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SCANNED OCT 0 4 2010

Department of the Treasury Internal Revenue Service

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public Inspection

<u>A</u>	For the	e 2009 calendar year, or tax year beginning and endin	g	
В	Check of	Please C Name of organization	D Employer identific	cation number
	applicabl	USS IRS NIX CHECK CASHING COMMUNITY		
	Addre	label or OUTREACH FOUNDATION		
Ī	Name chang	type	95-4	715293
F	Initial	Con Number and the ACO DO by Condensed deligation of the Acoustic		
F	Termir	1 Chaodia I	(310	
F	⊸ated ∏Amen	ded tions	G Gross receipts \$	151,727.
	return Applic			
_	tion pendii	no.	H(a) Is this a group re	Yes X No
		F Name and address of principal officer:RANDALL DOTEMOTO	for affiliates?	
_		1440 ROSECRANS AVENUE, MANHATTAN BEACH, C	` · ·	
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	· ·	list. (see instructions)
		te: N/A	H(c) Group exemptio	
K	orm of		Year of formation: 1998 N	1 State of legal domicile: CA
	art I	Summary		
ě	1	Briefly describe the organization's mission or most significant activities: COMMUNI	IY CHARITABLE	SUPPORT
ā				
e.	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net as	
õ	3	Number of voting members of the governing body (Part VI, line 1a)	3	3
•	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
es	5	Total number of employees (Part V, line 2a)	5	0
Σ̈́	6	Total number of volunteers (estimate if necessary)	6	0
Activities & Governance	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	127,570.	151,727.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,570.	151,727.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,000.	13,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		
(A	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		
ē	lua h	Total fundraising expenses (Part IX, column (D), line 23)		
X	47	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f-CEIVED	125,099.	101,386.
	17	Tatal systems Add lines 12.17 (must sound Dated V solvers (A), lines (A)	137,099.	114,386.
	18	Total expenses. Add lines 13-17 (must equal Pargix, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 SEP 2 7 2010		
	19	Trevende lede expenses. Cabilder line to from the tree 3.5.5 % \$ \$ \$150	-9,529.	37,341.
Net Assets or Fund Balances		I I I I I I I I I I I I I I I I I I I	Beginning of Current Year	End of Year
SSE	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) OGDEN, UT	63,694.	101,035.
et	21		62 604	101 025
	22	Net assets or fund balances Subtract line 21 from line 20	63,694.	101,035.
<u> </u>	art II	Signature Block	and and to the best of my beautiful	
		Under penalties of person declare that I have examined his return, including accompanying schedules and stater and complete. Declaration of preparer than officer is based on all information of which preparer has any know	vledge	ge and belief, it is true, correct,
				22/12
Sig	ก	Constitute of officer	Doto // C	24/0
He	re	Signature of officer	Date /	
		RANDALL DOTEMOTO, PRESIDENT		
_		Type or print name and title	Charlet	
Pai	d	Preparer's Date	Check if Prepar	er's identifying number structions)
_	o parer's	signature 1 4000 Clark	employed	
	Only	vours if BLOCK, PLANT, EISNER, FIORITO, ET	AL. EIN ▶	
J80	Only	self-employed). 21300 VICTORY BLVD., #520		
_		address, and ZIP+4 WOODLAND HILLS, CA 91367	Phone no. ► 8	18-501-2833
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
		04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separat	e instructions.	Form 990 (2009)

OUTREACH FOUNDATION

95-4715293 Page 2

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. TO PROVIDE CHARITABLE DONATIONS TO THOSE WHO ARE IN NEED. TO PROVIDE
	FINANCIAL SCHOLARSHIP SUPPORT TO THOSE BASED ON ACADEMIC ACHIEVEMENT,
	FINANCIAL NEED, COMMUNITY INVOLVEMENT PERSONAL QUALITIES AND
	STRENGTHS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
<u> </u>	(Code:) (Expenses \$ 94,158. including grants of \$) (Revenue \$)
Tu	ANNUAL HOLIDAY FOOD DRIVE FOR OVER 700 FAMILIES IN SOUTH CENTRAL LOS
	ANGELES. FAMILIES ARE SELECTED FROM VARIOUS COMMUNITIES, BASED ON
	SOCIAL SERVICE ORG. RECIPIENT.
	/O-d
4b	(Code:) (Expenses \$ 4,275.) (Revenue \$)
	COMMUNITY OUTREACH - DONATIONS TO APPROXIMATELY 50 ORGANIZATIONS. SOLICITED BY THESE ORGANIZATIONS. DONATIONS TO THOSE THAT WILL DIRECTLY
	BENEFIT THE COMMUNITY.
	BENEFIT THE COMMONITI:
4c	(Code:) (Expenses \$ 13,000 • including grants of \$ 13,000 •) (Revenue \$)
	SCHOLARSHIPS TO APPROXIMATELY 15 INDIVIDUALS BASED ON ACADEMIC
	ACHIEVEMENT, FINANCIAL NEED, COMMUNITY INVOLVEMENT PERSONAL QUALITIES
	AND STRENGTHS.
4d	Other program services (Describe in Schedule O.)
70	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶\$ 111,433.
	Form 990 (2009)

Form 990 (2009) OUTREACH FOUNDATION
Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	-	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		_X_
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	_		
	as applicable	11		_X_
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ļ		
	Schedule D, Parts XI, XII, and XIII.	12		_X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	ļ		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	L		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			7.7
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	-	<u>X</u>
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			-11
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u></u>	X
		Form	990 (2009)

OUTREACH FOUNDATION Part IV Checklist of Required Schedules (continued)

	1		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	ļ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	-	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			•
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	. '		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			· •
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	07		Х
00	Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_25		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<u> </u>
٥.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	ĺ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35]	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
- •	If "Yes," complete Schedule R, Part V, line 2	36		_ x_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
=	Note, All Form 990 filers are required to complete Schedule O.	38	Х	<u>L</u> _
-	· · · · · · · · · · · · · · · · · · ·			(2009)
				,

Form 990 (2009) OUTREACH FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	E. I. H. A. Andrewson and also Devil of Forms 4000. As a set O. H. A.	1 1		Yes	No_
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and rules.				
С	(gambling) winnings to prize winners?	eportable garriing	4.		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1c		
2a	filed for the calendar year ending with or within the year covered by this return	2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	•	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	a by time totalliti	3b		
	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	• •	4a		X
b	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 Foreign	Bank and			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding Prohibited		1	
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?		6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or gifts			
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for provided to the payor?	goods and services	7.		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	70		
Ū	to file Form 8282?	20 10quii 04	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal			
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7 f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as required?	7h		_X_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business holdings			
_	at any time during the year?		_8_		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10	Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	<u></u>	l
			Form	990 ((2009)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line, 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
		Ι.	I	-	Yes	No
	Enter the number of voting members of the governing body	1a		3		
	Enter the number of voting members that are independent	1b	<u> </u>	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
_	officer, director, trustee, or key employee?		_	2		<u>X</u>
3	Did the organization delegate control over management duties customanly performed by or under the	e dire	ct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		5		<u>X</u>
6	Does the organization have members or stockholders?			6		<u> </u>
/a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	s of the			37
	governing body?			7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following:					
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	acned	at the			Х
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		a Corda l	9	L	Λ
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)		Yes	No
40.	Does the organization have local chapters, branches, or affiliates?			10a	res	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chant	ore affiliatos	iua		
D	and branches to ensure their operations are consistent with those of the organization?	Criapi	ers, armates,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	ilına th	e form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ming ti	o tom:		22	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		х
	Are officers, directors or trustees, and key employees required to disclose annually interests that coi	uld aw	e rice	120		
-	to conflicts?	J. L. g. v	• 1.00	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe			
Ī	in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?			13		Х
14	Does the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approv	al by 11	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			Ì		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation to evaluation and other policy or procedure requiring the organization to evaluation and other policy or procedure requiring the organization to evaluation and other policy or procedure requiring the organization and other policy or procedure required the organization and other policy	aluate	ts participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	ion's			
	exempt status with respect to such arrangements?			. 16b		<u> </u>
Sec	tion C. Disclosure	_				
17	List the states with which a copy of this Form 990 is required to be filed ▶CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) avaılat	ole for		
	public inspection indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request	_			_	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest policy	, and fina	ancial	
_	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	ind rec	ords of the organi	zation:		
	RANDALL DOTEMOTO - 310-643-2280		 			
	1440 ROSECRANS AVENUE, MANHATTAN BEACH, CA 90266			Earm	990	(2000)
				LOUIII	1 3 3 U	(2003)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees; and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not co	(B)	(C)			C)			(D)	(E)	(F)	
Name and Title	Average hours	(cl	Position (check all that apply)				lv)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated emptoyee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
RANDALL G. DOTEMOTO PRESIDENT & DIRECTOR	4.00	X		X				0.	0.	0	
VICKIE GORNEY SECRETARY & TREASURER	4.00			х				0.	0.	0	
THOMAS NIX DIRECTOR	4.00							0.	0.	0	
DARLINE GAVIN DIRECTOR	4.00							0.	0.	0	
211201011	2,00										
				ļ. <u>-</u>							
									<u></u> .	<u>.</u>	
										_	
				_						_	
		<u> </u>	_		-	\vdash					

Form 990 (2009)

Par	t VII Section A. Officers, Directors, Tru	ustees, Key Er	nple	уеє	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
	, (A) '	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Es	tımate	ed
		hours	(C	heck	(all 1	that	app	ly)	compensation	compensation			ount	of
		per week	ecto						from the	from related organizations			other pensa	tion
		, wook	9	8			ated		organization	(W-2/1099-MISC	;)		om the	
			rustee	trust		9	npens		(W-2/1099-MISC)	,		orga	anızatı	on
			individual trustee or director	Institutional trustee		Key employee	stcor	₂₅					relat	
			를	Instit	Officer	Key	Highest compensated employee	Former				orga	ınızatı	ons
			-	-				-						
											\dashv			
				_		_		_			_			
										<u>.</u>				
				_							_		_	
						-					+		-	
	Tatal	L	1		<u> </u>	L	Ļ		0.	- ·	<u>.</u>			
2	Total Total number of individuals (including but n	ot limited to th	1080	lietz	le he	201/6	אינ (ב	00.5			<i>J</i> •			0.
-	compensation from the organization	iot iiiintea to ti	1036	iiste	o ai	JOV6	<i>5)</i> VVI	10 11	eceived more man proc	,000 in reportable				C
									- .			Ī	Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y em	plo	yee,	or h	nighest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s										-	3		X
4	For any individual listed on line 1a, is the su									the organization		ľ		
5	and related organizations greater than \$15			-							-	4		<u> </u>
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				rom	any	unir	eiai	ed organization for serv	ices rendered to		5		х
Sec	tion B. Independent Contractors	are o ror sacing	50,0	<u> </u>								<u> </u>		- 21
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of comp	ensa	tion f	rom	
	the organization NONE													
	(A) Name and business	address							(B) Description of s	enuces	٠.	(C	;) nsatio	
	Trains and Basiness							\dashv	Description or s	er vices			isatio	
									,				-	
								-						
2	Total number of independent contractors (i	_	ot lu	nıte	d to		_	sted	d above) who received m	ore than				
	\$100,000 in compensation from the organization	zation 🕨				()						200	
											F	orm :	9 90 (2	2009)

ا يو	8 a	Gross income from fundraising events (not		
ᇎ		including \$ of		
		contributions reported on line 1c) See		
ׅ֡֡֡֝֝֝֡֝֝ ֡		Part IV, line 18	a	
Ĕ	b	Less: direct expenses	b	
כ	С	Net income or (loss) from fundraising event	s	
	9 a	Gross income from gaming activities. See		
		Part IV, line 19	a	
	b	Less: direct expenses	b	
	С	Net income or (loss) from gaming activities		
	10 a	Gross sales of inventory, less returns		
		and allowances	a	
	b	Less: cost of goods sold	b	
	С	Net income or (loss) from sales of inventory	• • • • • • • • • • • • • • • • • • •	

Business Code

12 Total revenue. See instructions. ► 151,727. 0. 0. 0. 0. Form 990 (2009)

d All other revenuee Total. Add lines 11a-11d

11 a

Miscellaneous Revenue

OUTREACH FOUNDATION

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete columns (A) but are not required to complete columns (B) (C) and

	All other organizations must comp	lete column (A) but are	not required to comple	ete columns (B), (C), and	d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	-			
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	13,000.	13,000.		
3	Grants and other assistance to governments,		-		
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			_	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	2,815.		2,815.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	FOOD DRIVE	94,158.	94,158.		
b	COMMUNITY OUTREACH	4,275.	4,275.		
С	LICENSES AND PERMITS	138.		138.	
d					
е					
f	All other expenses				<u></u>
25	Total functional expenses. Add lines 1 through 24f	114,386.	111,433.	2,953.	0.
26	Joint costs. Check here If following				
	SOP 98-2. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined	}			
	educational campaign and fundraising solicitation				
00004	0.02-04-10				Form 990 (2009)

932010 02-04-10

Form **990** (2009)

Form 990 (2009)
Part Y | Balance She OUTREACH FOUNDATION

Pa	rt X	Balance Sheet				
		,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		63,694.	1	101,035.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors,	trustees, key			
		employees, and highest compensated employees. Com-	plete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L			6	
şţs	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 11		12		
	13	Investments - program-related See Part IV, line 11		13	<u> </u>	
	14	Intangible assets		14	<u></u>	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 3-	63,694.	16	101,035.	
	17	Accounts payable and accrued expenses	1		17	
	18	Grants payable	1		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow or custodial account liability Complete Part IV of			21	
Liabilities	22	Payables to current and former officers, directors, truste	- · · · · ·			
<u>.</u>		highest compensated employees, and disqualified pers	ons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated thir	· ·		23	
	24	Unsecured notes and loans payable to unrelated third p	parties		24	
	25	Other liabilities Complete Part X of Schedule D		0.	25	
	26	Total liabilities. Add lines 17 through 25			26	0.
"		Organizations that follow SFAS 117, check here	and complete			
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			07	
lan	1				27	
Net Assets or Fund Balances	28 29	Temporarily restricted net assets Permanently restricted net assets	ı		28	
ŭ	25	Organizations that do not follow SFAS 117, check he	ro X and		23	
Ē		complete lines 30 through 34.	re Lalanu			
ts c	30	Capital stock or trust principal, or current funds		0.	30	0.
SSe	31	Paid-in or capital surplus, or land, building, or equipmen	t fund	0.	31	0.
Ě	32	Retained earnings, endowment, accumulated income, or		63,694.	32	101,035.
Š	33	Total net assets or fund balances	a outer fulled	63,694.	33	101,035.
	34	Total liabilities and net assets/fund balances		63,694.	34	101,035.
		The state of the s		00,002		Form 990 (2009)

Form **990** (2009)

NIX CHECK CASHING COMMUNITY

Form 990 (2009)

OUTREACH FOUNDATION

95-4715293 Page 12

	TO AT Financial Statements and Reporting		Yes	No
			162	140
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Í
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X
b	Were the organization's financial statements audited by an independent accountant?	_2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			İ
	review, or compilation of its financial statements and selection of an independent accountant?	2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

| 200

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

NIX CHECK CASHING COMMUNITY

Inspection
Employer identification number

		OUTREAC	H FOUNDATION	1				1	95	<u>-47152</u>	293
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See inst	tructions.			
The organ			because it is: (For lines								
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).			
2 🔲			'0(b)(1)(A)(ii). (Attach Sc								
з 🗀			tal service organization (170(b)(1)	(A)(iii).				
4 🗀			operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital's	s name,
	city, and stat								•	·	
5 🔲	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or or	perated by	a govern	mental uni	describe	d in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)	-		_	-				
6 🔲	A federal, sta	ate, or local governm	ent or governmental unr	t describe	d ın sectio	n 170(b)(I)(A)(v).				
7 X			eives a substantial part					r from the	general p	ublic descri	bed in
		(b)(1)(A)(vi), (Comple									
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗌			eives (1) more than 33			rom contri	butions, m	nembershij	o fees, and	d gross rece	eipts from
			nctions - subject to certa							-	
	income and	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization at	fter June 30), 1975.
	See section	509(a)(2). (Complete	Part III)								
10 🔲	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety S	See sect io	n 509(a)(4	I).			
11 🔲	An organizat	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fui	nctions of,	or to carry	out the p	ourposes of	one or
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See sec	tion 509(a	a)(3). Chec	ck the box t	hat
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h					
	a Type	l b	Type II c	з 🔲 Тур	e III · Fund	tionally int	tegrated		d 🔙	Type III - Of	ther
е 🔙	By checking	this box, I certify that	it the organization is not	controlled	d directly o	r indirectly	by one or	r more disc	qualified p	ersons othe	er than
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	(a)(1) or s	ection 509(a	a)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	nis box								
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	ons?	_	
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ıi) and (ı	ıi) below,		Yes No
	the gov	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	İ						11g(ii)	
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).						
				·							
(i) Name	of supported	(ii) EIN	(iii) Type of		organization		notify the	(vi) ls	the	(vii) Amo	ount of
	anization	``	organization (described on lines 1-9		sted in your		ion in col.	organizatio	ed in the	supp	
			above or IRC section	governing	document?	(i) of your	support?	U.S.	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No	·	
								1			
								<u> </u>			
		1									
				ļ						 	
											
	,										
											
<u>Total</u>								L			
LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see tl	he Instruc	tions for			Schedule	e A (Form	990 or 990)-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 OUTREACH FOUNDATION

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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 any "unusual grants.") 230,218 | 187,566 | 158,989 | 127,570 | 151,727 | 856,070. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 230,218. 187,566. 158,989. 127,570. 151,727. 856,070. 4 Total. Add lines 1 through 3 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) 488,064. 6 Public support. Subtract line 5 from line 368,006. Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 230,218. 7 Amounts from line 4 187,566. 158,989. 127,570. 151,727. 856,070. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 856,070. 12 Gross receipts from related activities, etc. (see instructions) 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) 42.99 14 54.48 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 line 14 is 33 1/3% or more, check this box and $\triangleright X$ 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

Schedule A (Form 990 or 990-EZ) 2009

Pa	art III Support Schedule for C	rganizations	Described in	Section 509(a)(길) (Complete only	if you checked the bo	ox on line 9 of Part I.
	ction A. Public Support		T				
	endar 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.")		ļ				
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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
_	· ·						
	Total. Add lines 1 through 5		-	-			
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	J					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	1-1					• •
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 lines 9, 10c, 11, and 12)		<u> </u>			1	
14	First five years. If the Form 990 is for	r the organization'	s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						▶_
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009 (line 8, column (f) d	livided by line 13,	column (f))		15	9
16	Public support percentage from 2008	Schedule A, Part	: III, line 15			16	9
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	009 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	<u> </u>
18	Investment income percentage from					18	Ç
19a	33 1/3% support tests - 2009. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶ □
b	33 1/3% support tests - 2008. If the	-	_				and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	ınızatıon qualıfies	as a publicly supp	orted organization	>
20	Private foundation. If the organization	л ии пот спеск а	DOX OIT IINE 14, 19	ia, or 190, check t			00 er 000 E7\ 000
					Sc	hedule A (Form 99	w or 990-EZ) 200

Grants and Other Assistance to Organizations, SCHEDULE I (Form 990)

()			Government	Governments, and Individuals in the United States	in the United Sta	tes		5003
Department of the Treasury Internal Revenue Service		Compl	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	on answered "Yes" on Fo Attach to Form 990.	" on Form 990, Pa m 990.	rt IV, line 21 or 22.		Open to Public Inspection
I₽⊟	NIX CHECK OUTREACH	CASHING C	COMMUNITY N					Employer identification number 95-4715293
Part I General Inf	General Information on Grants and Assistance	nd Assistance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the orants or assistance?	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the select	tion
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use	cedures for mont	oring the use of grant	of grant funds in the United States	d States	:]
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in th	e United States.	Somplete if the org	anization answered "	res" to Form 990, Part	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	55,000. Check this	box if no one recipie	nt received more th	nan \$5,000 Use Pa	art IV and Schedule I-	1 (Form 990) if addition	al space is needed
1 (a) Name and ad	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	:							
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	nd government org	ganizations					
4	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009

NIX CHECK CASHING COMMUNITY

OUTREACH FOUNDATION

Page 2

95-4715293

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATION SCHOLARSHIP TO UNIVERSITY OF CALIFORNIA,	7	.000	0	∧W.d.	,
EDUCATION SCHOLARSHIP TO PAINE COLLEGE	1	1,000.	0	PMV	
EDUCATION SCHOLARSHIP TO UNIVERSITY OF CALIFORNIA, IRVINE	1	1,000,	0	л ил	
EDUCATION SCHOLARSHIP TO UNIVERSITY OF CALIFORNIA, LOS ANGELES	2	1,400,	0	AH.4	
EDUCATION SCHOLARSHIP TO CALIFORNIA STATE UNIVERSITY OF LOS ANGELES	2	1,400,	0	O, FMV	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	le the information	required in Part I, I	ine 2, and any other	additional information.	

SCHEDULE I, PART I, LINE 2: ALL SCHOLARSHIPS THAT ARE AGREED TO BE

DISBURSED BY THE ORGANIZATION GO DIRECTLY TO THE EDUCATIONAL INSTITUTE

RATHER THAN THE INDIVIDUAL FOR WHICH THE FUNDS WERE GRANTED

932102 02-02-10

Schedule I (Form 990) 2009

NIX CHECK CASHING COMMUNITY	LON	
CASHING	FOUNDATIC	
NIX CHECK	OUTREACH FOUNDATION	

Schedule 11 (Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)	duals in the Unite	ed States (Schedule	9 I (Form 990), Part III		Z año L C C T C T L T T A C C
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATION SCHOLARSHIP TO CALIFORNIA STATE UNIVERSITY OF BAKERSFIELD	-	004	0		,
EDUCATION SCHOLARSHIP TO SAN JOSE STATE UNIVERSITY	1-1	1,000,	0		
EDUCATION SCHOLARSHIP TO SPELMAN COLLEGE	1		0		
EDUCATION SCHOLARSHIP TO CALIFORNIA STATE UNIVERSITY OF LONG BEACH	2	1 400	Ó		
					Schedule I-1 (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

Name of the organization

Attach to Form 990. NIX CHECK CASHING COMMUNITY

OUTREACH FOUNDATION

Employer identification number 95-4715293

Pa	rt I Types of Property			•						
		(a) Check if applicable	(b) Number of contributions	(c) Revenues repor Form 990, Part VI		1	(d) Method of d reven	etermın	nng	
1	Art - Works of art	_	<u> </u>							
2	Art - Historical treasures		· · · · · · · · · · · · · · · · · · ·							
3	Art - Fractional interests									
4	Books and publications	· · · -								
5	Clothing and household goods					<u> </u>				
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
••	trust interests	-								
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution · Other									
15	Real estate - Residential									
16	Real estate · Commercial									
17	Real estate - Other		-							
18	Collectibles				_		 			
19	Food inventory	X	999	131.	011.	FATR	MARKET	r VA	HILL	
20	Drugs and medical supplies				<u> </u>					
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other									
26	Other ()									
27	Other (<u></u> .			
28	Other (-						
29	Number of Forms 8283 received by the organi	zation during	the tax year for o	contributions						
	for which the organization completed Form 82	-	-		29					
									Yes	No
30a	During the year, did the organization receive b	y contributio	n any property re	ported in Part I, line	s 1.28 th	at it must	hold for			
	at least three years from the date of the initial	contribution,	and which is not	required to be used	d for exen	npt purpo	ses for			
	the entire holding period?			•				30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standar	rd contrib	utions?		31		X
32a	Does the organization hire or use third parties									
	contributions?		-					32a		х
ь	If "Yes," describe in Part II.						•	-		
33	If the organization did not report revenues in c	column (c) for	a type of propert	y for which column	(a) is che	cked,				
	describe in Part II	, ,			<u> </u>			<u></u>		
LHA	For Privacy Act and Paperwork Reduction	Act Notice	see the Instruct	ions for Form 990			Schedule I	M (For	n 990	2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NIX CHECK CASHING COMMUNITY OUTREACH FOUNDATION

Employer identification number 95-4715293

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FORM 990, PART VI, SECTION B, LINE 11: INFORMATION IS REVIEWED BY BOARD TO
ENSURE ITS ACCURACY. LOOKING AT PROGRAM DESCRIPTIONS AS WELL AS RELATED EXPENSES.
FORM 990, PART VI, SECTION C, LINE 18: INFORMATION CAN BE VIEWED BY THE PUBLIC UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS CAN BE VIEWED BY THE
PUBLIC UPON REQUEST.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f		
Oo not complete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed Form 8868.	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and comp Part I only	plete	
NI other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an o o file income tax returns		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of the below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or con ou must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic film own.irs.gov/efile and click on e-file for Chanties & Nonprofits	cally if (1) you want the additions recoldated Form 990-T. Instea	onal
	Employer identification nur	nber
rint NIX CHECK CASHING COMMUNITY	05 4545000	
le by the OUTREACH FOUNDATION	95-4715293	
Number, street, and room or suite no. If a P.O. box, see instructions. 1440 ROSECRANS AVE. MS CU/73		
City, town or post office, state, and ZIP code For a foreign address, see instructions. MANHATTAN BEACH, CA 90266		
Check type of return to be filed (file a separate application for each return)		
X Form 990 Form 990-T (corporation) Form 472 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 522 Form 990-EZ Form 990-T (trust other than above) Form 606 Form 990-PF Form 1041-A Form 887	27 69	
RANDALL DOTEMOTO The books are in the care of ▶ 1440 ROSECRANS AVENUE - MANHATTAN BEACH, Telephone No ▶ 310-643-2280 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 ox ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all materials.	s is for the whole group, chec	
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named abuse for the organization's return for: X calendar year 2009 or tax year beginning , and ending		
2 If this tax year is for less than 12 months, check reason Initial return Final return	Change in accounting p	period
3a 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.	3a \$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
tax payments made. Include any prior year overpayment allowed as a credit	3b \$	
Balance Due. Subtract line 3b from line 3a. 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 instructions.	3c \$ N/A	
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	8879-EO for payment instruct	ions.
HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4	4-2009)

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Fo	rm 8868
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A co	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
	lonly	•	▶ □
All of	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	ision of time
to file	income tax returns.		
note (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or connust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file	cally if	(1) you want the additional ated Form 990-T Instead.
Туре		Emp	loyer identification numbe
print	11711 CITTOTI CI COLUMNICA CALCANIA		
	OUTREACH FOUNDATION	و ا	5-4715293
File by due da			
filing y return			
ınstruc			
	MANHATTAN BEACH, CA 90266		
Chec	k type of return to be filed (file a separate application for each return):		
v	Form 990 Form 990-T (corporation) Form 47		
<u> </u>			
\vdash	Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88		
	TOTAL SOUTH CONTROL FOR THE POPULATION OF THE PO		<u> </u>
	RANDALL DOTEMOTO		
	ne books are in the care of $ ightharpoonup$ 1440 ROSECRANS AVENUE $-$ MANHATTAN BEACH	, C	A 90266
	elephone No. ► 310 - 643 - 2280 FAX No ►		
	the organization does not have an office or place of business in the United States, check this box		▶ □
			r the whole group, check th
box	▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	memb	ers the extension will cover
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for.		The extension
	► X calendar year 2009 or		
	tax year beginning, and ending		
	, and onlining		_
2	If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting perio
За	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.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
С	Balance Due. Subtract line 3b from line 3a. 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 instructions	3c_	\$ N/A
^ 4	ion. If you are going to make an electronic fund withdrawal with this Form 9969, eac Form 9453 EO and Form	0070 1	FO for no month materials

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Form 8868 (Rev. 4-2009) •				Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II ar	d check this bo	x		► X
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a			88.	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	provided y			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the	ne original (no co	opies nee	ded)	
Name of Exempt Organization	1			tion number
Type or NIX CHECK CASHING COMMUNITY	- ". "	' '		
OUTREACH FOUNDATION		95	-47152	93
Number, street, and room or suite no. If a P.O. box, see instructions.			use only	
due date for 1440 ROSECRANS AVE. MS CII/73		l		
return See City, town or post office, state, and ZIP code For a foreign address, see instructions.				
MANHATTAN BEACH, CA 90266				
Check type of return to be filed (File a separate application for each return)			_	
X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust)	orm 1041-A	Forr	n 5227 🗌	Form 8870
Form 990-BL Form 990-PF Form 990-T (trust other than above)	orm 4720	Forr	n 6069	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extensi	on on a previou	ısly filed	Form 8868.	
	on on a previou	2017 11104		
RANDALL DOTEMOTO			00066	
 The books are in the care of ► 1440 ROSECRANS AVENUE - MANHATT 	'AN BEACI	I, CA	90266	
Telephone No ► 310-643-2280 FAX No. ►				. —
 If the organization does not have an office or place of business in the United States, check this 				>
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)				
box ▶ . If it is for part of the group, check this box ▶ . and attach a list with the name		l membe	s the extens	sion is for
4 I request an additional 3-month extension of time until NOVEMBER 15, 201	-			
5 For calendar year 2009, or other tax year beginning	_ , and ending ₋			 :
	inal return	0	hange in acc	counting period
7 State in detail why you need the extension				
NEED ADDITIONAL TIME TO GATHER ALL PERTINENT	INFORMAT	TON		
	1			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	iess any		\$	
nonrefundable credits. See instructions.	d astimated	8a	9	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits an				
tax payments made. Include any prior year overpayment allowed as a credit and any amou	nt paid	8b	\$	
previously with Form 8868	urod denosit	1 80	<u> </u>	
c Balance Due. Subtract line 8b from line 8a. include your payment with this form, or, if request 50 to 50 t		s 8c	\$	N/A
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) Signature and Verification	Gee matruction	5 OC	<u> </u>	
	tatements, and to	the best o	f mv knowledr	ne and helief
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and sit is true, correct, and compared, and that I am authorized to prepare this form.	www.monie, and to	5031 0	,, anomou	,- 3110 001101,
Signature Title CPA			_	01-01-
THE PARTY OF THE P				8868 (Rev. 4-2009