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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2008

Department of the Treasury  
Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. **The organization may have to use a copy of this return to satisfy state reporting requirements**

Open to Public Inspection

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>	
		CAMARILLO RANCH FOUNDATION		31-1623092	
		201 CAMARILLO RANCH RD		Room/suite	E Telephone number
City or town, state or country, and ZIP + 4		CAMARILLO, CA 93012		805-389-8182	
				F Group Exemption Number	

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

G Accounting method:  Cash  Accrual  
Other (specify) \_\_\_\_\_

I Website: N/A

H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 373,072.**

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	138,725.	10	Grants and similar amounts paid (attach schedule)	10	
2	Program service revenue including government fees and contracts	2	155,840.	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	28,160.	12	Salaries, other compensation, and employee benefits	12	200,982.
4	Investment income	4	6,694.	13	Professional fees and other payments to independent contractors	13	7,747.
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	27,148.
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	8,051.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c		16	Other expenses (describe SEE STATEMENT 1)	16	119,056.
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			17	Total expenses Add lines 10 through 16	17	362,984.
a	Gross revenue (not including \$ 37,619. of contributions reported on line 1)	6a	32,759.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-28,594.
b	Less: direct expenses other than fundraising expenses	6b	32,759.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	333,218.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.	20	Other changes in net assets or fund balances (attach explanation)	20	
7a	Gross sales of inventory, less returns and allowances STMT 5	7a	10,894.	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	304,624.
b	Less: cost of goods sold STMT 6	7b	5,923.				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	4,971.				
8	Other revenue (describe RECEIVED)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	334,390.				

## Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	296,988.	281,868.
23	Land and buildings	46,958.	44,361.
24	Other assets (describe SEE STATEMENT 2)	19,592.	22,813.
25	Total assets	363,538.	349,042.
26	Total liabilities (describe SEE STATEMENT 3)	30,320.	44,418.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	333,218.	304,624.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Form 990-EZ (2008)

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98,9  
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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>SEE STATEMENT 8</b>		
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.		
28	<b>RESTORATION OF THE ADOLFO CAMARILLO HOUSE, BARN, STABLES AND LANDSCAPING AND MAINTENANCE</b>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <b>56,684.</b>
29	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32 56,684.</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> - List each one even if not compensated (See the instructions for Part IV)				
(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 & deferred compensation	(e) Expense account and other allowances
CHUCK ANDREWS, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	PRESIDENT 2.00	0.	0.	0.
DAVID CARLSON, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	VICE PRESIDENT 2.00	0.	0.	0.
GERRY OLSEN, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	SECRETARY 2.00	0.	0.	0.
SUSANA REEDER, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	TREASURER 2.00	0.	0.	0.
BRUCE FUHRMAN, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
ART GOULET, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
IRA GROOMS, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
JOHN HILLS, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
MICHAEL LAVENANT, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
WILLIAM LITTLE, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
KAREN PROUGH, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
TED RAINS, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
KIRAN SAHOTA, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
PATRICK WALTON, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
ROSE WISURI, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	MEMBER 2.00	0.	0.	0.
KRISTIN RICHEY, 201 CAMARILLO RANCH RD, CAMARILLO, CA 93012	EXECUTIVE DIRECTOR 40.00	57,576.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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		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.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a 0.</span>		
37b	Did the organization file Form 1120-POL for this year?		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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0.</span> ; section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
40b	Section 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		X
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
40d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
40e	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		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ CA</span>		
42a	The books are in care of <span style="float:right">▶ KRISTIN RICHEY-HERRERA</span> Telephone no. <span style="float:right">▶ 805-389-8182</span> Located at <span style="float:right">▶ 201 CAMARILLO RANCH RD., CAMARILLO, CA</span> ZIP + 4 <span style="float:right">▶ 93012</span>		
42b	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: <span style="float:right">▶ _____</span>		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 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: <span style="float:right">▶ _____</span>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		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

- |     | Yes | No |
|-----|-----|----|
| 46  |     | X  |
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |
- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 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 & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 <span style="float: right;">▶</span>				

- 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."
- NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 <span style="float: right;">▶</span>		

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** Date: 5/14/10

Signature of officer: *Kristin Richey*

Type of print name and title: KRISTIN RICHEY, MANAGER

**Paid Preparer's Use Only**

Preparer's signature: *W. D. ...* Date: 5/13/10

Check if self-employed

Preparer's Identifying Number (See instr )

Firm's name (or yours if self-employed), address, and ZIP + 4: VAVRINEK, TRINE, DAY & CO., LLP  
8270 ASPEN STREET  
RANCHO CUCAMONGA, CA 91730

EIN:   
Phone no.: 909-466-4410

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**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 any "unusual grants.")	52,170.	76,724.	42,398.	52,845.	166,885.	391,022.
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						
4 Total. Add lines 1 - 3	52,170.	76,724.	42,398.	52,845.	166,885.	391,022.
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)						
6 Public Support. Subtract line 5 from line 4						391,022.

**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	52,170.	76,724.	42,398.	52,845.	166,885.	391,022.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,060.	3,538.	6,030.	8,921.	6,694.	28,243.
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)		46,142.	55,435.	76,643.		178,220.
11 Total support. Add lines 7 through 10						597,485.
12 Gross receipts from related activities, etc (see instructions)					12	1,297,979.

13 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**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	65.44 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	71.44 %

- 16a **33 1/3% support test - 2008.** 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  ▶
- b **33 1/3% support test - 2007.** 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  ▶
- 17a **10% -facts-and-circumstances test - 2008.** 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  ▶
- b **10% -facts-and-circumstances test - 2007.** 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  ▶
- 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  ▶

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> 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, and 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 year 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**

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

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

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

**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 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 II 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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col (c))	
		ANNUAL GALA (event type)	OKTOBERFEST (event type)	NONE (total number)		
Revenue	1	Gross receipts	54,022.	16,356.		70,378.
	2	Less. Charitable contributions	32,262.	5,357.		37,619.
	3	Gross revenue (line 1 minus line 2)	21,760.	10,999.		32,759.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	21,760.	10,999.		32,759.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				( 32,759.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				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))
Revenue	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?

b If "No," Explain:

\_\_\_\_\_

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

b If "Yes," Explain.

\_\_\_\_\_

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?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

<b>13a</b>	%
------------	---

**b** An outside facility

<b>13b</b>	%
------------	---

**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 contract with a third party from whom the organization receives gaming revenue?

**15a**

**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?

**17a**

**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 ▶ \$ \_\_\_\_\_

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADVERTISING		29,325.	
MAINTENANCE		35,471.	
SUPPLIES		18,292.	
INSURANCE		5,240.	
BANK CHARGES		3,027.	
TRAVEL & MEETINGS		2,460.	
PROGRAM SERVICES		19,721.	
PERMITS		95.	
FUNDRAISING		5,425.	
TOTAL TO FORM 990-EZ, LINE 16		119,056.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE		9,747.	12,539.
INVENTORY		9,845.	10,274.
TOTAL TO FORM 990-EZ, LINE 24		19,592.	22,813.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE		8,148.	13,432.
OTHER		22,172.	30,986.
TOTAL TO FORM 990-EZ, LINE 26		30,320.	44,418.

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FORM 990-EZ      OCCUPANCY, RENT, UTILITIES AND MAINTENANCE      STATEMENT      4

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<u>DESCRIPTION</u>	<u>AMOUNT</u>
DEPRECIATION	4,729.
OTHER EXPENSES	22,419.
TOTAL TO FORM 990-EZ, LINE 14	27,148.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 7A

STATEMENT 5

INCOME

1. GROSS RECEIPTS . . . . .	10,894	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		10,894
4. COST OF GOODS SOLD (LINE 13) . . . . .	5,923	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		4,971

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	9,845	
7. MERCHANDISE PURCHASED . . . . .	5,437	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	915	
11. ADD LINES 6 THROUGH 10 . . . . .		16,197
12. INVENTORY AT END OF YEAR . . . . .	10,274	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		5,923



FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

TO MANAGE AND MAINTAIN THE HISTORICAL ADOLFO CAMARILLO RANCH

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>CAMARILLO RANCH FOUNDATION</b>	Employer identification number <b>31-1623092</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>201 CAMARILLO RANCH RD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CAMARILLO, CA 93012</b>	

Check type of return to be filed (File a separate application for each return)

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**KRISTIN RICHEY-HERRERA**

• The books are in the care of **▶ 201 CAMARILLO RANCH RD. - CAMARILLO, CA 93012**  
 Telephone No **▶ 805-389-8182** FAX No **▶**

• If the organization does not have an office or place of business in the United States, check this box  **X**  
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2010**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL ACCOUNTING INFORMATION IS REQUIRED IN ORDER TO COMPLETE AN ACCURATE RETURN**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** \_\_\_\_\_ Title **▶** \_\_\_\_\_ Date **▶** \_\_\_\_\_