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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**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 \$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.

**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning****, 2009, and ending****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**  
CALIFORNIA FERTILIZER FOUNDATION  
4460 DUCKHORN DRIVE A  
SACRAMENTO, CA 95834**D** Employer identification number

68-0435371

**E** Telephone number

916-574-9744

**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: ► WWW.CALFERTILIZER.ORG**J** Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 89,656.

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

1	Contributions, gifts, grants, and similar amounts received	1	55,789.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	6,461.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
6a	Gross revenue (not including \$ 50,189. of contributions reported on line 1)	6a	27,406.
6b	Less: direct expenses other than fundraising expenses	6b	43,439.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-16,033.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ►)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	46,217.
10	Grants and similar amounts paid (attach schedule)	10	32,300.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	8,345.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	751.
16	Other expenses (describe ► SEE STATEMENT 2)	16	20,604.
17	<b>Total expenses.</b> Add lines 10 through 16	17	62,000.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,783.
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	256,448.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	240,665.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	256,448.	240,665.
23 Land and buildings		
24 Other assets (describe ►)		
25 <b>Total assets</b>	256,448.	240,665.
26 <b>Total liabilities</b> (describe ►)	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	256,448.	240,665.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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

28	ESTABLISHED 27 GARDEN GRANTS TO SCHOOLS TO HELP ESTABLISH GARDENS IN PUBLIC SCHOOLS TO HELP EDUCATE CHILDREN IN THE USE OF FERTILIZERS AND PLANT HEALTH (Grants \$ 32,300.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	57,749.
29	  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	57,749.

**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
RENEE PINEL 1809 SANTA FE DRIVE STOCKTON, CA 95209	FOUNDATION MGR 2.00	0.	0.	0.
STEVE SPANGLER 1805 E CASTLEBROOK DRIVE FRESNO, CA 93720	CHAIRMAN 1.00	0.	0.	0.
RICH FRENCH 218 PLEASANT GROVE RD RIO OSO, CA 95674	VICE CHAIR 1.00	0.	0.	0.
SEBASTIAN BRAUM 3840 GINGER COURT AUBURN, CA 95602	DIRECTOR 1.00	0.	0.	0.
LARRY EDDE 5260 NORTH PALM AVE, STE 400 FRESNO, CA 93704	DIRECTOR 1.00	0.	0.	0.
ALICE Inderbitzin PO BOX 280 FRENCH CAMP, CA 95231	DIRECTOR 1.00	0.	0.	0.
KENT JOHNSON PO BOX 1325 TURLOCK, CA 95381	DIRECTOR 1.00	0.	0.	0.
RAY MAUL PO BOX 308 Kerman, CA 93630	DIRECTOR 1.00	0.	0.	0.
TIM MCGAHEY 6237 RIO BLANCO DRIVE RANCHO MURIETA, CA 95683	DIRECTOR 1.00	0.	0.	0.
BOB SMITH 3905 LINDENWOOD COURT MODESTO, CA 95356	DIRECTOR 1.00	0.	0.	0.
JAY YOST 6177 NORTH THESTA ST, STE 108 FRESNO, CA 93711	DIRECTOR 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 4

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
<b>35</b> 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 why the organization did not report the income on Form 990-T.		
<b>a</b> 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?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> N/A	
<b>40a</b> 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>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the 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	<b>40b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ CA		

**42a** The organization's books are in care of ▶ RENEE PINEL Telephone no. ▶ 916-574-9744  
 Located at ▶ 4460 DUCKHORN DRIVE STE A SACRAMENTO CA ZIP + 4 ▶ 95834

**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 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: ▶

**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** ☐ N/A  
N/A

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

**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

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	X
48 Is the organization 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 a section 527 organization?	49b	

50 Complete this table for the organization's 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.'

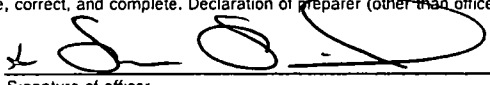

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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
NONE		

d 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		Date 5/14/10	
	RENEE PINEL Type or print name and title		FOUNDATION MGR	
Paid Preparer's Use Only	Preparer's signature	 GERALD W. KUMPF, CPA	Date	5/12/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	KUMPF & LEIPPE, CPAS 1601 EXECUTIVE COURT, SUITE 3 SACRAMENTO, CA 95864-2607		Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/> Preparer's Identifying Number (See instructions) N/A
			EIN	N/A
			Phone no	916-483-6646

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)



**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants').	51,197.	46,587.	64,096.	42,857.	55,789.	260,526.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
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.						0.
4 <b>Total.</b> Add lines 1-through 3.	51,197.	46,587.	64,096.	42,857.	55,789.	260,526.
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).						53,991.
6 <b>Public support.</b> Subtract line 5 from line 4.						206,535.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	51,197.	46,587.	64,096.	42,857.	55,789.	260,526.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,766.	10,789.	11,318.	9,673.	6,461.	40,007.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						300,533.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>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 2009 (line 6, column (f) divided by line 11, column (f)).	14	68.7 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	62.2 %
16a <b>33-1/3 support test – 2009.</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 checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2008.</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"/>		
17a <b>10%-facts-and-circumstances test – 2009.</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 – 2008.</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"/>		
18 <b>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. ▶ <input type="checkbox"/>		

**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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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.						
6 <b>Total.</b> Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 on 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 <b>Total support.</b> (add lns 9, 10c, 11, and 12.)						
14 <b>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**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a <b>33-1/3 support tests – 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33-1/3 support tests – 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		



## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the entire width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the paper.



**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.

REVENUE		(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts . . . . .	77,595.			77,595.
	2 Less: Charitable contributions	50,189.			50,189.
	3 Gross income (line 1 minus line 2) ..	27,406.			27,406.
DIRECT EXPENSES	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .	11,245.			11,245.
	6 Rent/facility costs . . . . .	9,720.			9,720.
	7 Food and beverages . . . . .	13,750.			13,750.
	8 Entertainment . . . . .				
	9 Other direct expenses	8,724.			8,724.
	10 Direct expense summary Add lines 4- through 9 in column (d)				43,439.
	11 Net income summary Combine lines 3, column (d) and line 10				-16,033.

**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))
	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, column (d) and line 7.				

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 . . . . . **13a** %
- b** An outside facility . . . . . **13b** %

**14** Enter 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? **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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ \_\_\_\_\_

2009

## FEDERAL STATEMENTS

PAGE 1

CLIENT 220

CALIFORNIA FERTILIZER FOUNDATION

68-0435371

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	EDUC-EST SCHOOL GARDENS	
DONEE'S NAME:	27 SCHOOL GARDEN GRANTS-SEE ATTACHED	
DONEE'S ADDRESS:	SEE ATTACHED LIST	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 32,300.

**STATEMENT 2  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

CONFERENCES, CONVENTIONS, AND MEETINGS	\$ 8,256.
GARDEN GRANT MATERIALS	3,680.
OFFICE EXPENSES	394.
STUDENT AWARDS	1,500.
TAX AND LISC	20.
TRAVEL	6,754.
TOTAL	<u>\$ 20,604.</u>

**STATEMENT 3  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

CONDUCT PUBLIC EDUCATION PROGRAMS, FUND SCHOLARSHIPS, AND SUPPORT RESEARCH RELATED TO CALIFORNIA FERTILIZER INDUSTRY

**STATEMENT 4  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

2009 California Fertilizer Foundation  
Garden Grants

Id# 68-0435371

Form 990-EZ, Part I, Line 10  
Grants and other similar amounts paid

School	Address	City	St	Zip	Grant Amount
Biggs Elementary	300 B Street	Biggs	CA	95917	1200
Jamul Primary School	14567 Lyons Valley Rd	Jamul	CA	91901	1200
John C Fremont Elementary School	3320 Las Palmas Avenue	Glendale	CA	91208	1200
John F Kennedy	1336 Stonum Rd.	Modesto	CA	95351	1200
Linda Vista Elementary	100 Kirk Avenue	San Jose	CA	95127	1200
Orchard View School	440 S High St	Sebastopol	CA	95472	1200
R M. Miano Elementary School	1129 East B St	Los Banos	CA	93635	1200
Rodeo Hills Elementary School	545 Garretson Ave	Rodeo	CA	94572	1200
Theodore Judah Elementary	3919 McKinley Blvd.	Sacramento	CA	95819	1200
Vista La Mesa	3900 Violet St	La Mesa	CA	91941	1200
Willard IB Magnet Elementary School	301 S. Madre St	Pasadena	CA	91107	1200
Billy Mitchell Elementary School	14429 Condon Avenue	Lawndale	CA	90260	1200
Hamlin Street Elementary	22627 Hamlin Street	West Hills	CA	91307	1200
Loma Vista Farm	150 Rainier Ave	Vallejo	CA	94589	1200
Mitchell Middle School	2100 Zinfandel Drive	Rancho Cordova	CA	95670	1200
Modesto City Schools "Transition Program"	426 Locust Ave	Modesto	CA	95351	1200
Mt Washington Elementary	3981 San Rafael Ave	Los Angeles	CA	90065	1200
Westwood Charter School	2050 Selby Ave	Los Angeles	CA	90064	1200
Albert Einstein Academies Charter School	3035 Ash Street	San Diego	CA	92104	1200
Lynhaven Elementary	881 S Cypress Ave	San Jose	CA	95117	1200
Ramona Lutheran School	520 16th Street	Ramona	CA	92065	1200
Sherman Elementary School	1651 Union St.	San Francisco	CA	94123	1200
Montgomery Middle/Sweetwater Union High School	1051 Picador Blvd	San Diego	CA	92154	1200
Strathmore Middle School	19840 Orange Belt Drive	Strathmore	CA	93267	1200
Marie Curie Elementary School	4080 Govenor Road	San Diego	CA	92122	1500
La Fetra Elementary School	547 West Bennett Avenue	Glendora	CA	91741	1500
Empire PTA	PO Box 1269	Empire	CA	95319	500

Totals

32300