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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01 , 2008, and ending 09/30 , 20 09

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
NAOMI'S HOUSE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 12225

City or town, state or country, and ZIP + 4
FRESNO, CA 93777-2225

D Employer identification number
01 0709883

E Telephone number
(559) 498-6988

F Group Exemption Number ▶ 3907

• *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: ▶ www.namoishouse.org

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

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

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 ▶ $ 400,689

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	398,130
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	0
	4	Investment income		4	895
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less. direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ See Statement 2)		8	1,664
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	400,689
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	303,827
	13	Professional fees and other payments to independent contractors		13	8,463
	14	Occupancy, rent, utilities, and maintenance		14	13,578
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶ See Statement 3)		16	102,876
	17	**Total expenses.** Add lines 10 through 16		17	428,744
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-28,055
	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	206,468
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	178,413

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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	53,443	22	36,805
23 Land and buildings	137,661	23	127,837
24 Other assets (describe ▶ See Statement 4)	27,349	24	27,345
25 **Total assets**	218,453	25	191,987
26 **Total liabilities** (describe ▶ See Statement 5)	11,985	26	13,574
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	206,468	27	178,413

99 2

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

What is the organization's primary exempt purpose? **HELP SINGLE HOMELESS WOMEN**

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

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

28	**Homeless Shelter Programs: NEW CLIENTS SERVED 227; COUNSELING HOURS 14,176; MEDICAL & DENTAL VISITS 465; SOCIAL SUPPORT SERVICES 17,275; ON SITE MEALS 25, 530, NIGHTS OF SHELTER 8,510. (0 VARIOUS)** (Grants $ **$0**) If this amount includes foreign grants, check here ▶ ☐	28a	$0
29	**Homeless Shelter Programs: Provides overnight shelter in a clean,secure and safe enviorment to single homeless women in the Fresno, Ca. area. Included are beds with linens, meals, showers, counseling, storage and medical aid. (8510 Nights of Shelter)** (Grants $ **$0**) If this amount includes foreign grants, check here ▶ ☐	29a	$397,790
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	397,790

Part IV **List of Officers, Directors, Trustees, and Key Employees.** 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
See Statement 6				

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	33		✓
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		✓
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			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
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		✓
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		✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 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	Section 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	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	40b		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 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		✓

41 List the states with which a copy of this return is filed ▶ CA

42a The books are in care of ▶ BOOKKEEPER Telephone no. ▶ (559) 498-6988

Located at ▶ 412 F STREET, FRESNO, CA 93706-3409 ZIP + 4 ▶ 93706-3409

			Yes	No
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. ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✓
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		✓

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

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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		✓

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	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		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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
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
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

Signature of officer James R. Deuley Date 8/13/10

Type or print name and title JAMES R. DEULEY, BOARD PRESIDENT

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no ▶ ( )	

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
NAOMI'S HOUSE	01 0709883

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

The organization is not a private foundation because it is (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 a 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 in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % 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 33⅓ % 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–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 it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports.

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 ")	357,733	434,158	397,353	490,989	398,130	2,078,363
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1-3	357,733	434,158	397,353	490,989	398,130	2,078,363
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)						60,388
6 **Public support.** Subtract line 5 from line 4						2,017,975

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	357,733	434,158	397,353	490,989	398,130	2,078,363
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87	835	410	0	895	2,227
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						2,080,590
12 Gross receipts from related activities, etc (see instructions)					12	0

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	96 99 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	75.35 %

16a **33⅓ % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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)

Statement 1 : General Explanations
Statement 2 · Other Revenue Schedule
Statement 3 : Other Expenses Schedule
Statement 4 . Other Assets
Statement 5 : Liabilities Schedule
Statement 6 . Officers, Directors, Trustees and Key Employees Compensation

General Explanations

Reference	Explanation
Form 990-EZ, Header, Line F	Group 3907 members are Poverello House 77-0007985 Naomi's House 01-0709883 Amici Del Poverello Guild 77-0269760

Other Revenue Schedule

Description	Amount
MISCELLANEOUS	$1,664
Total:	**$1,664**

Other Expenses Schedule

Description	Amount
VEHICLE EXPENSES	$1,508
SUPPLIES	$18,393
MEDICAL AND DENTAL COSTS	$30,382
LINEN CLOTHING ETC	$15,487
PROMOTION EXPENSES	$6,069
OFFICE AND COMPUTER EXPENSES	$6,640
DEPRECIATION	$13,773
HUD ADMINISTRATION EXPENSE	$10,024
MISCELLANEOUS	$600
Total	**$102,876**

Other Assets

Description	BOY Amount	EOY Amount
GRANTS RECEIVABLE	$27,349	$27,345
Total	**$27,349**	**$27,345**

Liabilities Schedule

Description	BOY Amount	EOY Amount
ACCOUNTS PAYABLE	$1,116	$2,560
ACCRUED EXPENSES	$10,869	$11,014
Total:	**$11,985**	**$13,574**

Officers, Directors, Trustees and Key Employees Compensation

		Title and Hours	Compensation	Benefits	Expense
Name	Dennis Major	Vice President 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	John Frye	Treasurer 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Marvin Smith	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Jim Kinter	Vice President 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Sister Mary Clennon	Board Member 1	$0	$0	$0
Address	PO BOX 12225 Fresno, CA 93777-2225				
Name	Jeff Negrete	Secretary 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Jim Devany	Presdent 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Jennifer Graves	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Mark Delton	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Tom Cleary	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Jim Connelly	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Charles Farnsworth	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Bob Levine	Board Member	$0	$0	$0

		1			
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Joel Murillo	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Jim Vande Velde	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Carol Maul	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Ann Owen	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Lou McMurray	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Pat Bradley	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Mel Renge	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Robin Duke	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Steve Lutton	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Kathy Hoover	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Cathy Johnson	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Frank Puglia	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
Name	Mayo Ryan	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				

Name	Brian Glover	Board Member 1	$0	$0	$0
Address	PO BOX 12225 FRESNO, CA 93777-2225				
	Total.		**$0**	**$0**	**$0**