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

OMB No 1545-1150

2009Department 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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. EDWIN J. GREGSON FOUNDATION P.O. BOX 660039 ARCADIA, CA 91066-0039	D Employer identification number 91-2052076 E Telephone number 626-447-2145 F Group Exemption Number
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• 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.com

H 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 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A 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.)

REVENUE 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 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 \$ of contributions reported on line 1) 6b Less: direct expenses other than fundraising expenses 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ►) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 272,335. 2 3 4 90,991. 5c 6c 7c 8 9 363,326.
EXPENSES 10 Grants and similar amounts paid (attach schedule) See Statement 1 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Statement 2) 17 Total expenses. Add lines 10 through 16	10 41,776. 11 12 70,253. 13 9,602. 14 15 642. 16 128,285. 17 250,558.
ASSETS 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18 112,768. 19 845,957. 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)

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Expenses

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

organizations and section 4947(a)(1) trusts; optional for others)

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28a	
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29 a	
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30 a	
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31 a	
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32	
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(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
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0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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?		X
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		X
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?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a 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		
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 40b		X
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 40e		X
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**

	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. 42b		X
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: 42c		X

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

	Yes	No
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.

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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.'

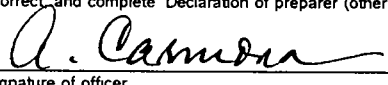
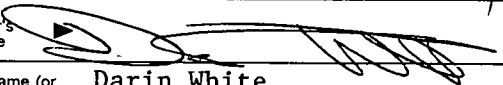
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

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

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'.)	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. ☐

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. ☒

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 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 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)						

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 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 <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 **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.

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.

Client EJGF

EDWIN J. GREGSON FOUNDATION

91-2052076

9/28/10

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

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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.

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

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91-2052076

9/28/10

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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.

Client EJGF

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91-2052076

9/28/10

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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.

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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	\$ 128,285.

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	\$ 13,291.	\$ 1,500.

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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.

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

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
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 DELAHOSSAYE 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.

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Statement 9 (continued)

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

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