

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OCEAN PARK COMMUNITY CENTER		D Employer identification number 95-6143865	
	Doing Business As		E Telephone number (310) 264-6646	
	Number and street (or P O box if mail is not delivered to street address) 1453 16TH STREET	Room/suite		
	City or town, state or country, and ZIP + 4 SANTA MONICA, CA 904042715			G Gross receipts \$ 12,835,850
F Name and address of principal officer JOHN MACERI 1453 16TH STREET SANTA MONICA, CA 904042715		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW OPCC NET				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1963	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE HOUSING, SOCIAL, AND SUPPORTIVE SERVICES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	231
	6 Total number of volunteers (estimate if necessary)	6	3,602
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,764,649	Current Year 4,433,501
	9 Program service revenue (Part VIII, line 2g)	5,127,183	5,375,833
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,106	268,179
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	16,827
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,973,938	10,094,340
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,010,811	7,052,560
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>460,154</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,807,400	2,891,893
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,818,211	9,944,453
19 Revenue less expenses Subtract line 18 from line 12	-844,273	149,887	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,243,983	End of Year 20,176,801
	21 Total liabilities (Part X, line 26)	5,245,159	6,094,940
	22 Net assets or fund balances Subtract line 21 from line 20	13,998,824	14,081,861

Part II Signature Block

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

Sign Here	*****	2014-05-14			
	Signature of officer	Date			
Paid Preparer Use Only	JOHN MACERI EXECUTIVE DIRECTOR Type or print name and title				
	Pnnt/Type preparer's name JOHN BOVARD MIRON	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01358141
	Firm's name QUIGLEY & MIRON CPAS			Firm's EIN 95-4656881	
	Firm's address 3550 WILSHIRE BOULEVARD-SUITE 1660 LOS ANGELES, CA 900102481			Phone no (213) 639-3550	
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No					

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1	Briefly describe the organization's mission				
	OCEAN PARK COMMUNITY CENTER'S PRIMARY MISSION IS PROVIDING HOUSING AND SUPPORTIVE SERVICES FOR LOW INCOME AND HOMELESS YOUTH, ADULTS AND FAMILIES, BATTERED WOMEN AND THEIR CHILDREN, AND PEOPLE LIVING WITH MENTAL ILLNESS				
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If "Yes," describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported				
4a	(Code)	(Expenses \$	1,930,814	including grants of \$	(Revenue \$ 911,819)
	ACCESS CENTER (ORIGINALLY KNOWN AS THE DROP-IN CENTER) WAS THE FIRST PROGRAM OF OPCC AND OPENED IN 1963 IT IS OFTEN THE FIRST POINT OF ENTRY FOR LOW-INCOME AND HOMELESS INDIVIDUALS AND FAMILIES SEEKING ASSISTANCE ACCESS CENTER PROVIDES SERVICES RANGING FROM MEETING PEOPLE'S IMMEDIATE NEEDS FOR FOOD, CLOTHING AND PERSONAL HYGIENE TO ONGOING CASE MANAGEMENT AND LINKAGES TO HEALTH AND MENTAL HEALTH CARE, SUBSTANCE ABUSE TREATMENT, HOUSING AND EMPLOYMENT SHWASHLOCK, AN ACRONYM FOR SHOWERS, WASHERS AND LOCKERS, PROVIDES HOMELESS PEOPLE WITH ACCESS TO RESTROOMS, SHOWER AND WASHER FACILITIES, AS WELL AS A PLACE TO STORE PERSONAL BELONGINGS WHILE THEY ARE WORKING OR LOOKING FOR WORK AND UNTIL THEY CAN FIND MORE STABLE HOUSING				
4b	(Code)	(Expenses \$	1,158,633	including grants of \$	(Revenue \$ 705,050)
	DAYBREAK, FOUNDED IN 1987, IS THE ONLY PROGRAM ON THE WESTSIDE DESIGNED EXCLUSIVELY FOR HOMELESS WOMEN SUFFERING FROM LONG-TERM DEBILITATING MENTAL ILLNESS DAYBREAK ADDRESSES THE NEEDS OF THESE WOMEN BY PROVIDING A SAFE AND ACCEPTING ENVIRONMENT WHERE THEY CAN FIND DIGNITY, SUPPORT AND ACCESS TO INFORMATION AND RESOURCES NEEDED TO STABILIZE THEIR LIVES AND MOVE INTO PERMANENT HOUSING DAYBREAK'S CONTINUUM OF SERVICES INCLUDES A DAY PROGRAM, INTERIM HOUSING PROGRAM, AN AFTERCARE PROGRAM KNOWN AS WOMEN IN NEW DIRECTIONS ("WIND") AND A MICRO-ENTERPRISE (DAYBREAK DESIGNS)				
4c	(Code)	(Expenses \$	1,054,835	including grants of \$	(Revenue \$ 803,437)
	SAFE HAVEN UTILIZES A "HOUSING FIRST" COMMUNITY MODEL TO SERVE CHRONICALLY HOMELESS INDIVIDUALS LIVING WITH CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS, WITH 25 BEDS AVAILABLE AND FULL DAY SERVICES FOR HOMELESS PEOPLE WHO ARE WILLING TO COME INDOORS THIS GENTLE FORM OF ENGAGEMENT, WHICH DOES NOT REQUIRE A COMMITMENT TO TREATMENT AS A PRECONDITION FOR HOUSING, IS ACCEPTED AS A BEST PRACTICE BY THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ("HUD") AND BY HOMELESS POLICY ORGANIZATIONS THROUGHOUT THE NATION				
	(Code)	(Expenses \$	893,371	including grants of \$	(Revenue \$ 823,559)
	TURNING POINT WAS ESTABLISHED IN 1983 AND IS A 55-BED PROGRAM THAT OFFERS HOUSING AND SUPPORTIVE SERVICES TO INDIVIDUALS ON THE ROAD TO SELF-RELIANCE THE PROJECT SEEKS TO BREAK THE CYCLE OF HOMELESSNESS AND TO INTEGRATE HOMELESS INDIVIDUALS BACK INTO THE COMMUNITY BY PROVIDING COMPREHENSIVE, INDIVIDUALIZED SERVICES DESIGNED TO ASSIST PEOPLE IN OBTAINING EMPLOYMENT, INCOME AND PERMANENT HOUSING				
	(Code)	(Expenses \$	185,975	including grants of \$	(Revenue \$ 34,037)
	CAMPION MENTAL HEALTH CENTER IS STAFFED BY LICENSED THERAPISTS AND CLOSELY SUPERVISED INTERNS WHO PROVIDE MENTAL HEALTH SERVICES TO CLIENTS AT OPCC'S OTHER PROGRAMS, INCLUDING INDIVIDUALS AND FAMILIES FACING POVERTY, MENTAL ILLNESS AND DOMESTIC VIOLENCE CAMPION ALSO PROVIDES CLINICAL SUPPORT, SUPERVISION AND TRAINING TO THE NON-CLINICAL STAFF AT THE OTHER PROJECTS OF OPCC TO ENSURE THAT CLIENTS' MENTAL HEALTH NEEDS ARE MET				
	(Code)	(Expenses \$	50,022	including grants of \$	(Revenue \$)
	MARYLAND APARTMENTS OPCC FORMALLY BEGAN ITS PERMANENT SUPPORTIVE HOUSING PROGRAM WITH AN ALLOCATION OF 70 SHELTER PLUS CARE HOUSING VOUCHERS FROM THE CITY OF SANTA MONICA HOUSING AUTHORITY IN 1994, WHICH LAUNCHED OPCC AS ONE OF THE FIRST SUPPORTIVE HOUSING PROVIDERS FOR HOMELESS INDIVIDUALS WITH DISABILITIES ON THE WESTSIDE OF LOS ANGELES COUNTY IN 2002, OPCC PARTNERED WITH A COMMUNITY OF FRIENDS IN A VENTURE TO PROVIDE PERMANENT HOUSING FOR THIS POPULATION BY DEVELOPING THE MARYLAND APARTMENTS, WHICH HOUSES 29 SINGLE ADULTS IN STUDIO APARTMENTS TODAY, OPCC HOUSES OVER 300 PEOPLE EVERY YEAR IN PERMANENT SUPPORTIVE HOUSING, MOSTLY THROUGH SCATTERED SITE RENTAL UNITS THROUGHOUT LOS ANGELES COUNTY				
	(Code)	(Expenses \$	1,025,071	including grants of \$	(Revenue \$ 722,663)
	SOJOURN SERVICES FOR BATTERED WOMEN AND THEIR CHILDREN WAS ESTABLISHED IN 1977 AND PROVIDES BATTERED WOMEN AND THEIR CHILDREN A SAFE SPACE TO REGROUP, REBUILD AND RE-ESTABLISH THEIR SELF-ESTEEM AND LIVES SOJOURN'S DIVERSE PROGRAMS SERVE WOMEN AND CHILDREN OF ALL CLASSES, CULTURES AND RELIGIONS, REGARDLESS OF ECONOMIC CIRCUMSTANCES, PHYSICAL AND MENTAL DISABILITIES OR IMMIGRATION STATUS, INCLUDING THOSE WHO ARE TRADITIONALLY UNDERSERVED, SUCH AS LESBIANS, ELDERLY WOMEN, PROSTITUTES, WOMEN WITH HIV AND THE SUBSTANCE-DEPENDENT SOJOURN FOSTERS SOLIDARITY AMONG WOMEN AND CHILDREN, EDUCATES THE COMMUNITY AND SOCIETY ABOUT DOMESTIC VIOLENCE AND IS COMMITTED TO EFFECTING POLITICAL AND SOCIAL CHANGE THROUGH GRASSROOTS ACTIVISM AND A PHILOSOPHY OF INDIVIDUAL EMPOWERMENT				
	(Code)	(Expenses \$	999,386	including grants of \$	(Revenue \$ 718,548)
	SAMOSHEL BECAME PART OF OPCC IN SEPTEMBER 2005 IT WAS ESTABLISHED IN 1994 TO PROVIDE HOMELESS ADULTS AN ALTERNATIVE TO LIVING ON THE STREETS AND TO HELP THEM OBTAIN JOBS AND PERMANENT HOUSING SAMOSHEL PROVIDES INTERIM HOUSING, ON-SITE CASE MANAGEMENT, COUNSELING, 12-STEP MEETINGS, LEGAL ASSISTANCE, PERMANENT HOUSING REFERRALS AND EMPLOYMENT ASSISTANCE				
	(Code)	(Expenses \$	97,736	including grants of \$	(Revenue \$ 63,596)
	NIGHT LIGHT YOUTH OUTREACH SERVICES WAS ESTABLISHED IN 1999 TO SERVE THE NEEDS OF RUNAWAY AND HOMELESS YOUTH IN THE SANTA MONICA AREA THE PROGRAM PROVIDES A RANGE OF SERVICES AND RESOURCES LINKED TO HOUSING TO ASSIST YOUNG PEOPLE IN GETTING OFF THE STREETS AND ESTABLISHING LIVES OF SELF-SUFFICIENCY				
	(Code)	(Expenses \$	152,602	including grants of \$	(Revenue \$)
	K9 CONNECTION BRINGS TOGETHER AT-RISK 12-18 YEAR-OLD YOUTH AND HOMELESS SHELTER DOGS IN A THREE WEEK SESSION WHERE THE YOUTH TRAIN THE DOGS IN BASIC OBEDIENCE, ASSISTING THE DOGS TO DEVELOP THE SKILLS TO BECOME ADOPTABLE THE PROGRAM EMPOWERS YOUTH TO APPLY THE LESSONS THEY TEACH THE DOGS TO THEIR OWN LIVES, TO DEVELOP AN AWARENESS OF THE RISKS OF UNCONTROLLED AND IMPULSIVE BEHAVIOR AND TO BELIEVE IN THE POWER OF POSITIVE REINFORCEMENT AS AN ALTERNATIVE TO FORCE AND VIOLENCE FINALLY, IT AIDS TEENAGERS IN BECOMING RESPONSIBLE COMMUNITY MEMBERS BY FOCUSING ON GOAL SETTING, PERSONAL ACCOUNTABILITY AND PERSONAL MOTIVATION				
	(Code)	(Expenses \$	528,237	including grants of \$	(Revenue \$ 577,051)
	THE INTEGRATED MOBILE HEALTH TEAM (IMHT) IS A DMH FUNDED INNOVATIONS PROGRAM, WHICH STARTED OPERATIONS IN THE SPRING OF 2012 IMHT OPERATES IN COLLABORATION WITH ST JOSEPH'S CENTER AND VENICE FAMILY CLINIC, BENEFITTING VARIOUS CLIENTS IN THE COMMUNITY AND THROUGHOUT OUR ORGANIZATION THIS WESTSIDE IMHT PROVIDES INTEGRATED MENTAL HEALTHCARE, MEDICAL CARE, PSYCHIATRY CARE, MEDICATION MANAGEMENT, BENEFITS ASSISTANCE, CASE MANAGEMENT AND SUBSTANCE ABUSE INTERVENTION TO CHRONICALLY HOMELESS CLIENTS WHO ARE MENTALLY ILL AND HAVE A PHYSICAL DISABILITY AND SUBSTANCE ADDICTION				
	(Code)	(Expenses \$		including grants of \$	(Revenue \$ 32,900)
	SUPPORTING SERVICES AND FUNDRAISING				
4d	Other program services (Describe in Schedule O)				
	(Expenses \$	3,932,400	including grants of \$	(Revenue \$	2,972,354)
4e	Total program service expenses		8,076,682		

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JEFFREY RENNELL FINANCE DIRECTOR 1453 16TH ST SANTA MONICA, CA (310) 264-6646

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAE W ARCHIBALD DIRECTOR	2 50	X					0	0	0	
(2) JONATHAN M BRENNER DIRECTOR	4 00	X					0	0	0	
(3) GREG GERMANN DIRECTOR	2 50	X					0	0	0	
(4) LESLYE S GOLDBERG DIRECTOR	5 00	X					0	0	0	
(5) JULIE GUEST VICE CHAIR	6 00	X		X			0	0	0	
(6) STEPHEN GUNTHER DIRECTOR	2 50	X					0	0	0	
(7) RICHARD G HIRSCH DIRECTOR	4 00	X					0	0	0	
(8) SARAH JESSUP CHAIR	20 00	X		X			0	0	0	
(9) STEAVEN K JONES DIRECTOR	6 00	X					0	0	0	
(10) THOMAS MAHONEY DIRECTOR	2 50	X					0	0	0	
(11) DENNIS MILLER DIRECTOR	2 50	X					0	0	0	
(12) RICHARD T PETERS TREASURER	4 00	X		X			0	0	0	
(13) KATHRYN T PORTER DIRECTOR	2 50	X					0	0	0	
(14) GARY A RICHWALD MD MPH DIRECTOR	2 50	X					0	0	0	
(15) STEPHEN E SCHERER DIRECTOR	2 50	X					0	0	0	
(16) CHARLES F SMITH DIRECTOR	2 50	X					0	0	0	
(17) BRIAN TEMPLE DIRECTOR	2 50	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DIANE WILSON DIRECTOR	2 50	X						0	0	0
(19) BART F ZITNITSKY SECRETARY	2 50	X		X				0	0	0
(20) JOHN MACERI EXECUTIVE DIRECTOR	55 00			X				125,000	0	6,188
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							125,000	0	6,188	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	274,725				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	4,158,776				
	g Noncash contributions included in lines 1a-1f \$	101,567				
	h Total. Add lines 1a-1f	4,433,501				
Program Service Revenue	2a FEES AND CONTRACTS	624200	5,375,833	5,375,833		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	5,375,833				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		68,046		68,046	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	2,872,948			
		(ii) Other				
		b Less cost or other basis and sales expenses	2,672,815			
		c Gain or (loss)	200,133			
	d Net gain or (loss)		200,133		200,133	
	8a Gross income from fundraising events (not including \$ 274,725 of contributions reported on line 1c) See Part IV, line 18	a	68,695			
		b Less direct expenses b	68,695			
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a SALES-DAYBREAK DESIGNS	624200	7,908	7,908			
b DV NTWK FEES	624200	7,800	7,800			
c COUNSELING FEES	624200	719	719			
d All other revenue		400	400			
e Total. Add lines 11a-11d		16,827				
12 Total revenue. See Instructions		10,094,340	5,392,660	0	268,179	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	131,188		131,188	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	5,427,254	4,395,809	751,916	279,529
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	1,047,741	920,745	103,048	23,948
10	Payroll taxes.	446,377	356,482	67,705	22,190
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	2,923		2,923	
c	Accounting.	48,110	6,908	41,202	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	19,935	16,484	3,451	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	460,252	291,132	80,147	88,973
12	Advertising and promotion.	13,625	5,970	6,188	1,467
13	Office expenses.	141,543	110,228	23,718	7,597
14	Information technology.	8,794	1,962	6,832	
15	Royalties.				
16	Occupancy.	703,162	700,232	2,312	618
17	Travel.	24,677	20,372	4,115	190
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	45,279		45,279	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	292,032	265,832	26,200	
23	Insurance.	90,519	81,386	9,133	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SUPPLIES	338,072	335,637	2,435	
b	CLIENT EXPENSES	303,484	303,434	50	
c	EQUIPMENT	150,280	130,564	17,799	1,917
d	AMORTIZATION-DEFERRED RENT	90,910	90,910		
e	All other expenses	158,296	42,595	81,976	33,725
25	Total functional expenses. Add lines 1 through 24e.	9,944,453	8,076,682	1,407,617	460,154
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	310,291	1	15,014
	2 Savings and temporary cash investments	210,340	2	1,235,840
	3 Pledges and grants receivable, net	788,500	3	1,215,772
	4 Accounts receivable, net	918,498	4	945,069
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	169,693	9	194,533
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 12,937,550		
	b Less accumulated depreciation	10b 2,974,279	10,218,381	10c 9,963,271
	11 Investments—publicly traded securities	2,276,575	11	2,380,894
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	4,351,705	15	4,226,408
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,243,983	16	20,176,801	
Liabilities	17 Accounts payable and accrued expenses	629,462	17	748,673
	18 Grants payable		18	13,380
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	105,924	21	72,727
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,714,311	23	4,345,369
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	795,462	25	914,791
	26 Total liabilities. Add lines 17 through 25	5,245,159	26	6,094,940
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,734,169	27	5,071,566
	28 Temporarily restricted net assets	8,264,655	28	9,010,295
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	13,998,824	33	14,081,861	
34 Total liabilities and net assets/fund balances	19,243,983	34	20,176,801	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,094,340
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,944,453
3	Revenue less expenses Subtract line 2 from line 1	3	149,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,998,824
5	Net unrealized gains (losses) on investments	5	-66,850
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,081,861

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization

OCEAN PARK COMMUNITY CENTER

Employer identification number

95-6143865

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,099,178	3,768,253	2,974,019	3,764,648	4,433,501	17,039,599
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	342,032	352,201	306,033	423,819	415,564	1,839,649
4 Total. Add lines 1 through 3	2,441,210	4,120,454	3,280,052	4,188,467	4,849,065	18,879,248
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,462,107
6 Public support. Subtract line 5 from line 4						17,417,141

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,441,210	4,120,454	3,280,052	4,188,467	4,849,065	18,879,248
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	90,188	70,443	75,959	79,326	68,046	383,962
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						19,263,210
12 Gross receipts from related activities, etc. (see instructions)					12	5,461,355
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	90.420%
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	88.370%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 10%-facts-and-circumstances test—2011. 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"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization OCEAN PARK COMMUNITY CENTER

Employer identification number 95-6143865

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, questions about monitoring, and a table for 'Held at the End of the Year' with rows 2a-2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions about reporting and amounts.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	504,203	498,428	424,767	363,409	101,749
b Contributions	25,205				221,668
c Net investment earnings, gains, and losses	35,725	5,775	77,706	64,683	41,782
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			4,045	3,325	1,790
g End of year balance	565,133	504,203	498,428	424,767	363,409

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

- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,330,000		2,330,000
b Buildings		3,448,733	1,386,321	2,062,412
c Leasehold improvements		6,525,848	1,078,128	5,447,720
d Equipment		632,969	509,830	123,139
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,963,271

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

1	Total revenue, gains, and other support per audited financial statements	1	10,561,705
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-66,850
b	Donated services and use of facilities	2b	465,520
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	68,695
e	Add lines 2a through 2d	2e	467,365
3	Subtract line 2e from line 1	3	10,094,340
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	10,094,340

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

1	Total expenses and losses per audited financial statements	1	10,478,668
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	465,520
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	68,695
e	Add lines 2a through 2d	2e	534,215
3	Subtract line 2e from line 1	3	9,944,453
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	9,944,453

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	OCEAN PARK COMMUNITY CENTER HAS CASH HELD IN TRUST IN THE AMOUNT OF \$72,727 THESE ARE CLIENT SAVINGS HELD IN A BANK ACCOUNT WHICH ARE TO BE REIMBURSED TO THEM AND USED FOR HOUSING AND OTHER COSTS WHEN THEY LEAVE THE ORGANIZATION'S PROGRAM
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	OPCC HAS ONE BOARD-DESIGNATED QUASI-ENDOWMENT FUND WHICH IS INVESTED IN MONEY MARKET AND MUTUAL FUNDS AND IS CLASSIFIED WITHIN UNRESTRICTED NET ASSETS THE INTENT OF THE BOARD OF DIRECTORS IS TO SET ASIDE UP TO \$1 MILLION IN THE QUASI-ENDOWMENT ACCOUNT FUTURE USES OF THE QUASI-ENDOWMENT ACCOUNT WOULD BE FOR GENERAL OPERATIONAL USE AS DESIGNATED BY THE BOARD OF DIRECTORS ANY DIVIDEND INCOME THAT IS GENERATED IS RE-INVESTED INTO THE QUASI-ENDOWMENT ACCOUNT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED "MORE LIKELY THAN NOT" TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2013 GENERALLY, OPCC'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA) YEARS FROM THE DATE OF FILING
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 68,695
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 68,695

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury Internal Revenue Service

Name of the organization OCEAN PARK COMMUNITY CENTER

Employer identification number

95-6143865

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SISTERS OF SOJOURN</u> (event type)	<u>SOJOURN - LA MARATHON</u> (event type)	<u>2</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	156,961	74,525	111,934	343,420
	2 Less Contributions	108,835	66,736	99,154	274,725
	3 Gross income (line 1 minus line 2)	48,126	7,789	12,780	68,695
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	48,126	7,789	12,780	68,695
10 Direct expense summary Add lines 4 through 9 in column (d) ▶					(68,695)
11 Net income summary Combine line 3, column (d), and line 10 ▶					0

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.

		(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 <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization OCEAN PARK COMMUNITY CENTER

Employer identification number 95-6143865

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

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

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
OCEAN PARK COMMUNITY CENTER

Employer identification number

95-6143865

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD (DELEGATED POWERS) SHALL ANNUALLY AFFIRM THAT SUCH PERSON HAS DONE THE FOLLOWING WITH THE CONFLICT OF INTEREST POLICY 1) RECEIVED A COPY OF THE POLICY 2) READ AND UNDERSTANDS THE POLICY 3) AGREED TO COMPLY WITH THE POLICY 4) UNDERSTANDS OPCC IS A CHARITABLE ORGANIZATION AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES
	FORM 990, PART VI, SECTION B, LINE 15	EACH YEAR THE HR MANAGER AND THE EXECUTIVE COMMITTEE OF THE BOARD REVIEW THE LOS ANGELES AREA ANNUAL WAGE AND BENEFITS SURVEY FOR NONPROFIT ORGANIZATIONS WHICH PROVIDES EXTENSIVE COMPARATIVE DATA FOR EMPLOYEE SALARIES AND BENEFITS FOR ALL STAFF POSITIONS, INCLUDING SENIOR STAFF POSITIONS ADDITIONALLY, THE BOARD USES WAGE AND BENEFIT INFORMATION FROM SEARCHES OF NATIONAL DATABASES THAT PROVIDE COMPARATIVE ANALYSIS FOR KEY STAFF POSITIONS DURING THE ANNUAL EVALUATION PROCESS OF ALL KEY STAFF MEMBERS THIS INFORMATION IS SHARED WITH THE ENTIRE BOARD DURING THEIR REVIEW OF INDIVIDUAL STAFF PERFORMANCE, AND IS USED AS A GUIDE IN DETERMINING APPROPRIATE COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THE OCEAN PARK COMMUNITY CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND INFORMATIONAL RETURNS AVAILABLE UPON WRITTEN REQUEST THE INFORMATIONAL RETURNS ARE ALSO MADE AVAILABLE TO THE PUBLIC THROUGH WWW GUIDESTAR.ORG, A PUBLIC WEBSITE AND THE ORGANIZATION'S OWN WEBSITE, WWW.OPCC.NET