

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 04-01-2021, and ending 03-31-2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ORANGE INTERNATIONAL STREET FAIR INC

D Employer identification number
33-0195578

Doing business as

E Telephone number
(714) 639-4959

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
112 E Chapman Ave G

City or town, state or province, country, and ZIP or foreign postal code
ORANGE, CA 92866

G Gross receipts \$ 630,016

F Name and address of principal officer:
112 E Chapman Ave G
ORANGE, CA 92866

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(4) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1985 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
The CORPORATION WAS ORGANIZED TO MANAGE A STREET FAIR THAT IS HELD ANNUALLY IN THE CITY OF ORANGE, CALIFORNIA ON LABOR DAY WEEKEND. THE FAIR PROVIDES NON PROFIT ORGANIZATIONS IN THE CITY OF ORANGE AND SURROUNDING COMMUNITIES WITH AN EVENT WHERE EACH ORGANIZATION CAN RAISE ITS OWN FUNDS FOR CHARITABLE PURPOSES. IT IS ESTIMATED THAT 500,000 PEOPLE ATTENDED THE FAIR IN 2019.

2 Check this box 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	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)		630,015
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		630,016
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		34,536
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,907		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		531,108
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		565,644
19 Revenue less expenses. Subtract line 18 from line 12		64,372

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	16,198	80,831
21 Total liabilities (Part X, line 26)		0
22 Net assets or fund balances. Subtract line 21 from line 20	16,198	80,831

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2022-07-12

Adam Felix President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00075881
Firm's name ▶ WILLIAM M STARK CPA			Firm's EIN ▶ 33-0528062	
Firm's address ▶ 25301 CABOT RD STE 207 LAGUNA HILLS, CA 92653			Phone no. (949) 586-6100	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The CORPORATION WAS ORGANIZED TO MANAGE A STREET FAIR THAT IS HELD ANNUALLY IN THE CITY OF ORANGE, CALIFORNIA ON LABOR DAY WEEKEND. THE FAIR PROVIDES NON PROFIT ORGANIZATIONS IN THE CITY OF ORANGE AND SURROUNDING COMMUNITIES WITH AN EVENT WHERE EACH ORGANIZATION CAN RAISE ITS OWN FUNDS FOR CHARITABLE PURPOSES. IT IS ESTIMATED THAT 500,000 PEOPLE ATTENDED THE FAIR IN 2019.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 525,360 including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 525,360

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>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.		No
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>		
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 Rev. Proc. 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>		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>		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>		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>		No
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>		No
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>	11a	No
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>	11b	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>	11c	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>	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	No
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>	11f	No
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>	12a	No
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>	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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.</i> See instructions.	17	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>	18	No
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>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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 25a</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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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		No
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		
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 on 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 or note to any line in this Part V

		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 4 columns: Question ID, Question Text, Answer Field, and Yes/No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Adam Felix President	0.00 0.00	X		X				0	0	0
(2) Brian Lochrie Operational Dir	0.00 0.00	X						0	0	0
(3) Ruby VanderHoek Secretary/Treas	0.00 0.00	X		X				0	0	0
(4) Pete Mangosing Operational Dir	0.00 0.00	X						0	0	0
(5) Michael Mahi Operational Dir	0.00 0.00	X						0	0	0
(6) Carl Shields Director	0.00 0.00	X						0	0	0
(7) Donna Diaz Vice President	0.00 0.00	X						0	0	0

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses
 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	34,536	34,536		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	2,750		2,750	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	9,907			9,907
13 Office expenses	160		160	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	13,050		13,050	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	42,400	42,400		
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 City of Orange	270,378	270,378		
b Portable Toilets and Sinks	50,439	50,439		
c Electrical Equipment Rental	42,500	42,500		
d Canopy rental	24,523	24,523		
e All other expenses	75,001	60,584	14,417	
25 Total functional expenses. Add lines 1 through 24e	565,644	525,360	30,377	9,907
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 or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,165	1	74,797
	2 Savings and temporary cash investments	6,033	2	6,034
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net		4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges		9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c 0
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11		15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)		16,198	16	80,831
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,198	27	80,831
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	16,198	32	80,831	
33 Total liabilities and net assets/fund balances	16,198	33	80,831	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	630,016
2	Total expenses (must equal Part IX, column (A), line 25)	2	565,644
3	Revenue less expenses. Subtract line 2 from line 1	3	64,372
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,198
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	261
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	80,831

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 21013475

Software Version: 2021v4.0

EIN: 33-0195578

Name: ORANGE INTERNATIONAL STREET FAIR INC

Form 990 (2021)

Form 990, Part III, Line 4a:

THE CORPORATION WAS ORGANIZED TO MANAGE A STREET FAIR THAT IS HELD ANNUALLY IN THE CITY OF ORANGE, CALIFORNIA ON LABOR DAY WEEKEND. THE FAIR PROVIDES NON PROFIT ORGANIZATIONS IN THE CITY OF ORANGE AND SURROUNDING COMMUNITIES WITH AN EVENT WHERE EACH ORGANIZATION CAN RAISE ITS OWN FUNDS FOR CHARITABLE PURPOSES. IT IS ESTIMATED THAT MORE THAN 400,000 PEOPLE ATTENDED THE FAIR IN 2021..

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization ORANGE INTERNATIONAL STREET FAIR INC

Employer identification number 33-0195578

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ORANGE INTERNATIONAL STREET FAIR INC

Employer identification number

33-0195578

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	No review was or will be conducted.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No documents available to the public.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Alchol Cups: Column (A) - Total = \$6533; Column (B) - Program Services = \$6533; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	All Ameican stage sound: Column (A) - Total = \$850; Column (B) - Program Services = \$850; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Cart Rental: Column (A) - Total = \$5602; Column (B) - Program Services = \$5602; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Childrens Sound and Stage: Column (A) - Total = \$750; Column (B) - Program Services = \$750 ; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Commemorative Sales: Column (A) - Total = \$418; Column (B) - Program Services = \$418; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Dues & Subscription: Column (A) - Total = \$1130; Column (B) - Program Services = \$0; Column (C) - Management & General = \$1130; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Entertainment parking lot: Column (A) - Total = \$4000; Column (B) - Program Services = \$4000; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Equipment other: Column (A) - Total = \$1130; Column (B) - Program Services = \$1130; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Equipment Paging: Column (A) - Total = \$183; Column (B) - Program Services = \$183; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Main Stage: Column (A) - Total = \$21510; Column (B) - Program Services = \$21510; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Meeting Expense: Column (A) - Total = \$1178; Column (B) - Program Services = \$0; Column (C) - Management & General = \$1178; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	office supplies: Column (A) - Total = \$751; Column (B) - Program Services = \$0; Column (C) - Management & General = \$751; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Other: Column (A) - Total = \$532; Column (B) - Program Services = \$532; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Permits: Column (A) - Total = \$2325; Column (B) - Program Services = \$0; Column (C) - Management & General = \$2325; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	postage: Column (A) - Total = \$5; Column (B) - Program Services = \$0; Column (C) - Management & General = \$5; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	QuickBooks fees: Column (A) - Total = \$975; Column (B) - Program Services = \$0; Column (C) - Management & General = \$975; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	School Trash Pickup: Column (A) - Total = \$2500; Column (B) - Program Services = \$2500; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Storage Containers: Column (A) - Total = \$317; Column (B) - Program Services = \$0; Column (C) - Management & General = \$317; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Street Cleaning Supplies: Column (A) - Total = \$862; Column (B) - Program Services = \$862; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Street Sweeping Service: Column (A) - Total = \$5185; Column (B) - Program Services = \$5185 ; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Supplies: Column (A) - Total = \$4663; Column (B) - Program Services = \$0; Column (C) - Management & General = \$4663; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Telephones: Column (A) - Total = \$3073; Column (B) - Program Services = \$0; Column (C) - Management & General = \$3073; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Trailer Rental: Column (A) - Total = \$3181; Column (B) - Program Services = \$3181; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Trash Services: Column (A) - Total = \$3607; Column (B) - Program Services = \$3607; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	T-Shirts: Column (A) - Total = \$2876; Column (B) - Program Services = \$2876; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 24e: Other Expenses	Two wayRadio: Column (A) - Total = \$865; Column (B) - Program Services = \$865; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0