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**Part III Statement of Program Service Accomplishments (See the instructions.)****Expenses**What is the organization's primary exempt purpose? SUPPORT NEEDS OF THE COMMUNITY

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	COMMUNITY SERVICE - PROVIDES FUNDS FOR DOZENS OF PROJECTS INVOLVING HUNDREDS OF RECIPIENTS IN LOCAL, REGIONAL AND INTERNATIONAL AREAS.	(Grants \$ 7,500.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	157,849.
29	NAMED FUNDS - PROVIDES SCHOLARSHIPS FOR QUALIFIED HIGH SCHOOL STUDENTS TO ATTEND COLLEGE AND LOCAL HIGH SCHOOLS.	(Grants \$ 34,170.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	34,170.
30	YOUTH INCENTIVE PROGRAM - PROVIDE SCHOLARSHIPS FOR "AT RISK" STUDENTS CHOSEN IN THE 7TH GRADE THAT COMPLETE A MENTORING PROGRAM UNTIL GRADUATION. ALSO PROVIDES WORK EXPERIENCE FOR QUALIFIED YOUTH.	(Grants \$ 15,513.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	24,942.
31	Other program services (attach schedule) .0 .	(Grants \$ 128,748.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	128,748.
32	Total program service expenses (add lines 28a through 31a)		32	345,709.

**Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MICHAEL MIKLAUS 355 COMMERCE CIRCLE SACRAMENTO CA 95815	PRESIDENT 2.00	0.	0.	0.
KEN NOACK JR. 355 COMMERCE CIRCLE SACRAMENTO CA 95815	VICE PRESIDENT 1.00	0.	0.	0.
LARRY GILZEAN 355 COMMERCE CIRCLE SACRAMENTO CA 95815	TREASURER 1.00	0.	0.	0.
CHRISTINE A. WINGER 355 COMMERCE CIRCLE SACRAMENTO CA 95815	SECRETARY 1.00	0.	0.	0.
TIM PINKNEY 355 COMMERCE CIRCLE SACRAMENTO CA 95815	EX-OFFICIO 1.00	0.	0.	0.
BEVERLY BRAUTIGAM 355 COMMERCE CIRCLE SACRAMENTO CA 95815	EX-OFFICIO 1.00	0.	0.	0.
LUDY E. LANGER 355 COMMERCE CIRCLE SACRAMENTO CA 95815	TRUSTEE 1.00	0.	0.	0.
JOHN D. LAUPPE 355 COMMERCE CIRCLE SACRAMENTO CA 95815	TRUSTEE 1.00	0.	0.	0.
JOE WOJCIECHOWSKI 355 COMMERCE CIRCLE SACRAMENTO CA 95815	TRUSTEE 1.00	0.	0.	0.
A. NEIL PASCHALL 355 COMMERCE CIRCLE SACRAMENTO CA 95815	TRUSTEE 1.00	0.	0.	0.
CHRIS ANN BACHTEL 355 COMMERCE CIRCLE SACRAMENTO CA 95815	TRUSTEE 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Smt				

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity  
**33**  X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes  
**34**  X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  
**35**  X

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  
**35a**  X

b If 'Yes,' has it filed a tax return on Form 990-T for this year?  
**35b**

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?  
 If 'Yes,' complete applicable parts of Schedule N  
**36**  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions  
**37a**  0.

b Did the organization file Form 1120-POL for this year?  
**37b**  X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  
**38a**  X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  
**38b**

39 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9  
**39a**

b Gross receipts, included on line 9, for public use of club facilities  
**39b**

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  
 If 'Yes,' complete Schedule L, Part I  
**40b**  X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  
**40c**  0.

d Enter amount of tax on line 40c reimbursed by the organization  
**40d**  0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  
**40e**  X

41 List the states with which a copy of this return is filed ► California

42a The books are in care of ► ACCOUNTANT Telephone no. ► (916) 929-2992  
 Located at ► 355 COMMERCE CIRCLE SACRAMENTO CA ZIP + 4 ► 95815

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If 'Yes,' enter the name of the foreign country  
**42b**  X

Yes	No
<input type="checkbox"/>	<input type="checkbox"/> X
<input type="checkbox"/> X	<input type="checkbox"/>

**42c**  X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  
 If 'Yes,' enter the name of the foreign country  
**42c**  X

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

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  
**44**  X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  
**45**  X

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

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I  46  X

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II  47  X

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  48  X

49a Did the organization make any transfers to an exempt non-charitable related organization?  49a  X

b If 'Yes,' was the related organization(s) a section 527 organization?  49b  X

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

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of other independent contractors receiving over \$100,000 ►		

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**

► *Christine A. Wihger* | 12/14/09

Signature of officer

Date

► *Christine A. Wihger Executive Director/Secretary*

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ► *J H Fritzsch* | 12/7/09 | Date | Check if self-employed ►  | Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► *JAMES H. FRITZSCHE, CPA*

► *10549 WEST STOCKTON BLVD.*

► *ELK GROVE*

CA 95757

EIN

Phone no ► (916) 686-9272

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

Form 990-EZ (2008)

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

## Public Charity Status and Public Support

**To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

2008

## Open to Public Inspection

**Department of the Treasury  
Internal Revenue Service**

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

**Employer identification number**

23-7117223

**Part II** Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)  
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 **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)**. (see instructions)  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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– Other  
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 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?

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

**h** Provide the following information about the organizations the organization supports:

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

**Schedule A (Form 990 or 990-EZ) 2008**

**Part II: Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
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						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add 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 section 501(c)(3) organization, check this box and stop here. ► **Section C. Computation of Public Support Percentage**

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

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

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

**19a 33-1/3 support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► **b 33-1/3 support tests - 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► **20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ►

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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Department of the Treasury  
Internal Revenue Service

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

## Open to Public Inspections

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**Name of the organization**

**Employer identification number**

ROTARY CLUB OF SACRAMENTO FOUNDATION

23-7117223

**Part II** **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.

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

- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations
- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? \_\_\_\_\_.

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. Form 990EZ filers are not required to complete this table.

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

REVENUE		(a) Event #1 <u>BIDS FOR KIDS</u> (event type)	(b) Event #2 <u>KIDS GOLF</u> (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
		126,786.	65,988.		192,774.
1	Gross receipts	126,786.	65,988.		192,774.
2	Less. Charitable contributions				
3	Gross revenue (line 1 minus line 2)	126,786.	65,988.		192,774.
DIRECT EXPENSES					
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
7	Other direct expenses	69,913.	14,715.		84,628.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				84,628.
	9 Net income summary. Combine lines 3 and 8 in column (d)				108,146.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		0.	0.	0.	0.
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)				0.

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?

b If 'No,' Explain

-----

YES	NO
9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

-----

10a	
-----	--

11 Does the organization operate gaming activities with nonmembers?

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?

11	
12	

13 Indicate the percentage of gaming activity operated in.

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

14 Provide 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 contact with a third party from whom the organization receives gaming revenue?

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.

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?

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. ► \$ \_\_\_\_\_

Name as Shown on Return ROTARY CLUB OF SACRAMENTO FOUNDATION	Employer Identification No. 23-7117223
-----------------------------------------------------------------	-------------------------------------------

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	11,855.	9,735.
PREPAID ASSETS	500.	1,178.
INVESTMENTS	2,649,376.	2,022,587.
Totals to Form 990-EZ, Part II, line 24	2,661,731.	2,033,500.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE	43,766.	8,595.
GRANT PAYABLE	100,000.	84,500.
Totals to Form 990-EZ, Part II, line 26	143,766.	93,095.

## Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

ADMINISTRATIVE COSTS	39,000.
COMMUNITY SERVICE	39,000.
WORLD COMMUNITY SERVICE	2,988.
ROTOPLASTS PROJECTS	74,427.
OTHER PROJECTS	33,880.
EDDIE MULLIGAN PINS	853.
BANK FEES	1,329.
MEALS & SUPPLIES	3,264.
MISCELLANEOUS	4,042.
OTHER	2,909.
PAYMENTS TO AFFILIATES	348.
 Total	 <u>202,040.</u>

## Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAN MCVEIGH 355 COMMERCE CIRCLE SACRAMENTO CA 95815	Title TRUSTEE			
Foreign city Foreign country	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SUSAN SHERIDAN 355 COMMERCE CIRCLE SACRAMENTO CA 95815	Title TRUSTEE			
Foreign city Foreign country	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> HEIDI HERSHENHOUSE 355 COMMERCE CIRCLE SACRAMENTO CA 95815	Title TRUSTEE			
Foreign city Foreign country	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KELLY MORAN 355 COMMERCE CIRCLE SACRAMENTO CA 95815	Title TRUSTEE			
Foreign city Foreign country	Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Purpose of Payment . . . PROVIDE FOR CONSTRUCTION OF LEARNING CENTER

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <b>AEROSPACE MUSEUM OF CALIFORNIA</b> <b>3200 FREEDOM DRIVE</b> <b>MCCLELLAN</b> <b>CA</b> <b>95652</b>	<b>NONE</b>	<b>84,500.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment . . . SUPPORT EDUCATION FOR PHYSICALLY AND HEALTH IMPAIRED CHILDREN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <b>BOWLING GREEN CHARTER COMPLEX</b> <b>4211 TURNBRIDGE DRIVE</b> <b>SACRAMENTO</b> <b>CA</b> <b>95823</b>	<b>NONE</b>	<b>15,748.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment . . . SUPPORT EDUCATION FOR PHYSICALLY AND HEALTH IMPAIRED CHILDREN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <b>FERN BACON MIDDLE SCHOOL</b> <b>4140 CUNY AVENUE</b> <b>SACRAMENTO</b> <b>CA</b> <b>95823</b>	<b>NONE</b>	<b>3,100.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Continued

## Purpose of Payment

SUPPORT EDUCATION FOR PHYSICALLY AND HEALTH IMPAIRED CHILDREN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>RALPH RICHARDSON CENTER</u> <u>4848 COTTAGE WAY</u> <u>CARMICHAEL</u> <u>CA</u> <u>95608</u>	<u>NONE</u>	<u>7,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT EDUCATION FOR PHYSICALLY AND HEALTH IMPAIRED CHILDREN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>LUTHER BURBANK HIGH SCHOOL</u> <u>3500 FLORIN ROAD</u> <u>SACRAMENTO</u> <u>CA</u> <u>95826</u>	<u>NONE</u>	<u>15,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT EDUCATION FOR PHYSICALLY AND HEALTH IMPAIRED CHILDREN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>HIGHLANDS ACADEMY OF ARTS &amp; DESIGN</u> <u>6444 WALERGA RD.</u> <u>NORTH HIGHLANDS</u> <u>CA</u> <u>95660</u>	<u>NONE</u>	<u>2,900.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Continued

## Purpose of Payment

PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> NAOMI CHINN 3066 FREEPORT BLVD SACRAMENTO CA 95818	NONE	1,504.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CAMEO DAVIS 3601 PACIFIC AVE STOCKTON CA 95211	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAVID AVILES 2201 ARENA BLVD 4104 SACRAMENTO CA 95834	NONE	7,570.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Continued

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>BRIANNA DOHERTY</u> <u>4540 AMERICAN RIVER DR</u> <u>SACRAMENTO</u> <u>CA</u> <u>95864</u>	<u>NONE</u>	<u>4,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>CARA MAUPIN</u> <u>3066 FREEPORT BLVD</u> <u>SACRAMENTO</u> <u>CA</u> <u>95818</u>	<u>NONE</u>	<u>2,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>PAUL SIMAS</u> <u>4540 AMERICAN RIVER DR</u> <u>SACRAMENTO</u> <u>CA</u> <u>95864</u>	<u>NONE</u>	<u>2,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Continued

## Purpose of Payment

PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>LISA HOLLAND</u> <u>1831 ROCKWOOD DRIVE</u> <u>SACRAMENTO</u> <u>CA</u> <u>95864</u>	NONE	851.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

## Purpose of Payment

PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>INESSA TSIRO</u> <u>1717 S CHESTNUT AVE</u> <u>FRESNO</u> <u>CA</u> <u>93702</u>	NONE	2,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

## Purpose of Payment

PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>STARLIGHT TROTTER</u> <u>2315 34TH STREET</u> <u>SACRAMENTO</u> <u>CA</u> <u>95817</u>	NONE	1,800.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Continued

## Purpose of Payment

PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JIA MEI HE 1995 UNIVERSITY AVE, STE 110 BERKELEY CA 94704	NONE	2,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CHRISTINA SAECHAO 2315 34TH STREET SACRAMENTO CA 95817	NONE	2,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STEFANA SIMONETTO 4540 AMERICAN RIVER DR SACRAMENTO CA 95864	NONE	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Continued

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RACHAEL GUTMAN <u>4540 AMERICAN RIVER DR</u> <u>SACRAMENTO</u> <u>CA</u> <u>95864</u>	<u>NONE</u>	<u>4,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MASUMI GEORGE ASAHI <u>3066 FREEPORT BLVD</u> <u>SACRAMENTO</u> <u>CA</u> <u>95818</u>	<u>NONE</u>	<u>3,200.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KORY WORL <u>3066 FREEPORT BLVD</u> <u>SACRAMENTO</u> <u>CA</u> <u>95818</u>	<u>NONE</u>	<u>3,200.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Continued

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TRANEE QUANEESHA MCDONALD 2315 34TH STREET SACRAMENTO CA 95817	NONE	1,800.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ANNIE GAULT HERNANDEZ 6000 J STREET HALL 1011 SACRAMENTO CA 95819	NONE	920.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DIAVONTI ESCASENA 4315 MARTIN LUTHER KING JR. BLVD SACRAMENTO CA 95820	NONE	4,690.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Continued

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ROBERT KOHNKE 13635 CLAY STATION RD. GALT CA 95632	NONE	910.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FRANCIS MEAD 1600 HOLLOWAY AVE SAN FRANCISCO CA 94132	NONE	2,181.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JAN IDRIS VERGARA PO BOX 254647 SACRAMENTO CA 95865	NONE	784.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Continued

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JEREMY HINES PO BOX 254647 SACRAMENTO CA 95865	NONE	784.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment PROVIDE FOR ACADEMIC COSTS FOR QUALIFIED STUDENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ALMA SANDOVAL PO BOX 989062 WEST SACRAMENTO CA 95798	NONE 580	580.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Page 1, Part I, Line 20

**Other Changes in Net Assets or Fund Balances**

Description	Amount
UNREALIZED LOSSES	-556,468.
Total	<u>-556,468.</u>

**Supporting Statement of:**

Form 990-EZ/Line 31, Grants &amp; Alloc

Description	Amount
BIDS FOR KIDS	84,500.
GOLF FOR KIDS	44,248.
Total	<u>128,748.</u>

**Supporting Statement of:**

Form 990-EZ/Other Program Service Exp

Description	Amount
BIDS FOR KIDS	84,500.
KIDS GOLF	44,248.
Total	<u>128,748.</u>

**Supporting Statement of:**

Sch. G, page 2/Event 1 Other Direct Exp.

Description	Amount
DIRECT COST OF EVENT	69,913.
Total	<u>69,913.</u>

**Supporting Statement of:**

Sch. G, page 2/Event 2 Other Direct Exp.

Description	Amount
DIRECT COSTS OF SPECIAL EVENT	14,715.
Total	<u>14,715.</u>

**Supporting Statement of:**

Sch. G, page 2/Event 1 Other Direct Exp.

Description	Amount
DIRECT COST OF EVENT	69,913.
Total	<u>69,913.</u>

**Supporting Statement of:**

Sch. G, page 2/Event 2 Other Direct Exp.

Description	Amount
DIRECT COSTS OF SPECIAL EVENT	14,715.
Total	<u>14,715.</u>