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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)

2009

Department of the Treasury
Internal Revenue Service

► 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	C	D Employer identification number
Address change	EDWIN J. GREGSON FOUNDATION	91-2052076
Name change	P.O. BOX 660039	E Telephone number
Initial return	ARCADIA, CA 91066-0039	626-447-2145
Termination		F Group Exemption Number
Amended return		
Application pending		

• 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.gregsonfoundation.comH Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — 501(c) (3) ▶ (insert no) 4947(a)(1) or 527K 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

► \$ 363,326.

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	272,335.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	90,991.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c 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 C) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
	a Gross revenue (not including \$ 15 contributions reported on line 1)	6b	
b Less direct expenses other than fundraising expenses	6c		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a		
7a Gross sales of inventory, less returns and allowances	7b		
b Less: cost of goods sold	7c		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8		
8 Other revenue (describe ►)	9	363,326.	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			
10 Grants and similar amounts paid (attach schedule)	See Statement 1	10	41,776.
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	70,253.
13 Professional fees and other payments to independent contractors		13	9,602.
14 Occupancy, rent, utilities, and maintenance		14	
15 Printing, publications, postage, and shipping		15	642.
16 Other expenses (describe ► See Statement 2)		16	128,285.
17 Total expenses Add lines 10 through 16		17	250,558.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	112,768.
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	845,957.
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	958,725.

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	861,569.	22 986,693.
23 Land and buildings		23
24 Other assets (describe ► See Statement 3)	13,291.	24 1,500.
25 Total assets	874,860.	25 988,193.
26 Total liabilities (describe ► See Statement 4)	28,903.	26 29,468.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	845,957.	27 958,725.

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.)

What is the organization's primary exempt purpose? See Statement 5

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

28 See Statement 6

(Grants \$) If this amount includes foreign grants, check here

28a

29 See Statement 7

(Grants \$) If this amount includes foreign grants, check here

29 a

30 See Statement 8

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a)

32

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
See Statement 9		0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 10

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

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

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 why the organization did not report the income on Form 990-T

a 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?

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

36 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

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?

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 outstanding at the end of the period covered by this return?

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

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

a Initiation fees and capital contributions included on line 9

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

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 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

c 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.

d Section 501(c)(3) and 501(c)(4) organizations. 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

41 List the states with which a copy of this return is filed ► **None**

42a The organization's

books are in care of ► **Jenine Sahadi**

Telephone no ► **626-447-2145**

Located at ► **285 W. Huntington Drive Arcadia CA**

ZIP + 4 ► **91007**

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

44 **X**

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

45 **X**

Part VI**Section 501(c)(3) organizations 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.

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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

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

48 Is the organization 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 a section 527 organization?

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.'

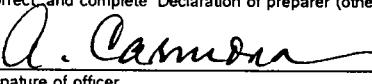
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

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		
	 Angie Carmona, SECRETARY		
	11-3-2010 Date		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input checked="" type="checkbox"/> P00738475
	Darin White	11/2/10	EIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 1240 S. Leland Avenue West Covina, CA 91790		Phone no ► 818-636-2728

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

BAA

► Yes No
Form 990-EZ (2009)

SCHEDULE 'A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

Name of the organization

EDWIN J. GREGSON FOUNDATION

Employer identification number
91-2052076

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. (For lines 1 through 11, check only one box.)

1	<input type="checkbox"/> A church, convention of churches or association of churches described in section 170(b)(1)(A)(i) .
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E.)
3	<input type="checkbox"/> A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii) .
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .
7	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)
9	<input type="checkbox"/> An organization that normally receives, (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4) .
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h.
e	<input type="checkbox"/> By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box <input type="checkbox"/>
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(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?
(ii)	a family member of a person described in (i) above?
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?

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

BAA 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

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')	362,284.	399,068.	557,340.	380,761.	272,335.	1,971,788.
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 Total. Add lines 1-through 3	362,284.	399,068.	557,340.	380,761.	272,335.	1,971,788.
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)						651,938.
6 Public support. Subtract line 5 from line 4						1,319,850.

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	362,284.	399,068.	557,340.	380,761.	272,335.	1,971,788.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,189.	45,873.	41,173.	25,040.	90,991.	214,266.
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 Total support. Add lines 7 through 10						2,186,054.
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						► <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	60.4 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.0 %
16a 33-1/3 support test – 2009. 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 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.		► <input type="checkbox"/>
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.		► <input type="checkbox"/>
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.		► <input type="checkbox"/>
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		► <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) ▶**

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 **Total.** 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 **Public support** (Subtract line 7c from line 6)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support**Calendar year (or fiscal yr beginning in) ▶**

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 Ins 9, 10c, 11, and 12)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
b						
c						
11						
12						
13						

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

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))
 18 Investment income percentage from 2008 Schedule A, Part III, line 17
 19a **33-1/3 support tests – 2009.** 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 – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV

Supplemental Information. Complete this part to provide the 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.

2009

Federal Statements

Page 1

Client EJGF

EDWIN J. GREGSON FOUNDATION

91-2052076

9/28/10

01 06PM

**Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid**

Class of Activity:	Scholarship	
Donee's Name:	Alejandro Hernandez Tamayo	
Donee's Address:	2949 Chevy Way	
Relationship of Donee:	San Pablo, CA 94806	
Cash Amount Given:	None	\$ 3,000.
Class of Activity:	Scholarship	
Donee's Name:	Angel Solarzano	
Donee's Address:	1416 W. 53rd Street	
Relationship of Donee:	Los Angeles, CA 90062	
Cash Amount Given:	None	\$ 202.
Class of Activity:	Scholarship	
Donee's Name:	Daniel Inocente	
Donee's Address:	3609 Durfee Avenue	
Relationship of Donee:	El Monte, CA 91732	
Cash Amount Given:	None	\$ 6,915.
Class of Activity:	Scholarship	
Donee's Name:	Daniel Valenzuela	
Donee's Address:	515 N. Michellinda Avenue	
Relationship of Donee:	Pasadena, CA 91107	
Cash Amount Given:	None	\$ 3,305.
Class of Activity:	Scholarship	
Donee's Name:	David Telles	
Donee's Address:	5704 Camino Del Cielo, #705	
Relationship of Donee:	Bonsall, CA 92003	
Cash Amount Given:	None	\$ 295.
Class of Activity:	Scholarship	
Donee's Name:	Elizabeth Contreras	
Donee's Address:	3234 1/2 Griffin Avenue	
Relationship of Donee:	Los Angeles, CA 90031	
Cash Amount Given:	None	\$ 861.
Class of Activity:	Scholarship	
Donee's Name:	Francisco Rangel	
Donee's Address:	933 W. 131st Street	
Relationship of Donee:	Compton, CA 90222	
Cash Amount Given:	None	\$ 292.

2009

Federal Statements

Page 2

Client EJGF

EDWIN J. GREGSON FOUNDATION

91-2052076

9/28/10

01:06PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship	
Donee's Name:	Ivana Morfin	
Donee's Address:	2046 Wollam Street	
	Los Angeles, CA 90065	
Relationship of Donee:	None	
Cash Amount Given:		\$ 1,941.
Class of Activity:	Scholarship	
Donee's Name:	Celine Aragon	
Donee's Address:	425 E. Arrow Highway, #114	
	Glendora, CA 91740	
Relationship of Donee:	None	
Cash Amount Given:		\$ 243.
Class of Activity:	Scholarship	
Donee's Name:	Joseph Aragon	
Donee's Address:	1635 W. Covina Blvd., #43	
	San Dimas, CA 91773	
Relationship of Donee:	None	
Cash Amount Given:		\$ 564.
Class of Activity:	Scholarship	
Donee's Name:	Jesus Morfin	
Donee's Address:	1546 El Paso Drive, #7	
	Los Angeles, CA 90065	
Relationship of Donee:	None	
Cash Amount Given:		\$ 397.
Class of Activity:	Scholarship	
Donee's Name:	Jessie Soto	
Donee's Address:	3400 Pomona Avenue	
	Los Angeles, CA 90031	
Relationship of Donee:	None	
Cash Amount Given:		\$ 259.
Class of Activity:	Scholarship	
Donee's Name:	Kevin Panian	
Donee's Address:	719 Ash Lane, # 118	
	San Marcos, CA 92069	
Relationship of Donee:	None	
Cash Amount Given:		\$ 1,566.
Class of Activity:	Scholarship	
Donee's Name:	Linda Saldana	
Donee's Address:	526 Nectarine Street	
	Inglewood, CA 90301	
Relationship of Donee:	None	
Cash Amount Given:		\$ 1,000.

2009

Federal Statements

Page 3

Client EJGF

EDWIN J. GREGSON FOUNDATION

91-2052076

9/28/10

01:06PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship	
Donee's Name:	Luis Solorzano	
Donee's Address:	1416 W. 53rd Street	
Relationship of Donee:	Los Angeles, CA 90062	
Cash Amount Given:	None	\$ 338.
Class of Activity:	Scholarship	
Donee's Name:	Lyssa Ortega	
Donee's Address:	8 Pepper Court	
Relationship of Donee:	Inglewood, CA 90302	
Cash Amount Given:	None	\$ 253.
Class of Activity:	Scholarship	
Donee's Name:	Mayra Salmeron	
Donee's Address:	2049 Flagstone Avenue	
Relationship of Donee:	Duarte, CA 91010	
Cash Amount Given:	None	\$ 944.
Class of Activity:	Scholarship	
Donee's Name:	Melissa Marquez	
Donee's Address:	11809 Birch Avenue	
Relationship of Donee:	Hawthorne, CA 90250	
Cash Amount Given:	None	\$ 148.
Class of Activity:	Scholarship	
Donee's Name:	Maria Zuniga	
Donee's Address:	248 Flagstone Avenue	
Relationship of Donee:	Duarte, CA 91010	
Cash Amount Given:	None	\$ 428.
Class of Activity:	Scholarship	
Donee's Name:	Nancy Lopez	
Donee's Address:	2226 Durant Avenue	
Relationship of Donee:	Berkeley, CA 94704	
Cash Amount Given:	None	\$ 2,500.
Class of Activity:	Scholarship	
Donee's Name:	Olaf Vazquez	
Donee's Address:	4669 Rosewood Street	
Relationship of Donee:	Montclair, CA 91763	
Cash Amount Given:	None	\$ 208.

2009

Federal Statements

Page 4

Client EJGF

EDWIN J. GREGSON FOUNDATION

91-2052076

9/28/10

01:06PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship	
Donee's Name:	Ruth Cayetano	
Donee's Address:	809 S. Sage Avenue, Apt B	
	Inglewood, CA 90301	
Relationship of Donee:	None	
Cash Amount Given:		\$ 982.
Class of Activity:	Scholarship	
Donee's Name:	Roberto Mora	
Donee's Address:	15838 Ceres Avenue	
	Fontana, CA 92335	
Relationship of Donee:	None	
Cash Amount Given:		\$ 347.
Class of Activity:	Scholarship	
Donee's Name:	Salvador Espinoza	
Donee's Address:	4180 Service Street	
	Los Angeles, CA 90063	
Relationship of Donee:	None	
Cash Amount Given:		\$ 90.
Class of Activity:	Scholarship	
Donee's Name:	Saul Marquez	
Donee's Address:	1189 Birch Avenue, #4	
	Hawthorne, CA 90250	
Relationship of Donee:	None	
Cash Amount Given:		\$ 2,000.
Class of Activity:	Scholarship	
Donee's Name:	Cintia Chavez	
Donee's Address:	3818 Lincoln Avenue, Apt H	
	El Monte, CA 91731	
Relationship of Donee:	None	
Cash Amount Given:		\$ 275.
Class of Activity:	Scholarship	
Donee's Name:	Veronica Esparza	
Donee's Address:	9874 Arrow Route	
	Rancho Cucamonga, CA 91730	
Relationship of Donee:	None	
Cash Amount Given:		\$ 824.
Class of Activity:	Scholarship	
Donee's Name:	Giovanni Avina	
Donee's Address:	8172 Laurel Avenue	
	Fontana, CA 92335	
Relationship of Donee:	None	
Cash Amount Given:		\$ 225.

2009

Federal Statements

Page 5

Client EJGF

EDWIN J. GREGSON FOUNDATION

91-2052076

9/28/10

01 06PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship	
Donee's Name:	Flor Osorio	
Donee's Address:	5331 Longfellow Street Los Angeles, CA 90042	
Relationship of Donee:	None	
Cash Amount Given:		\$ 1,021.
Class of Activity:	Scholarship	
Donee's Name:	Samuel Almaraz	
Donee's Address:	4919 W. 104th Street, #4 Lennox, CA 90304	
Relationship of Donee:	None	
Cash Amount Given:		\$ 1,586.
Class of Activity:	Scholarship	
Donee's Name:	Hector Gomez	
Donee's Address:	957 W. Magnolia Avenue San Bernardino, CA 92411	
Relationship of Donee:	None	
Cash Amount Given:		\$ 634.
Class of Activity:	Scholarship	
Donee's Name:	Teresa Osorio	
Donee's Address:	5331 Longfellow Street Los Angeles, CA 90042	
Relationship of Donee:	None	
Cash Amount Given:		\$ 593.
Class of Activity:	Scholarship	
Donee's Name:	Marielena Trujillo	
Donee's Address:	17445 Oakshire Place Castro Valley, CA 94506	
Relationship of Donee:	None	
Cash Amount Given:		\$ 605.
Class of Activity:	Scholarship	
Donee's Name:	Luciano Gonzalez	
Donee's Address:	31956 Del Cielo Este, #10 Bonsall, CA 92003	
Relationship of Donee:	None	
Cash Amount Given:		\$ 169.
Class of Activity:	Scholarship	
Donee's Name:	Robert Cisneros	
Donee's Address:	19041 E. Orangepath Street Glendora, CA 91741	
Relationship of Donee:	None	
Cash Amount Given:		\$ 1,866.

2009

Federal Statements

Page 6

Client EJGF

EDWIN J. GREGSON FOUNDATION

91-2052076

9/28/10

01 06PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship
Donee's Name:	Juan Carlos Jimenez Carbajal
Donee's Address:	550 Fano Street Monrovia, CA 91016
Relationship of Donee:	None
Cash Amount Given:	\$ 2,500.
Class of Activity:	Scholarship
Donee's Name:	Judy Rodriguez
Donee's Address:	3726 W. 102nd Street, #14 Inglewood, CA 9030
Relationship of Donee:	None
Cash Amount Given:	\$ 1,500.
Class of Activity:	Scholarship
Donee's Name:	Noel Flores
Donee's Address:	10929 Wright Road Lynnwood, CA 90262
Relationship of Donee:	None
Cash Amount Given:	\$ 900.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Bank Fees	\$ 327.
Conferences, Conventions, and Meetings	443.
Fundraising Event Expense	35,352.
Insurance	1,583.
Licenses	10.
Office Expenses	909.
Recreation Programs	88,494.
Website Expenses	1,167.
Total	<u>\$ 128,285.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 12,500.	\$ 0.
Prepaid Expenses and Deferred Charges	791.	1,500.
Total	<u>\$ 13,291.</u>	<u>\$ 1,500.</u>

2009**Federal Statements****Page 7****Client EJGF****EDWIN J. GREGSON FOUNDATION****91-2052076**

9/28/10

01:06PM

**Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 28,903.	\$ 29,468.
Total	<u>\$ 28,903.</u>	<u>\$ 29,468.</u>

**Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose**

TO PROVIDE EDUCATIONAL AND CHARITABLE PROGRAMS FOR THE BENEFIT OF CALIFORNIA THOROUGHBRED RACEHORSE INDUSTRY STABLE-AREA WORKERS AND THEIR FAMILY MEMBERS.

**Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments**

Santa Anita Recreational Center (SARC) - Located at Santa Anita Racetrack in Arcadia, CA, this facility contains a fully-equipped exercise gym, video/movie/sports viewing room, card and game room, and laundry facilities for the benefit of all stable area personnel. There is a staff of approximately seven to serve the needs of workers utilizing the facility daily from 10:00 a.m. to 9:00 p.m. The Center is also utilized to conduct weekly Catholic Mass and English classes held twice per week.

**Statement 7
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments**

Recreation Programs - Consist of a variety of recreational activities available to stable workers located at the major California racetracks of Bay Meadows, Santa Anita Park, Fairplex Park, Golden Gate Fields, San Luis Rey Downs, Del Mar and Hollywood Park. Trips are offered to water and amusement parks, to professional sporting events, such as baseball, boxing, and soccer games. There are also various coordinated softball and soccer leagues, as well as weekly tournaments (i.e., pool, dominoes, poker, etc.) for all workers wishing to participate.

**Statement 8
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments**

Scholarship Grants - Provided for children of eligible stable-area workers located throughout California. Applications are accepted annually and reviewed by a scholarship committee. The maximum grant is \$5,000 per student per school year. Children may apply for additional grants annually.

Client EJGF

EDWIN J. GREGSON FOUNDATION

91-2052076

9/28/10

01 06PM

Statement 9
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri-bution to EBP & DC	Expense Account/Other
EDWARD HALPERN 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Director 0	0. \$	0. \$	0. \$
BEVERLY LEWIS 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Director 0	0.	0.	0.
ANGIE CARMONA 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Secretary 0	0.	0.	0.
EDDIE DELAHOUSSAYE 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Director 0	0.	0.	0.
GAIL GREGSON 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Director 0	0.	0.	0.
LEIGH ANN HOWARD 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Director 0	0.	0.	0.
SARAH KELLY 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Director 0	0.	0.	0.
F. JACK LIEBAU 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	CFO 0	0.	0.	0.
JAMES CASSIDY 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Director 0	0.	0.	0.
ANDREW RICHARDS 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Director 0	0.	0.	0.
JENINE SAHADI 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	President 0	0.	0.	0.
SAMANTHA SIEGEL 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Director 0	0.	0.	0.

2009

Federal Statements

Page 9

Client EJGF

EDWIN J. GREGSON FOUNDATION

91-2052076

9/28/10

01 06PM

Statement 9 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compens- ation	Contri- bution to EBP & DC	Expense Account/ Other
PATRICIA MILLINGTON 285 W. HUNTINGTON DRIVE ARCADIA, CA 91007	Director \$ 0	0. \$ 0.	0. \$ 0.	0.
	Total \$ <u> </u>	0. \$ <u> </u>	0. \$ <u> </u>	0.

Statement 10
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