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932171 02-08-10

Form 990-EZ Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Open to Public Inspection

Form **990-EZ**

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 \$500,000 and total assets less than \$1,250,000 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

	For t	ne 2 <u>009 ca</u>	ilendar year, or tax year beginn	ng			ana enai	ng			
В	Check applica	f ble Please	C Name of organization					1	D Emplo	yer ide	ntification number
	Addı	ess use IRS						ļ			
F	Nam Chan	label or print or	Caring Choices						68	-03	37307
Ē	Initi		Number and street (or P.O. box,	f mail is not delivered	to street address)		R	oom/suite			
F	Terr	nin- Specific			•				-		99-3873
F	atec	Instruc-	City or town, state or country, an	17IP ± 4							
<u> </u>	— retu	rn l	1						F Group	•	HUII
<u>_</u>		cation ing	Oroville, CA 95						Numb		Cook TZ Assured
	• Se	ction 501(c)	(3) organizations and 4947(a)(1) no		rusts must attach	a comp	leted	G Account	-		Cash X Accrual
			Schedule A (Form	990 or 990-EZ).	_ 				pecify)	_	
		ite: ▶ <u>N /</u>									organization is not
<u>J</u>	Tax-e	xempt status	s (check only one) — 🗶 501(c) (3) ◀ (insert no.	.) 4947(a)(1	<u>) or l</u>	527	required to	attach S	chedule	B (Form 990, 990-EZ, or 990-PF)
K	Check	▶ □ if	the organization is not a section 509	(a)(3) supporting orga	anızatıon <mark>and</mark> its gi	oss rec	eipts are r	ormally not	more tha	an \$25,	000. A Form 990-EZ or
		F	orm 990 return is not required, but if	the organization choo	ses to file a return	, be sur	e to file a d	complete retu	ırn.		
ī	Add li		ind 7b, to line 9 to determine gross re							\$	192,879.
_	art l		nue, Expenses, and Char						ctions fo		
۰	1		ons, gifts, grants, and similar amount							1	11,503.
	1		ervice revenue including government						_	2	180,659.
	2	_		ices and contracts						3	100,033.
	3	Membership dues and assessments						-			
	4	Investmen			ı	_ 1				4	
	5a		ount from sale of assets other than in	<i>r</i> entory	1	5a					
	b		or other basis and sales expenses		ł	5b					
Revenue	C		ss) from sale of assets other than inv					,		5c	
	6	Special evi	ents and activities (complete applicab	le parts of Schedule G	i). If any amount is	s from g	aming, ch	ieck here 📂			
	a	a Gross revenue (not including \$ of contributions									
	1	reported o	n line 1)			6a					
	l b	•	ct expenses other than fundraising ex	penses		6b					
	ء ا		e or (loss) from special events and ac		6b from line 6a)					6c	
	7 a		s of inventory, less returns and allow			7a					
	Ι.		of goods sold	unoco	Ì	7b					
	b		fit or (loss) from sales of inventory (S	uhtraat lina 7h fram li	no 72)	70			- .	7c	
	_c			_	iic /a)		-			1	717.
	8		nue (describe - <u>Interest</u>		REG	SIME			_ ′ _	8	192,879.
	9		nue Add lines 1, 2, 3, 4, 5c, 6c, 7c, a		DILO:			2 	-	9	194,019.
	10		d similar amounts paid (attach schedi	ile)	i l		18	31		10	122 002
	11	•	aid to or for members		I YAM I	Y 1 7 2018 (2)				11	132,082.
es	12	-	ther compensation, and employee be		(4)	y y .	ول ا	<u> </u>		12	38,666.
ens.	13	Profession	nal fees and other payments to indepe	ndent contractors	OGDI		117	1	ļ	13	853.
ă	14	Occupancy	y, rent, utilities, and maintenance			Z14°		لي		14	180.
Ш	15	Printing, p	ublications, postage, and shipping		L					15	<u> 268.</u>
Expe	16	Other expe	enses (describe 🚩		S	<u>ee S</u>	State	ment 3	1_)	16	10,622.
	17	Total expe	enses. Add lines 10 through 16							17	<u> 182,671.</u>
	18	Excess or	(deficit) for the year (Subtract line 17	from line 9)						18	10,208.
Net Assets	19	Net assets	or fund balances at beginning of yea	r (from line 27, colum	n (A))						
\ss			ee with end-of-year figure reported or		,					19	74,349.
7	20		nges in net assets or fund balances (a							20	
ž	21		or fund balances at end of year. Con		20					21	84,557.
Б	art l		nce Sheets. If Total assets on lir			re file F	orm 990 ı	nstead of Fo			0 1 7 3 0
	<u> </u>	. Daidi	(See the instructions for		÷ .,200,000 01 1110	. 0, 1110 1		Beginning of			(B) End of year
^-		oh course	•	,			177	87,4	_	22	95,499.
22		_	and investments					01,4	≖ <i>1</i> J •	23	73,433.
23		nd and build	_	animahla		,		27	100	-	25,982.
24		•	describe ► <u>Accounts</u> re	cervabre)		27,4		24	
25		tal assets		~ ~	L _ L '	.	-	114,9			121,481.
26			s (describe >		<u>tatement</u>	<u> </u>		40,6	$\frac{514.}{349.}$	26	36,924.
27	Ma Ma	it accate ar f	fund halances (line 27 of column (B)	must saree with line 2	/11		1	74	344.	27	84.55%

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	990-EZ (2009) Caring Choices			<u> 68 –</u>	<u> </u>	0 / Page 2
	rt III Statement of Program Service Accomplishmen		Part III.)		1	penses
What	is the organization's primary exempt purpose? See Statement	4				r section 501(c)(3)) organizations and
	ribè what was achieved in carrying out the organization's exempt purp			be		7(a)(1) trusts, optional
	ervices provided, the number of persons benefited, and other relevan				for others)	
28 <u>l</u>	Providing activities and services t					
	support group, education programs,		<u>aining as</u>			
9	care givers and fall prevention ser				1	
(Grants \$ 185,809.) If this amount includes foreign g	rants, check here		<u>LJ</u>	28a	<u>178,095.</u>
29		<u></u>			1	
_						
_				_		
(Grants \$) If this amount includes foreign g	rants, check here			29a	
30 _						
_						
_				 ,		
(Grants \$) If this amount includes foreign g	rants, check here	▶	Щ	30a	
31 (Other program services (attach schedule)			_	1 1	
(Grants \$) If this amount includes foreign of	rants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)	 			32	<u>178,095.</u>
Pa	rt IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated (
		(b) Title and average hours	(c) Compensation	, ,	ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	.,	position	-0)	d	eferred	other allowances
				com	pensation	
		President	_		_	
	O. Box 1263, Oroville, CA 95965	5.00	0.		0.	0.
	nda Barahisyn, 4692 Kilmartin	CFO	_		_	
	urt, Rocklin, CA 95677	1.00	0.	ļ <u>-</u>	0.	0.
	len Pakush, 40 Los Altos Place,	Secretary	_			
	n Mateo, CA 94928	1.00	0.	L	0.	0.
	omas E. Boyd, 5550 State Farm Dr,	Board Member	_		_	
<u>Ro</u>	hnert Park, CA 94928	1.00	0.		0.	0.
	rbara Browne	Board Member	_		_	_
<u>55</u>	0 West Vista #309, Vista, CA 92084	1.00	0.		0.	0.
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		4				
93217	2	L	<u> </u>]		000 57
02-08	- -10				Form	990-EZ (2009)

			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		X			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes						
35	f 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 why the organization did not report the income on Form 990-T.						
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,						
	and proxy tax requirements?	35a		Х			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"						
	complete applicable parts of Sch. N	36		Х			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.						
	Did the organization file Form 1120-POL for this year?	37ь		X			
	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 outstanding at the end of the period covered by this return?	38a		Х			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A						
39	Section 501(c)(7) organizations. Enter:	İ					
а	Initiation fees and capital contributions included on line 9 39a N/A						
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1					
_	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1					
100	section 4911 ► O . ; section 4912 ► O . ; section 4955 ► O .						
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the						
ŭ	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction						
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x			
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	100		 			
·	or disqualified persons during the year under sections 4912, 4955, and 4958						
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the						
u							
	organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
Е	transaction? If "Yes," complete Form 8886-T	40e		x			
44	List the states with which a copy of this return is filed. CA	406		<u> </u>			
41	The organization's books are in care of ▶ Barbara Hanna Telephone no. ▶ 530-34	3 – 0	727				
42 ā	Located at ▶ P.O. Box 1263, Oroville, CA ZIP+4 ▶ 9						
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>	<u> </u>				
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Ves	No			
	account)?	42b		X			
	If "Yes," enter the name of the foreign country:	720					
	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.?	420		y			
C		42C		<u> </u>			
40	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here						
43		N/A					
	and enter the amount of tax-exempt interest received of accrued during the tax year	IN / M					
			Yes	No			
4.4	Did the arganization mointain any departady and funds? If "Van " Farm 000 must be completed instead of		163	140			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		- v			
45	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	4-		- v			
_	completed instead of Form 990-EZ	45 Form 0	00-57	(2009)			
		rvriii y	ゴロード人	(2009)			

68-0337307

Pa	rt VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.						
46	Did the	e organization engage in direct or indirect political campaign activities	on behalf of or in opposition to o	candidates for public		,	Yes	
	office?	? If "Yes," complete Schedule C, Part I				46		X X X
47	Did the	e organization engage in lobbying activities? If "Yes," complete Sci	hedule C, Part II		-	47		<u>X</u>
		organization a school as described in section 170(b)(1)(A)(\bar{i})? If "Ye			-	48		<u>X</u>
		e organization make any transfers to an exempt non-charitable related	l organization?		-	49a		<u>X</u>
		s," was the related organization a section 527 organization?			L	49b		
		lete this table for the organization's five highest compensated employ 5100,000 of compensation from the organization. If there is none, ente	•	s, trustees and key er	(d) Contribution	_	eivea r	10re
		(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	to employee benefit plans & deferred compensation	(e) acc other	Experior (and
	Comp	number of other employees paid over \$100,000 lete this table for the organization's five highest compensated indeper ization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid mor		ved more than \$100,		ation fro		
	Total	number of other independent contractors each receiving over \$100,00	00	>				
Sign Here		Under penalties of perjury, I declare that I have examined this return, including a correct, and complete Declaration of preparer (other than officer) is based on all Signature of officer Barbara Hanna, President Type or print name and title	accompanying schedules and statemer I information of which preparer has any	nts, and to the best of my knowledge	knowledge and be	lief, it is t	rue,	
Paid Prepa Use (arer's Only	Preparer's signature	Date 05/13/10 Che	ployed X	arer's identifying nu	ımber (Se	ee instr)
		David W. Matson self-employed). address, and ZIP+4 Chico, CA 95928	uite 100	Phon no.	-	- 	3-2	 721
May	the IRS	S discuss this return with the preparer shown above? See instructions		· ·		X Yes		No
					F	orm 9 9	0-EZ	(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number

			Caring	<u> Choices </u>						68	<u>8-0337307</u>
Par	tΙ	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this parl	t) See inst	ructions.		
The c	rgan	zation is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox)			
1 [A church, cor	nvention of churches	s, or association of churc	ches desci	nbed in <mark>se</mark>	ction 170	(b)(1)(A)(i)			
2 [A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3		A hospital or	a cooperative hospi	tal service organization o	described	n ection	170(b)(1)	(A)(iii).			
4		A medical res	search organization (operated in conjunction	with a hos	pital desci	ibed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital's name,
		city, and stat	e.								
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	nental un	t describe	ed in
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6		A federal, sta	ite, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).			
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (Comple	te Part II.)							
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, an	d gross receipts from
		activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support 1	from gross investment
		income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 30, 1975
		See section	509(a)(2). (Complete	Part III)							
10		An organizati	on organized and op	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	1).		
11		An organizati	on organized and op	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one or
		more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2) See sec	tion 50 9(a)(3). Che	ck the box that
		describes the	e type of supporting	organization and comple	et <u>e lin</u> es 1	1e through	11h.				
		a Type	l b[_ Type II c	Typ	e III - Func	tionally int	tegrated		d∐	Type III · Other
e		By checking	this box, I certify that	t the organization is not	controlled	directly o	r ındırectly	by one o	r more dis	qualified p	persons other than
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 50	9(a)(1) or s	section 509(a)(2)
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		supporting o	rganization, check th	nis box							
g		•		organization accepted ar			•				
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and ((iii) below,	Yes No
		-		upported organization?							11g(i)
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)
			•	person described in (i) o							11g(iii)
h		Provide the f	ollowing information	about the supported or	ganızatıonı	(s).					
			1	(PD) T							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) l organizati	s the on in col.	(vii) Amount of
	orga	anization		(described on lines 1-9		sted in your document?		ion in col. r support?	(i) organiz U.S	ed in the	support
				above or IRC section		r	· · · · · · · · · · · · · · · · · · ·				
				(see instructions))	Yes	No	Yes	No	Yes	No	
			-						-	 	
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Γotal									,		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (f) Total **(b)** 2006 (d) 2008 1 Gifts, grants, contributions, and membership fees received. (Do not 60,080. 332,041. include any "unusual grants") 38,223. 92,822. 65,500. 75,416. 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 38,223. 92,822. 65,500. 75,416. 60,080. 332,041. 4 Total, Add lines 1 through 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) 332,041. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 92,822 75,416. 60,080 332,041. 38,223 65,500 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) 332,041. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 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 100.00 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. 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 - 2009. 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 - 2008. 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 Or Section A. Public Support	ganizations	Described in	Section 509(a	ILE) (Complete only	if you checked the bo	ix on line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(a) 2005	(6) 2006	(6) 2007	(0) 2008	(e) 2009	(I) IOIAI
membership fees received (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513		1				
F	·					
4 Tax revenues levied for the organ-						
ization'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				ļ	ļ	
6 Total. Add lines 1 through 5					ļ	
7a Amounts included on lines 1, 2, and				[
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			1			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 - 1			
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,		1				
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)		!	<u> </u>]	
14 First five years. If the Form 990 is for t	the organization	s first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Public	Support Pe	rcentage				· · · · · · · · · · · · · · · · · · ·
15 Public support percentage for 2009 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15	
16 Public support percentage from 2008	Schedule A, Parl	III, line 15			16	
Section D. Computation of Invest	tment Incom	e Percentage				
17 Investment income percentage for 200	9 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	
18 Investment income percentage from 20	008 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2009. If the c			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2008. If the c						and
line 18 is not more than 33 1/3%, chec						▶[
20 Private foundation. If the organization						▶ □
					hedule A (Form 99	0 or 990-E7\ 20

Form 990-EZ	Other Expenses		Statement 1
Description			Amount
Liability insurance			1,974.
Workers Compensation			375.
Office supplies			382.
Bank charges			142.
Dues and subscriptions			429.
Filing fees			70.
Travel and entertainment			2,061.
Payroll taxes			5,154.
Employee expenses			35.
Total to Form 990-EZ, line 16			10,622.
Form 990-EZ	Other Liabilities		Statement 2
Description		Beg. of Year	End of Year
Accounts payable		26,694.	35,230.
Credit cards		594.	594.
Grant advances		10,645.	0.
Payroll liabilities		2,681.	1,100.
Total to Form 990-EZ, line 26		40,614.	36,924.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts				ent	3
		No				
B) Did the org directly or	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Y	es	[X]	No

990-EZ Pg 2

Statement

nt 4

To promote the health and welfare of residents of Northern California who are frail, elderly, disabled persons and/or low income persons.