

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending

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

C Please use IRS label or print or type. See specific instructions.
 HOME AID ORANGE COUNTY, INC.
 17744 SKY PARK CIRCLE #170
 IRVINE, CA 92614

D Employer Identification Number: 33-0568079

E Telephone number: (949) 553-9510

F Accounting method: Cash Accrual
 Other (specify) _____

G Web site: N/A

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

K Check here if the organization is not a 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.

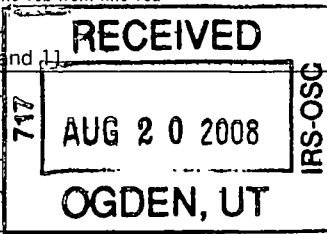
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 2,132,709.

H and **I** are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates? Yes No
H (b) If 'Yes,' enter number of affiliates: _____
H (c) Are all affiliates included? (If 'No,' attach a list. See instructions.) Yes No
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number: _____
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

1	Contributions, gifts, grants, and similar amounts received			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	1,980,636.	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ 1,980,636. noncash \$ _____)			1e 1,980,636.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
3	Membership dues and assessments			3
4	Interest on savings and temporary cash investments			4
5	Dividends and interest from securities			5
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a			6c
7	Other investment income (describe) See Statement 1)			7 31,061.
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		8d
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 937,970. of contributions reported on line 1b)	9a	121,012.	
b	Less direct expenses other than fundraising expenses	9b	121,012.	
c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
11	Other revenue (from Part VII, line 103)			11
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 2,011,697.
13	Program services (from line 44, column (B))			13 924,421.
14	Management and general (from line 44, column (C))			14 242,561.
15	Fundraising (from line 44, column (D))			15 924,581.
16	Payments to affiliates (attach schedule)			16
17	Total expenses. Add lines 16 and 44, column (A)			17 2,091,563.
18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 -79,866.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 974,344.
20	Other changes in net assets or fund balances (attach explanation) See Statement 3			20 5,873.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 900,351.



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RECEIVED

EXPENSES

ASSETS

8

Part II 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 (See *instruct*)

Do 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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	155,870.	123,137.	32,733.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	396,796.	93,284.	67,141.	236,371.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	8,575.		8,575.	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	12,166.	3,833.	1,311.	7,022.
35 Postage and shipping	35	7,495.		1,459.	6,036.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	41,473.		1,132.	40,341.
39 Travel	39				
40 Conferences, conventions, and meetings	40	3,203.		3,203.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	6,107.		6,107.	
43 Other expenses not covered above (itemize)					
a See Statement 4	43a	1,459,878.	704,167.	120,900.	634,811.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	2,091,563.	924,421.	242,561.	924,581.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶ <u>LOW INCOME HOUSING</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>PROVIDED DIRECT ASSISTANCE IN THE BUILDING OF STRUCTURES PROVIDING SHELTER FOR HOMELESS INDIVIDUALS. ALSO ASSISTED IN COORDINATING IN-KIND DONATED SERVICES FROM BUILDERS AND CONTRACTORS IN THE AMOUNT OF \$1,795,898.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	924,421.
b _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	

BAA

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: 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	
ASSETS	45	Cash -- non-interest-bearing	369,848.	45	269,217.
	46	Savings and temporary cash investments	93,092.	46	56,740.
	47a	Accounts receivable	47a 4,525.		
	b	Less allowance for doubtful accounts	47b	5,867.	47c 4,525.
	48a	Pledges receivable	48a 53,188.		
	b	Less allowance for doubtful accounts	48b	19,339.	48c 53,188.
	49	Grants receivable	55,000.	49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	7,796.	53	9,025.
	54a	Investments -- publicly-traded securities Stmt 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	98,386.	54a	128,789.
	b	Investments -- other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a	Investments -- land, buildings, & equipment basis	55a		
	b	Less accumulated depreciation (attach schedule)	55b		55c
	56	Investments -- other (attach schedule) See Stmt 6	375,631.	56	409,784.
	57a	Land, buildings, and equipment basis	57a 61,207.		
b	Less accumulated depreciation (attach schedule) Statement 7	57b 50,125.	16,233.	57c 11,082.	
58	Other assets, including program-related investments (describe <input type="checkbox"/> -----)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	1,041,192.	59	942,350.	
LIABILITIES	60	Accounts payable and accrued expenses	61,848.	60	41,999.
	61	Grants payable		61	
	62	Deferred revenue	5,000.	62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/> -----)		65	
	66	Total liabilities. Add lines 60 through 65	66,848.	66	41,999.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	887,712.	67	845,235.
	68	Temporarily restricted	81,632.	68	50,116.
	69	Permanently restricted	5,000.	69	5,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	974,344.	73	900,351.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,041,192.	74	942,350.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	4,016,574.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1	5,873.	
	2 Donated services and use of facilities	b2	1,877,992.	
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____ See Stm 8	b4	121,012.	
	Add lines b1 through b4			b 2,004,877.
c	Subtract line b from line a			c 2,011,697.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2			d
e	Total revenue (Part I, line 12). Add lines c and d			e 2,011,697.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	4,090,567.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1	1,877,992.	
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____ See Stmt 9	b4	121,012.	
	Add lines b1 through b4			b 1,999,004.
c	Subtract line b from line a			c 2,091,563.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2			d
e	Total expenses (Part I, line 17). Add lines c and d			e 2,091,563.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 10		155,870.	7,749.	0.

Part VI Other information (continued)		Yes	No							
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X								
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">82b</td> <td style="width: 90%;">1,877,992.</td> </tr> </table>	82b	1,877,992.							
82b	1,877,992.									
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		X								
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		X								
84 a Did the organization solicit any contributions or gifts that were not tax deductible?			X							
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A								
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		N/A								
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A								
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.										
c Dues, assessments, and similar amounts from members	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">85c</td> <td style="width: 90%;">N/A</td> </tr> </table>	85c	N/A							
85c	N/A									
d Section 162(e) lobbying and political expenditures	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">85d</td> <td style="width: 90%;">N/A</td> </tr> </table>	85d	N/A							
85d	N/A									
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">85e</td> <td style="width: 90%;">N/A</td> </tr> </table>	85e	N/A							
85e	N/A									
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">85f</td> <td style="width: 90%;">N/A</td> </tr> </table>	85f	N/A							
85f	N/A									
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A								
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A								
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">86a</td> <td style="width: 90%;">N/A</td> </tr> </table>	86a	N/A							
86a	N/A									
b Gross receipts, included on line 12, for public use of club facilities	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">86b</td> <td style="width: 90%;">N/A</td> </tr> </table>	86b	N/A							
86b	N/A									
87 501(c)(12) organizations Enter a Gross income from members or shareholders.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">87a</td> <td style="width: 90%;">N/A</td> </tr> </table>	87a	N/A							
87a	N/A									
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">87b</td> <td style="width: 90%;">N/A</td> </tr> </table>	87b	N/A							
87b	N/A									
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.			X							
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.		X	X							
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>										
b 501(c)(3) and 501(c)(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,' attach a statement explaining each transaction.			X							
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>										
d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>										
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			X							
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?			X							
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X							
90 a List the states with which a copy of this return is filed <u>None</u>										
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">90b</td> <td style="width: 90%;">0</td> </tr> </table>	90b	0							
90b	0									
91 a The books are in care of <u>SCOTT LARSON</u> Telephone number <u> </u> Located at <u>SAME AS ABOVE</u> ZIP + 4 <u> </u>										
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)? If 'Yes,' enter the name of the foreign country <u> </u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 80%;"></td> <td style="width: 5%; text-align: center;">Yes</td> <td style="width: 5%; text-align: center;">No</td> </tr> <tr> <td style="width: 10%;">91b</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> </table>			Yes	No	91b			X	
		Yes	No							
91b			X							
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts										

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If 'Yes,' enter the name of the foreign country 91 c X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					31,061.
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					31,061.
105 Total (add line 104, columns (B), (D), and (E))					31,061.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

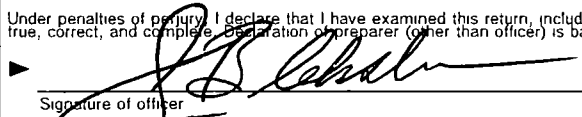
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X


Please 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: 8/14/08

Type or print name and title: JAY BLAKSLEE, PRESIDENT

Paid Preparer's Use Only

Preparer's signature:  Date: 8-12-08 Check if self employed: Preparer's SSN or PTIN (See General Instruction X): N/A

Firm's name (or yours if self employed), address, and ZIP + 4: Stafford and Warren, LLP
17310 Red Hill Ave., Suite 290
Irvine, CA 92614 EIN: N/A Phone no: (949) 250-1650

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions.)

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

OMB No 1545 0047

2007

Name of the organization

HOMEAID ORANGE COUNTY, INC.

Employer identification number

33-0568079

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(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
See Statement 11		79,374.	2,198.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(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 ▶	0	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>N/A</u>		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>N/A</u>		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u>		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0.</u>		

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

Part V 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
29	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?		
30	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?		
31	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) ----- ----- -----		
32a	32 Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33a	33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a	34a Does the organization receive any financial aid or assistance from a governmental agency?		
34b	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	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.		

Part VI-A. Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 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	
41 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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B. Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any 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**.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

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HOMEAID ORANGE COUNTY, INC.

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Statement 1
Form 990, Part I, Line 7
Other Investment Income

INTEREST INCOME

Total \$ 31,061.

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
VARIOUS EVENTS	1,058,982.	937,970.	121,012.	121,012.	0.
Total	<u>\$ 1,058,982.</u>	<u>\$ 937,970.</u>	<u>\$ 121,012.</u>	<u>\$ 121,012.</u>	<u>\$ 0.</u>

Statement 3
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

UNREALIZED GAINS

Total \$ 5,873.

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADMINISTRATIVE	16,642.		2,615.	14,027.
ADVERTISING	20,900.		-60.	20,960.
AUCTION EXPENSE	13,428.			13,428.
AUDIO/VISUAL	33,643.			33,643.
AUTO	6,674.	1,963.	2,163.	2,548.
AWARDS AND RECOGNITION	1,361.		1,361.	
BANK & CITY FEES	10,840.		656.	10,184.
CHAPTER ASSESSMENT	1,500.		1,500.	
COMPUTER EXPENSE	12,186.		12,186.	
DIRECT MAIL EXPENSE	4,163.			4,163.
DONATED MATERIALS	1,010,151.	504,420.	71,000.	434,731.
MEALS & ENTERTAINMENT	2,149.		2,149.	
OFFICE EXPENSE/RENT	61,830.	17,224.	11,483.	33,123.
OFFICE SUPPLIES	3,299.		1,619.	1,680.
OTHER COSTS	2,574.			2,574.
OUTSIDE SERVICES	26,750.		10,800.	15,950.
PHOTOGRAPHY & P/R COSTS	2,700.	938.		1,762.
RENTALS	46,038.			46,038.
SHELTER PROJECT CASH EXPENSES	179,622.	179,622.		
STORAGE	3,428.		3,428.	
Total	<u>\$ 1,459,878.</u>	<u>\$ 704,167.</u>	<u>\$ 120,900.</u>	<u>\$ 634,811.</u>

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Statement 5
Form 990, Part IV, Line 54a
Investments - Publicly Traded Securities

<u>Corporate Stocks</u>	<u>Valuation Method</u>	<u>Amount</u>
MUTUAL FUNDS	Market Value	\$ 128,789.
	Total	\$ 128,789.
Publicly Traded Securities		<u>\$ 128,789.</u>

Statement 6
Form 990, Part IV, Line 56
Investments - Other

<u>Description of Investment</u>	<u>Valuation Method</u>	<u>Book Value</u>
BANK CD'S	Market Value	\$ 225,743.
BANK CD'S	Market Value	138,041.
BANK CD'S	Market Value	46,000.
	Total	<u>\$ 409,784.</u>

Statement 7
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Miscellaneous	\$ 61,207.	\$ 50,125.	\$ 11,082.
	Total	<u>\$ 50,125.</u>	<u>\$ 11,082.</u>

Statement 8
Form 990, Part IV-A, Line b(4)
Other Amounts

GROSS UP OF FUNDRAISING REV.	Total	<u>\$ 121,012.</u>
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Statement 9
Form 990, Part IV-B, Line b(4)
Other Amounts

GROSS UP OF FUNDRAISING COSTS	Total	<u>\$ 121,012.</u>
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Statement 10
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
RICHARD HUNSAKER 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	President 0	\$ 0.	\$ 0.	\$ 0.
MICHELLE PATE 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
THOMAS STEELE 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
JENNIFER BROOKS 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
RICH KNOWLAND 17744 SKY PARK CIRCLE, SUITE 1 IRVINE, CA 92614	Director 0	0.	0.	0.
DAVE PROLO 17744 SKY PARK CIRCLE IRVINE, CA 92614	Director 0	0.	0.	0.
JAY BLAKSLEE 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
VAL CELESTIN 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
ROBERT GRIMM 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
MICHAEL SHROCK 17744 SKY PARK CIRCLE STE. 170 IRVINE, CA 92614	Director 0	0.	0.	0.
SANDRA KEEDY 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
TIM MCSUNAS 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.

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Statement 10 (continued)
Form 990, Part V-A
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
LEE ROGALINER 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Secretary 0	\$ 0.	\$ 0.	\$ 0.
KAREN SPARGO 17744 SKY PARK CIRCEL #170 IRVINE, CA 92614	Director 0	0.	0.	0.
DOUG WOODWARD 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
MIKE SCHLESINGER 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
RON SAIENNI 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
LARRY BUSTER 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
SONIA LISTER 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
TIM PAONE 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
NICK SLEVIN 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
MIKE GRUBBS 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Treasurer 0	0.	0.	0.
SCOTT LARSON 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	EXECUTIVE DIR. 0	155,870.	7,749.	0.
WILLIAM BALFOUR 17744 SKY PARK CIRCLE #170 IRVINE, CA 92614	Director 0	0.	0.	0.
	Total	\$ 155,870.	\$ 7,749.	\$ 0.

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Statement 11
Schedule A, Part I
Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compen- sation	Contribut. EBP & DC	Expense Account
GINA R CUNNINGHAM 142 S HARWOOD ST ORANGE, CA 92866	40.00	79,374.	2,198.	0.
Total		\$ 79,374.	\$ 2,198.	\$ 0.