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

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2009 calendar year, or tax year beginning JAN 1, 2009, and ending DEC 31, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <u>EYE - EYE DAS FOUNDATION</u>		<b>D</b> Employer identification number <u>95-418623</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>P.O. BOX 1422</u>		<b>E</b> Telephone number <u>95-4181623</u>
		City or town, state or country, and ZIP + 4 <u>GLENDORA, CA 91740</u>		<b>F</b> Group Exemption Number ▶

o 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: ▶

**J** Tax-exempt status (check only one) -  501(c) (3) ◀ (insert no)  4947(a)(1) or  527

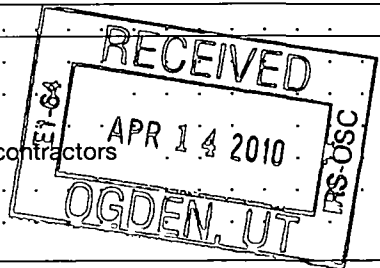
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**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 ▶ \$

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

SCANNED MAY 19 2010

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	36870.55	10	Grants and similar amounts paid (attach schedule)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	8896.52
4	Investment income	4		13	Professional fees and other payments to independent contractors	13	27682.65
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe ▶)	16	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			17	<b>Total expenses.</b> Add lines 10 through 16	17	36684.17
a	Gross revenue (not including \$ of contributions reported on line 1)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	186.38
b	Less: direct expenses other than fundraising expenses	6b		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	72211.41
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		20	Other changes in net assets or fund balances (attach explanation)	20	20524.03
7a	Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	92835.44
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 ▶)	8					
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	36870.55				



**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	72211.41	92835.44
23	Land and buildings		
24	Other assets (describe ▶)		
25	<b>Total assets</b>	72211.41	92835.44
26	<b>Total liabilities</b> (describe ▶)		
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	72211.41	92835.44

27



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

		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 . . . . .		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		<input checked="" type="checkbox"/>
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
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. . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	No
			<input checked="" type="checkbox"/>
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 . . . . .	Yes	No
			<input checked="" type="checkbox"/>

**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"/> |
| b If "Yes," was the related organization a section 527 organization? . . . . .  | <input type="checkbox"/> | <input checked="" 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 & deferred compensation	(e) Expense account and other allowances
<i>None</i>				

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
<i>None</i>		

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**

Signature of officer: *Lawrence R. Streeta* Date: *April 5, 2010*

Type or print name and title: *LAWRENCE R. STREETA TREASURER*

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's identifying number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal 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 any "unusual grants") . . . . .	53728	45114	27504	50045	36870	213261
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .	53728	45114	27504	50045	36870	213261
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	53728	45114	27504	50045	36870	213261
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .	53728	45114	27504	50045	36870	213261
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	53728	45114	27504	50045	36870	213261
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	53728	45114	27504	50045	36870	213261
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" 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	-0.26
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	0.14

**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 line 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:

Area with horizontal dashed lines for supplemental information.



2009 EYE-DAS Financial Statement

		2009						2009		Over/Under To	
As of December 31, 2009		Budget	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Year to date Jan-Aug	date		
<b>INCOME</b>											
101	Contributions	\$ 3,000	\$ 25.00	\$ 25.00	\$ 25.00	\$ 1,680.00	\$ 125.00	\$ 3,983.00	\$ 983.00	↑	
105	Solicitation Letters	\$ 6,000						\$ 4,714.85	\$ (1,285.15)	↓	
110	Contributions from Service Clubs	\$ 3,000	\$ 550.00				\$ 1,500.00	\$ 3,600.00	\$ 600.00	↑	
115	Grants	\$ 5,000		\$ 833.34	\$ 416.67	\$ 416.67	\$ 416.67	\$ 9,750.00	\$ 4,750.00	↑	
120	Visual Aid Boosters	\$ 5,000		\$ 5,000.00				\$ 5,000.00	\$ -	↔	
125	Eye Das Club excess over \$ 250	\$ 900					\$ 574.97	\$ 1,198.91	\$ 298.91	↑	
127	Special Events	\$ 500						\$ -	\$ (500.00)	↓	
130	Misc	\$ 100					\$ 181.70	\$ 273.70	\$ 173.70	↑	
	<b>Total</b>	\$ 23,500	\$ 575.00	\$ 858.34	\$ 5,441.67	\$ 2,096.67	\$ 2,798.34	\$ 28,520.46	\$ 5,020.46	↑	
<b>EXPENSES</b>											
301	Telephone	\$ 360	\$ 28.06	\$ 32.29	\$ 27.84	\$ 31.70	\$ 26.76	\$ 349.32	\$ (10.68)	↓	
310	Postage	\$ 150						\$ 144.79	\$ (5.21)	↓	
315	Transportation to Meetings	\$ 4,700					425.00	\$ 8,025.00	\$ 3,325.00	↑	
320	Administrative Assistant	\$ 8,000	522.50	522.50	955.70	593.78	851.22	\$ 8,896.52	\$ 896.52	↑	
325	Supplies	\$ 1,500	277.40	175.87			323.40	\$ 2,093.87	\$ 593.87	↑	
327	Special Events	\$ 2,000			500.00			\$ 500.00	\$ (1,500.00)	↓	
330	Insurance Liability (Board)	\$ 3,000			25.00			\$ 2,568.00	\$ (432.00)	↓	
335	Eye Das club - under \$ 250	\$ -						\$ -	\$ -	↔	
340	Service Contracts - Upgrade	\$ -						\$ -	\$ -	↔	
345	Speaker Honorary	\$ 540						\$ -	\$ (540.00)	↓	
350	General Storage	\$ 700						\$ 978.50	\$ 278.50	↑	
355	Program Development	\$ 100						\$ -	\$ (100.00)	↓	
357	West Covina Club (Lunch)	\$ 250			70.00		70.00	\$ 325.00	\$ 75.00	↑	
358	Arcadia Club *	\$ 250			40.64		12.98	\$ 61.61	\$ -	↔	
360	Equipment Purchases & Repairs	\$ 500						\$ 4,585.17	\$ 4,085.17	↑	
365	Presidents Discretionary Fund	\$ 500						\$ -	\$ (500.00)	↓	
367	Volunteers Awards Recognition	\$ -						\$ -	\$ -	↔	
370	La Fetra Center Rental	\$ 550				120.00		\$ 400.00	\$ (150.00)	↓	
375	Grant Fees	\$ -						\$ -	\$ -	↔	
380	Misc / CCTV Pick up & Delivery	\$ 400		22.09		35.00	25.00	221.45	-178.55	↓	
	<b>Total</b>	\$ 23,500	\$ 827.96	\$ 752.75	\$ 1,619.18	\$ 780.48	\$ 1,734.36	\$ 29,149.23	\$ 5,649.23	↑	
<i>Budget Approved on:</i>											
January 2009			\$ (252.96)	\$ 105.59	\$ 3,822.49	\$ 1,316.19	\$ 1,063.98			↔	
As of December 31, 2009											




As of February 1, 2010

## EYE-DAS Foundation Assets Summary

			As of	As of	As of	Difference from Cost
		Cost	11/30/2009	12/31/2009	1/30/2010	
501	Cash Management Trust of America	\$ 3,212.00	\$ 224.00	\$ 224.00		\$ (3,212.00)
505	Fidelity Value Strategies	\$ 10,000.00	\$ 9,754.00	\$ 10,316.00		\$ (10,000.00)
510	Fidelity Equity income	\$ 10,000.00	\$ 9,351.00	\$ 9,471.00		\$ (10,000.00)
515	Fidelity Growth	\$ 10,000.00	\$ 8,715.00	\$ 9,056.00		\$ (10,000.00)
520	Fidelity Mid Cap	\$ 10,000.00	\$ 9,442.00	\$ 9,723.00		\$ (10,000.00)
525	Fidelity Dividend Growth	\$ 10,000.00	\$ 9,542.00	\$ 10,016.00		\$ (10,000.00)
530	Fidelity Fixed Income	\$ 10,000.00	\$ 11,450.00	\$ 11,403.00		\$ (10,000.00)
535	Fidelity Strategic Income (Bonds)	\$ 10,000.00	\$ 13,162.00	\$ 13,225.00		\$ (10,000.00)
540	Capital World Growth & Income	\$ 10,000.00	\$ 9,255.00	\$ 9,381.00		\$ (10,000.00)
	Net Assets	\$ 83,212.00	\$ 80,895.00	\$ 82,815.00	\$ -	
560	<i>Pacific Western Bank</i> (Checking Account)		\$ 6,080.12	<i>7144.10</i>		
	<b>TOTAL</b>		\$ 86,975.12	<del>\$ 82,815.00</del> <i>89959.10</i>	\$ -	

As of February 1, 2010

## Restricted Funds Summary

		Balance			
601	Vons (2005)	\$ 5,794.28			
605	Rotary of Arcadia	\$ 1,000.00			
610	Intern	\$ -			
615	Transportation	\$ 2,286.97			
620	Computer	\$ 799.38			
625	Endowment	\$ 500.00			
630	Vons (2006)	\$ 1,773.08			
635	Ludwick Insurance Liability Ins	\$ 1,500.00			
640	Charter Oak Woman's Club	\$ 1,924.56			
645	Ludwick Foundation	\$ -			
	<b>TOTAL</b>	\$ 15,578.27			
	Included in the Assets Summary totals (above)				
	As of February 1, 2010				

March 12, 2010

EYE-DAS BOOSTERS TREASURE REPORT 2009 OCT-DEC.

BEGINNING BALANCE	<del>7041.34</del> 1961.19	<del>10-01-2009</del> 1
TOTAL INCOME	<del>353.00</del> 8350.09	8,350.09
TOTAL EXPENSES	<del>5120.00</del>	7,434.94
ENDING BALANCE 2009	2876.34	

ROSE WENTZ  
BOOSTER TREASURE. 03/12/2010.

