193,523.	е	Total expenses per 990 (line c plus line	d) ► e		
Part	List of Officers, Directors						
	(A) Name and address	(B) Title and average how per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances	
SEE	STATEMENT 5	-					
		-		70,200.	0.	0.	
				70,200.	<u> </u>	<u> </u>	
		-					
		-					
		-					
		4					
		4					
		-					
		4					
75	Did any officer, director, trustee, or k than \$100,000 from your organization \$10,000 was provided by the related	ા and all related organizatio organizations?	egate ons, o	compensation of mor of which more than	_	Yes X No	
BAA	If 'Yes,' attach schedule – see instru	ICHOHS.		· ····································		Form 990 (2004)	

Forn	n 990 (2004)	FOUNDATION	FOR THE	GREAT PA	ARK				91-208034	3	F	Page 5
Pa	rtay Other	Information (See instructio	ns)							Yes	_
76	Did the organ	nization engage in iled description of	any activity n	ot previously	reported to the	RS? If 'Yes	1 <i>t</i>			76		X
77		anges made in the	-	aovernina (documents but no	t reported to	 Sthe IRS	· · · · · · · · · · · · · · · · · · ·	•	77		X
• •	=	-		-	documents but no	t reported to	J the into		•	''-	r.	
78:	If 'Yes,' attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?								78 a		X	
		t filed a tax return				ioro during t	are year	ooverea	by this return.	78b	N	/A
				•			•		•	700		
79	year? If 'Yes,	iquidation, dissolu ' attach a stateme	ent							79		X
80 a	Is the organiz	ation related (other governing bodies,	er than by ass	sociation with	h a statewide or r	ationwide o	rganızatı	on) thro	igh common	80 a		X
		the name of the			any other exemp	t of Horiexei	ilipt orga	nzation	• • • • •	OUA		
			-		and check v	vhether it is	exer	 npt or	nonexempt.		-1, 1,	1.74
81 a	Enter direct a	ind indirect politica	al expenditure	s. See line	81 instructions	• •	8	1 a	0.		110	
ŀ	Did the organ	ization file Form 1	1 120-POL for	this year? .				•		81 b		Х
82 a	Did the organ substantially	ization receive doi less than fair renta	nated service al value?		of materials, equ	pment, or fa	acılıtıes a	t no cha	irge or at	82 a		X
ı	olf 'Yes,' you n	nay indicate the va	alue of these	items here.	Do not include the	s amount as		2b	N/A		! !	
83 =		ization comply wit		•	,					83a	Х	
		ization comply wit	· ·	=	•		•	• •	10115:	83 b	X	
		zation solicit any		-			Contribut	0113		84a		X
	_	-		•							() ()	
	not tax deduc	ne organization ind tible?	iude with eve	ry solicitatio	n an express stat	ement that s	sucn con	tribution	s or gifts were	84Ы	N	/A
85	501(c)(4), (5)	, or (6) organizatio	ons. a Were si	ubstantially a	all dues nondeduc	tible by mer	mbers?			85 a	N	
b		zation make only		=		-	,			85 b	N.	
	If 'Yes' was a	answered to either	85a or 85b, c	lo not comp	lete 85c through 8	35h below ur	nless the	organiza	ation received a		in and E	
	waiver for pro	xy tax owed for th	e prior year.	·	· ·							*
C	: Dues, assessi	ments, and similar	amounts froi	m members			8	5c	N/A			•
d	Section 162(e	e) lobbying and pol	litical expendi	tures			8	5d	N/A			
		ndeductible amoui					8	5e	N/A			
		ant of lobbying and		•	•			5f	N/A		u	
g	Does the orga	anization elect to p	ay the section	n 6033(e) ta	x on the amount	on line 85f?				85 g	N.	<u>A</u>
ŀ	dues allocable to	(1)(A) dues notices we nondeductible lobbying	and political exp	enditures for th	e following tax year?			ile estimat	e of	85 h	N,	/A
86	501(c)(7) orga	anızatıons. Enter	a Initiation f	•		ıncluded on						
	line 12							6a	N/A			
		s, included on line						6b	N/A		da, jugi	
87	501(c)(12) org	<i>ganızatıons</i> . Enter:	: a Gross ind	come from m	nembers or share	nolders	8	7 a	N/A			
ŧ	Gross income against amou	from other source nts due or receive	es. (Do not ned d from them.)	et amounts d	lue or paid to othe	er sources	8	7Ь	N/A		. j.	.
88	At any time d or an entity d	uring the year, did isregarded as sepa lete Part IX	l the organiza arate from the	tion own a 5 e organizatio	00% or greater int on under Regulation	erest in a ta ons sections	xable co 301.770	rporatior 1-2 and	or partnership, 301.7701-3?	88		x
89 2		anizations. Enter:					vear und	······································	•			<u> </u>
	section 4911								0.			
Ŀ	501(c)(3) and	501(c)(4) organiz										
	during the year	ar or did it become	e aware of an	excess ben	efit transaction fro	om a prior ye	ear? If 'Y	'es,' atta	ch a statement	89 b		Х_
C	Enter Amour year under se	nt of tax imposed o ections 4912, 4955	on the organiz , and 4958	ation manag	gers or disqualifie	d persons d	uring the		-			0.
		nt of tax on line 89	c, above, reir	nbursed by t	he organization				<u> </u>			0.
		s with which a cop										
		nployees employee								90 b		
91	The books are	e in care of <u>C</u>	ONWAY FIN	ANCIALS		Telepho	one numi	oer 🟲	949-497-60	10_		
	Located at ► _6	11 LOMBARDY	_LAGUNA	BEACH,	CA				ZIP + 4 ► 9265:	1		
92		(a)(1) nonexempt							1 1	. N/	A I	> []
	and enter the	amount of tax-ex-	cmpt interest	received of	accided during th	e lax vear			- 1921			n/A

		Unrelated	business income	Excluded by se	ection 512, 513, or 514	(E)
Note: Er otherwis	nter gross amounts unless e ındıcated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	Program service revenue:					
a_	· · · · · · · · · · · · · · · · · · ·					
ь_ с						
ď						
e						
f N	Medicare/Medicaid payments					
_	ees & contracts from government agencies					
	Membership dues and assessments					
	nterest on savings & temporary cash invmnts			14	2,019.	
	Dividends & interest from securities let rental income or (loss) from real estate:	P 34				2.77.7
	ebt-financed property	escal se				
	ot debt-financed property					
	et rental income or (loss) from pers prop					
	Other investment income .			L		
100 G	Gain or (loss) from sales of assets ther than inventory					
	et income or (loss) from special events					
	ross profit or (loss) from sales of inventory		PROCESS OF THE PARTY OF THE PAR			
_	other revenue: a		······································	Carri Haarsa (2011)		
p_						
۲ <u>-</u>						
u_						
104 S	ubtotal (add columns (B), (D), and (E))				2,019.	
	otal (add line 104, columns (B), (D),					2,019.
	ne 105 plus line 1d, Part I, should equ					
Partiv	Relationship of Activities to	the Accon	plishment of Exe	mpt Purpose	S (See instructions.)	
Line No ▼		h income is rei	ported in column (E) o	f Part VII contri	buted importantly to the	e accomplishment
N/A		(0.000 (0.000)		or sacri parpose		
.,						
						· · · · · · · · · · · · · · · · · · ·
Part D	Information Regarding Tax	able Subsid	liaries and Disreg	arded Entitie	S (See instructions)	
	(A)	(B)	(с		(D)	(E)
Nam	e, address, and EIN of corporation,	Percentage		i		
	artnership, or disregarded entity	ownership inte		activities	Total Income	End-of-year assets
N/A			%			
•			क्ष			
			8			
			ફ			
Part)	Information Regarding Trai	nsfers Asso	ciated with Perso	nal Benefit (Contracts (See instru	uctions.)
	the organization, during the year, receive any ful					Yes X No
b Dıd	the organization, during the year, pag	y premiums, d	irectly or indirectly, on	a personal ben	efit contract?	. Yes X No
Note	: If 'Yes' to (b), file Form 8870 and Fo					
	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of pre	re examined this releparer (other than o	turn, including accompanying ifficer) is based on all informa	schedules and staten	nents, and to the best of my kn	owledge and belief, it is
Please	►X (,	, , , , , , , , , , , , , , , , , , , ,	1 /2/12	12005
Sian	Signature of officer			•	Date	1000
			. Cha	vir.		
			, 44	6/		
				Date	I D	reparer's SSN or PTIN (See
				10/10/05	Check if G	reparer's SSN or PTIN (See leneral Instruction W)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2004

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

91-2080343 FOUNDATION FOR THE GREAT PARK Partil Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions List each one. If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred compensation (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances EXEC DIRECTOR CAROL SIMON 0. 40 70,200 0 1254 IRVINE BLVD., #230 Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Partille (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

An organization organized and operated to test for public safety, Section 509(a)(4), (See instructions)

Schedule A (Form 990 or 990-EZ) 2004 FOUNDATION FOR THE GREAT PARK 91-2080343 Page 3 Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (e) Total **(a)** 2003 beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 283,621 197,596 332,009 262,580 1,075,806. 16 Membership fees received 17 Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose . Gross income from interest, dividends. amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ-1,995 ization after June 30, 1975 2,619 2,441 171 7,226. 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT <u>3,</u>600 3,600 1,500. 10,500. 1,800 287,116. 203,815 Total of lines 15 through 22 338,050 264,551 1,093,532. 24 Line 23 minus line 17 287,116 203,815 338,050 264,551 1,093,532 Enter 1% of line 23 2.871 2,038. 3.381 2,646. 26 a a Enter 2% of amount in column (e), line 24 Organizations described on lines 10 or 11: 21.871 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26 b 635,174. 1,093,532 c Total support for section 509(a)(1) test. Enter line 24, column (e) 26 c d Add. Amounts from column (e) for lines. 18 ,226. 7 19 22 10,500. 26 b 635,174. 652,900. 26 d e Public support (line 26c minus line 26d total) 440,632. 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 40.29 % 26 f 27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: ____ (2002) _ _ _ _ _ (2001) _ _ _ _ _ (2000) _ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000)c Add: Amounts from column (e) for lines: 15 16 17 20 27 c and line 27b total d Add: Line 27a total 27 d 27 e e Public support (line 27c total minus line 27d total)

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)... g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

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27 a

27 h

Private School Questionnaire (See Instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?..... 32 a b Records documenting that scholarships and other financial assistance are awarded on a racially 32 b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?... d Copies of all material used by the organization or on its behalf to solicit contributions? 32 d If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33 a **b** Admissions policies? c Employment of faculty or administrative staff?..... 33 c d Scholarships or other financial assistance? 33 d e Educational policies? 33 e f Use of facilities? 33 f g Athletic programs? 33 g h Other extracurricular activities? 33 F If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? . . . 34 a b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation ...

91-2080343 Page 5 Lobbying Expenditures by Electing Public Charities (See Instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A If the organization belongs to an affiliated group. Check ► b If you checked 'a' and 'limited control' provisions apply. (a) Affiliated group **Limits on Lobbying Expenditures** To be completed totals for ALL electing (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying). 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying). 37 38 Total lobbying expenditures (add lines 36 and 37) 38 39 Other exempt purpose expenditures. 39 40 Total exempt purpose expenditures (add lines 38 and 39) . . 40 Lobbying nontaxable amount Enter the amount from the following table — If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 . . Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 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 45 through 50) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2004 2003 2002 2001 Total beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)).. Grassroots lobbying expenditures Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions) N/A During the year, did the organization attempt to influence national, state or local legislation, including any No Amount Yes attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)... c Media advertisements **d** Mailings to members, legislators, or the public e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

of the	Code (other than section	n 501(c)(3)	organizations) or in section 527, rela	iting to political organizations?	eu III Sect	011 50	1(0)
			to a noncharitable exempt organizati			Yes	No
(i) C	ash		• • • • • • • • • • • • • • • • • • • •		51 a (i)		Х
(ii) O	ther assets		• • • • • •		a (ii)		Х
b Other	transactions.						
(i) S	ales or exchanges of ass	ets with a n	oncharitable exempt organization.		b (i)		Х
(ii)P	urchases of assets from	a noncharita	able exempt organization	••	b (ii)		Х
(iii)R	ental of facilities, equipm	ent, or othe	r assets		b (iii)		Х
(iv)R	eimbursement arrangeme	ents	• • •		b (iv)		Х
(v)Lo	oans or loan guarantees				b (v)		Х
(vi)P	erformance of services of		ip or fundraising solicitations		b (vi)		Х
c Sharıı	ng of facilities, equipmen	t, mailing lis	sts, other assets, or paid employees		С		X
d If the the go any tr	answer to any of the abo oods, other assets, or ser ansaction or sharing arra	ove is 'Yes,' rvices given angement, s	complete the following schedule. Co by the reporting organization. If the how in column (d) the value of the g	olumn (b) should always show the fair n organization received less than fair ma oods, other assets, or services receive	narket val erket value d:	ue of	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			ts
N/A							
					•		
				-			
	organization directly or in the din section 501(c) of the s,' complete the following		iliated with, or related to, one or mother than section 501(c)(3)) or in sec	re tax-exempt organizations tion 527?	► ☐ Ye	s X	No
	(a)		(b)	(c)			
N/A	Name of organization		Type of organization	Description of relation	nship 		
					··· -		
	-						
]				

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FEDERAL STATEMENTS

PAGE 1

FOUNDATION FOR THE GREAT PARK

91-2080343

STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
AUDIT FEES DIRECT MAIL	6,400. 7,365.		6,400.	7,365.
INSURANCE MISCELLANEOUS	3,350. 2,097.		3,350. 2,097.	,,555.
PLANNED GIVING PROMOTIONAL ITEMS	2,351. 5,792.		2,007	2,351. 5,792.
PUBLIC EDUCATION SUPPLIES, PRINTING & OFFICE	34,746. 6,501.	31,271.	6,501.	3,475.
TELEPHONE & UTILITIES TOTAL	\$ 74,900. \$	4,409. 35,680.	1,889. \$ 20,237.	\$ 18,983.

STATEMENT 2 FORM 990, 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 3 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
PUBLIC EDUCATION - PROVIDE INFORMATION ABOUT THE GREAT PARK TO RESIDENTS OF ORANGE COUNTY THROUGH A VARIETY OF MEDIA - PUBLISH NEWSLETTER WITH UPDATED INFORMATION RELATED TO THE DEVELOPMENT OF THE GREAT PARK - PUBLISH OTHER PUBLIC EDUCATION MATERIALS SUCH AS POSTERS AND BROCHURES TO SUPPORT A COMMUNITY OUTREACH PROGRAM - A WEB SITE IS MAINTAINED TO INFORM THE PUBLIC - IT WAS UPDATED AND EXPANDED TO INCLUDE MORE INFORMATION AND INTERACTIVE FEATURES.		31,271.
MEETINGS & FORUMS - ANNUAL GREAT PARK ADVISORY COUNCIL DINNER MEETING WITH SPECIAL GUEST PANEL INCLUDING: CITY OF IRVINE, OCGP CORP, LENNAR CORP, AND GREAT PARK CONSERVANCY. COMMUNITY FORUMS INCLUDING GREAT PARKS/GREAT CITIES PRESENTATIONS TO NORTH AND SOUTH ORANGE COUNTY, COMMUNITY OUTREACH SERIES OF POWER POINT PRESENTATIONS TO ORANGE COUNTY CITIES AND CIVIC GROUPS. CITY OUTREACH PROGRAM DISTRIBUTING GREAT PARK INFORMATION TO CIVIC CENTERS COUNTYWIDE.		12 011
COUNTIWIDE.		13,911.
PROGRAM SERVICE ALLOCATION OF OPERATING EXPENSES - INCLUDES PERCENTAGE OF OPERATING COSTS ALLOCATED TO THE PROGRAM SERVICES NOTED ABOVE		134,559.

04	FEDERAL STATEMENTS	;	F	PAGE	
	FOUNDATION FOR THE GREAT PAR	RK	9-	91-2080343	
STATEMENT 3 (CONTINUED) FORM 990, PART III, LINE A STATEMENT OF PROGRAM SE	ERVICE ACCOMPLISHMENTS				
	DESCRIPTION	GRANT: ALLOCA	S AND SER	GRAM VICE ENSES	
		\$	0. \$ 17	9,741.	
STATEMENT 4 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIP	PMENT	ACCUM.	ВООК		
CATEGORY		DEPREC.	VALU		
MACHINERY AND EQUIPMENT	\$ 5,109.	\$ 1,53	33. \$ 3, 33. \$ 3,	<u>,576.</u> ,576.	
STATEMENT 5 FORM 990. PART V	TOTAL \$ 5,109.	<u>\$ 1,53</u>	33. 9 3		
STATEMENT 5 FORM 990. PART V	TOTAL \$ 5,109. RS, TRUSTEES, AND KEY EMPLOYEES TITLE AND AVERAGE HOURS CO	CO OMPEN- BUT	ONTRI- EX	PENSE	
STATEMENT 5 FORM 990, PART V LIST OF OFFICERS, DIRECTOR	TOTAL \$ 5,109. RS, TRUSTEES, AND KEY EMPLOYEES TITLE AND AVERAGE HOURS CO	CO OMPEN- BUT	ONTRI- EX	PENSE COUNT/ THER	
STATEMENT 5 FORM 990, PART V LIST OF OFFICERS, DIRECTOR NAME AND ADDRESS MICHAEL D. RAY 1254 IRVINE BLVD, #230	TOTAL \$ 5,109. RS, TRUSTEES, AND KEY EMPLOYEES TITLE AND AVERAGE HOURS CO PER WEEK DEVOTED SO CHAIRMAN \$	CO OMPEN- BUT ATION EBI	ONTRI- EX TION TO ACC P & DC O	PENSE COUNT/ THER	
STATEMENT 5 FORM 990, PART V LIST OF OFFICERS, DIRECTOR NAME AND ADDRESS MICHAEL D. RAY 1254 IRVINE BLVD, #230 TUSTIN, CA 92780 MICHAEL PINTO SAME , MARIAN BERGESON	TOTAL \$ 5,109. RS, TRUSTEES, AND KEY EMPLOYEES TITLE AND AVERAGE HOURS CO PER WEEK DEVOTED SI CHAIRMAN \$ 5	CO OMPEN- BUT ATION EBI	ONTRI- EX TION TO ACC P & DC O	PENSE COUNT/ THER	
STATEMENT 5 FORM 990, PART V LIST OF OFFICERS, DIRECTOR NAME AND ADDRESS MICHAEL D. RAY 1254 IRVINE BLVD, #230 TUSTIN, CA 92780 MICHAEL PINTO SAME , MARIAN BERGESON SAME	TOTAL \$ 5,109. RS, TRUSTEES, AND KEY EMPLOYEES TITLE AND AVERAGE HOURS CO PER WEEK DEVOTED SI CHAIRMAN \$ 5 VICE CHAIRMAN 5 SECRETARY	OMPEN- BUT ATION EBI 0. \$	ONTRI- EX TION TO ACC P & DC O 0. \$	PENSE COUNT/ THER	
STATEMENT 5 FORM 990, PART V LIST OF OFFICERS, DIRECTOR NAME AND ADDRESS MICHAEL D. RAY 1254 IRVINE BLVD, #230 TUSTIN, CA 92780 MICHAEL PINTO SAME , MARIAN BERGESON SAME , JOHN KATKISH SAME	TOTAL \$ 5,109. RS, TRUSTEES, AND KEY EMPLOYEES TITLE AND AVERAGE HOURS CO PER WEEK DEVOTED SI CHAIRMAN \$ VICE CHAIRMAN SECRETARY TREASURER	OMPEN- BUT ATION EBI 0. \$	ONTRI- EX TION TO ACC P & DC O O. \$	PENSE	

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FEDERAL STATEMENTS

PAGE 3

FOUNDATION FOR THE GREAT PARK

91-2080343

STATEMENT 5 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN SULLIVAN SAME	DIRECTOR 5	\$ 0.	\$ 0.	\$ 0.
CAROL SIMON SAME	EXECUTIVE DIREC ,	70,200.	0.	0.
ED DORNAN	DIRECTOR 5	0.	0.	0.
DAVID HOROWITZ	DIRECTOR 5	0.	0.	0.
FREDERICK THOMAS HUME	DIRECTOR 5	0.	0.	0.
TIM PAONE	DIRECTOR 5	0.	0.	0.
•	TOTAL	\$ 70,200.	<u>\$ 0.</u>	\$ 0.

STATEMENT 6 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		(A)	2003	(I	3) 2002	(C)	2001	(D)	2000	(E)	TOTAL
SUBLEASE	TOTAL S	\$	1,500. 1,500.	\$ \$	3,600. 3,600.	\$	3,600. 3,600.	\$	1,800. 1,800.	\$ \$	10,500. 10,500.

9/30/05	0	.004 F	EDER	AL B	00 X	(DEP	RECIA	TION	SCH	2004 FEDERAL BOOK DEPRECIATION SCHEDULE				PA	PAGE 1
				FOUNT	ATIO	FOR T	FOUNDATION FOR THE GREAT PARK	AT PAR	~					91-2	91-2080343
NO. DESCRIPTION	DATE DATE	DATE SQID	COST/ BASIS	BUS.	CUR 179 BONUS.	SPECIAL DEPR. ALLOW.	PRIOR 179/ Bonus/ SP. Depr.	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD LIFE RATE	IFE.		CURRENT DEPR.
I 990/990-PI															
MACHINERY AND EQUIPMENT															
	4/25/04		4,094							4,094	409		to i	.20000	819
Z LCD PROJECTOR	40//0//	•	\$ID,I	I						cl0,1	102	S/L HY	ς.	70000	203
TOTAL MACHINERY AND EQUIPME			5,109		0	0	0	0	0	5,109	511				1,022
TOTAL DEPRECIATION			5,109	ı I			0	0	0	5,109	511				1,022
GRAND TOTAL DEPRECIATION		"	5,109	II	0	0	0	0	0	5,109	511				1,022

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