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**Short Form
Return of Organization Exempt From Income Tax**

2009

**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

Department of the Treasury
Internal Revenue Service

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

C Please use IRS label or print or type. See Specific Instructions.
COALINGA COMMUNITY FOUNDATION
PO BOX 124
COALINGA, CA 93210

D Employer identification number
94-6289551

E Telephone number

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) ▶

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

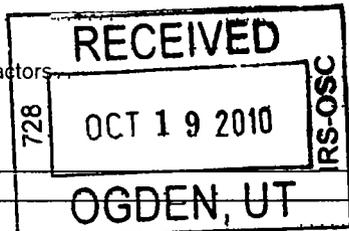
I Website: ▶ N/A

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 ▶ \$ **219,259.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	151,470.
	2 Program service revenue including government fees and contracts	2	64,409.
	3 Membership dues and assessments	3	
	4 Investment income	4	1,741.
	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 G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ See Statement 1)	8	1,639.	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	219,259.	
EXPENSES	10 Grants and similar amounts paid (attach schedule) See Statement 2	10	44,400.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	106,782.
	13 Professional fees and other payments to independent contractors	13	3,065.
	14 Occupancy, rent, utilities, and maintenance	14	10,784.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See Statement 3)	16	40,246.
	17 Total expenses. Add lines 10 through 16	17	205,277.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,982.	
NET ASSETS	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	646,501.
	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	660,483.



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	230,609.	199,140.
23 Land and buildings	420,645.	465,285.
24 Other assets (describe ▶ See Statement 4)	2,719.	4,459.
25 Total assets	653,973.	668,884.
26 Total liabilities (describe ▶ See Statement 5)	7,472.	8,401.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	646,501.	660,483.

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

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

What is the organization's primary exempt purpose? COMMUNITY CHEST
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.

28	THE COMMUNITY FOUNDATION RUNS A THRIFT SHOP AND DONATES THE PROCEEDS TO VARIOUS NON-PROFIT AGENCIES IN THE COALINGA AREA.		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
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	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
HERB WATANABE 1415 CALIFORNIA STREET COALINGA, CA 93210	President 0	0.	0.	0.
DON KERR 250 N. COALINGA ST. COALINGA, CA 93210	VICE-PRESIDENT 0	0.	0.	0.
HILDA CRAWFORD 1236 NEVADA STREET COALINGA, CA 93210	SECRETARY 0	0.	0.	0.
DAN HOPPER 208 WALNUT COALINGA, CA 93210	Trustee 0	0.	0.	0.
LINDA MATSUMOTO 284 HILLVIEW LANE COALINGA, CA 93210	Trustee 0	0.	0.	0.
BOBBY RIOFRIO 655 W. PLEASANT COALINGA, CA 93210	Trustee 0	0.	0.	0.
CLEO APPLE 259 LINCOLN ST. COALINGA, CA 93210	Trustee 0	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 6

		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					
35a	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			
35b	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.			
37b	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			
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A			
39	Section 501(c)(7) organizations Enter					
39a	a Initiation fees and capital contributions included on line 9	39a	N/A			
39b	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.
40b	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		X			
40c	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.			
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.			
40e	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		X			
41	List the states with which a copy of this return is filed	None				

42a The organization's books are in care of SUZANNE ROCKWELL Telephone no (559) 934-1995
 Located at PO BOX 1371 COALINGA CA ZIP + 4 93210

		Yes	No
42b	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		X
42c	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		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 N/A 43 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		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		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
- 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?

	Yes	No
46		X
47		X
48		X
49a		X
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
CAROL CASTILLO 155 COLLEGE COALINGA, CA 93210	MANAGER 40	24,440.	0.	0.
EMIT APPLE 259 LINCOLN ST COALINGA, CA 93210	BOOKKEEPER 3	20,665.	0.	0.
LORI L. RIBEIRO 865 S. COALINGA COALINGA, CA 93210	CLERK 15	14,143.	0.	0.
GEORGE PRYOR 1080 N. PRINCETON COALINGA, CA 93210	CLERK 22	10,043.	0.	0.
GLENDA MCDARIS 425 MADISON ST. COALINGA, CA 93210	CLERK 23	9,279.	0.	0.

f Total number of other employees paid over \$100,000 ▶ 0

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 ▶

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.

Sign Here OCT 14, 2010

Signature of officer: Don Kerr Date

Type or print name and title: DON KERR VICE-PRESIDENT

Paid Preparer's Use Only

Preparer's signature: M. Scott Date: 10/14/10 Check if self-employed: Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: M. Scott & Co., Inc.
Post Office Box 1045
Coalinga, CA 93210 EIN: N/A Phone no: (559) 935-2951

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')						0.
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	0.	0.	0.	0.	0.	0.
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)						0.
6 Public support. Subtract line 5 from line 4						0.

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	0.	0.	0.	0.	0.	0.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
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						0.
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 checked="" 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	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input 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) ▶	(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 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 lns 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

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization COALINGA COMMUNITY FOUNDATION		Employer identification number 94-6289551
	Number, street, and room or suite number. If a P.O. box, see instructions M. Scott & Co., Inc. Post Office Box 1045		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Coalinga, CA 93210		

Check type of return to be filed (File a separate application for each return).

- Form 990 Form 990-PF Form 1041-A Form 6069
- Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720 Form 8870
- Form 990-EZ Form 990-T (trust other than above) Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **SUZANNE ROCKWELL**
Telephone No **(559) 934-1995** FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4** I request an additional 3-month extension of time until 11/15, 2010
- 5** For calendar year 2009, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6** If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7** State in detail why you need the extension Due to the complexity of the donations and grants made by the organization, additional time is required to file.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *[Handwritten Signature]* Title **VICE-PRESIDENT** Date **OCT 14, 2010**

COALINGA COMMUNITY FOUNDATION

94-6289551

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

RECYCLING INCOME

Total	\$	1,639.
	\$	<u>1,639.</u>

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	ALISA ANN RUCH		
Cash Amount Given:		\$	1,000.
Donee's Name:	CMS MURRIETA'S		
Cash Amount Given:		\$	2,000.
Donee's Name:	COALINGA-HURON HOUSE		
Cash Amount Given:		\$	5,000.
Donee's Name:	WEST HILLS COMMUNITY COLLEGE		
Cash Amount Given:		\$	5,500.
Donee's Name:	SALVATION ARMY		
Cash Amount Given:		\$	2,000.
Donee's Name:	COALINGA AG BOOSTERS		
Cash Amount Given:		\$	1,000.
Donee's Name:	COALINGA CHESS CLUB		
Cash Amount Given:		\$	1,000.
Donee's Name:	COALINGA COWBOYS		
Cash Amount Given:		\$	1,000.
Donee's Name:	COALINGA GIRLS SOFTBALL		
Cash Amount Given:		\$	900.
Donee's Name:	AMERICAN CANCER SOCIETY		
Cash Amount Given:		\$	3,000.
Donee's Name:	CLASS OF 2009		
Cash Amount Given:		\$	3,000.
Donee's Name:	WHCCD - MENS BASKETBALL		
Cash Amount Given:		\$	1,000.
Donee's Name:	FAITH CHRISTIAN ACADEMY		
Cash Amount Given:		\$	2,000.
Donee's Name:	ELKS CLUB		
Cash Amount Given:		\$	1,500.

COALINGA COMMUNITY FOUNDATION

94-6289551

Statement 2 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	CHS SCHOLARSHIPS		
Cash Amount Given:		\$	3,000.
Donee's Name:	COALINGA HONOR SOCIETY		
Cash Amount Given:		\$	2,500.
Donee's Name:	CHS WRESTLING		
Cash Amount Given:		\$	3,500.
Donee's Name:	BAKER MUSEUM		
Cash Amount Given:		\$	5,000.
Donee's Name:	KIWANIS CLUB OF COALINGA		
Cash Amount Given:		\$	500.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

AUTO		\$	580.
BAD DEBT			270.
BOOKKEEPING			4,490.
CASH SHORT/OVER			-189.
CENTENNIAL EXPENSES			11,044.
COST OF SALES			2,782.
DUES			220.
DUMP			475.
GIFT			176.
INSURANCE			11,529.
MISC			379.
OFFICE EXPENSE			777.
Office Expenses			73.
PROPERTY TAXES			3,518.
REPAIRS AND MAINT			2,313.
SECURITY			655.
SUPPLIES			157.
TAXES-LICENSES			397.
TELEPHONE			600.
	Total	\$	<u>40,246.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 2,719.	\$ 4,459.
Total	<u>\$ 2,719.</u>	<u>\$ 4,459.</u>

COALINGA COMMUNITY FOUNDATION

94-6289551

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 275.	\$ 478.
PAYROLL TAX PAYABLE	2,444.	2,780.
SALES TAX PAYABLE	4,753.	5,143.
Total	<u>\$ 7,472.</u>	<u>\$ 8,401.</u>

Statement 6
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