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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

For the 2009 calendary year, or tax year beginning 2/01 2009, and ending 1/31 2010 Control to the control of th	Dep Inte	artment o	of the Treasury enue Service		► The organization may t	•	y of this return to		ting requirements	Oper	n to Public Inspectio
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Website: * WWW. Laspattonas.org		Tax-				rt no.)	4947(a)(1) o	527	If 'No,' attach	a list (see instr	ructions)
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1 Briefly describe the organization's mission or most significant activities. Provide funding for charities. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 6 6 88 7 To Total rumber of voting the provide region of the provide region region region of the provide region re	_				idon Trust Assoc	nation Other		L Tear Of Connac	1011 1340	Jul State of le	gar dofficile C21
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Preparer's signature Russell E. Ingledew S/1/0 EIN 20-8407104 Preparer's signature Russell E. Ingledew P00082081 Firm's name (or yours if self-employed) Russell Ingledew CPA, Inc. 7911 Herschel Avenue, Suite 410 La Jolla, CA 92037 May the IRS discuss this return with the preparer shown above? (see instructions) Check if self-employed Preparer's identifying number (see instructions)											
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Only employed), address, and ZIP + 4 La Jolla, CA 92037 Phone no (858) 454-2190 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Us	е	yours if self-				- 410			20 040	7104
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Form 990 (2009) LAS PATRONAS

Part IV Checklist of Required Schedules

- 1			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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
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	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u> </u>
	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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , Yes	10	Х	
11	Is the organization's answer to any of the following questions 'Yes' 9 If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		<u>x</u>
•	 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 			r
•	• 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 			ı
	• 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 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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? <i>If 'Yes,' complete Schedule F, Part II</i>	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part L	17		X
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		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

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Part IV Checklist of Required Schedules (continued)

•			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 ⁷ If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J</i>	23_		Х
24 8	a 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, and 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		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization 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	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ŧ	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		X
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)^{9}$ If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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		Х
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		Х
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	
BAA		Form	990 (2009)

\			Yes	No
1:	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 18		103	1.0
ļ	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ĺ
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		х
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
-	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4	a 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)?	4a		Х
	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	_		
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_ 5b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	_	
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	 7a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
•	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x_
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ_
1	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	_ 7g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	_ 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
١	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12	İ		
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ļ		
11			ł	
i	a Gross income from other members or shareholders			
١	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12:	a 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			

Governing Body and Management

Yes No

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.

	ı	1								
1 a	Enter the number of voting members of the governing body	1a 44								
ŧ	Enter the number of voting members that are independent	1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	lationship with any other	2_	-	X					
3	Did the organization delegate control over management duties customarily performed by or up of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	under the direct supervision	3		х					
4	Did the organization make any significant changes to its organizational documents		4		X					
7	since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		Х					
	Does the organization have members or stockholders?		6		X					
	a Does the organization have members, stockholders, or other persons who may elect one or	more members of the								
/ 6	a Does the organization have members, stockholders, or other persons who may elect one or in governing body?	note members of the	_7a		<u>X_</u>					
	Are any decisions of the governing body subject to approval by members, stockholders, or of		_7b		X					
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by									
	the following:									
	a The governing body? • Feeb committee with authority to act on hebalf of the governing body?									
b Each committee with authority to act on behalf of the governing body?										
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		X					
	ction B. Policies (This Section B requests information about policies not in enue Code)	required by the Internal								
100	side dode)			Yes	No					
10:	a Does the organization have local chapters, branches, or affiliates?		10a		X					
	b If 'Yes,' does the organization have written policies and procedures governing the activities of	of cuch chanters, affiliates								
	and branches to ensure their operations are consistent with those of the organization?	i such chapters, anniates,	10b							
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х						
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O										
12a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>										
	b Are officers, directors or trustees, and key employees required to disclose annually interests	that could give rise								
	to conflicts?	Ĭ	12b	_X						
•	c Does the organization regularly and consistently monitor and enforce compliance with the po Schedule O how this is done	licy? If 'Yes,' describe in	12c		Х					
13	Does the organization have a written whistleblower policy?		13		X					
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 persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent								
	a The organization's CEO, Executive Director, or top management official		15a		X					
	b Other officers of key employees of the organization		15b		X					
•	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		1							
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement with a taxable	16a		x					
i	entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization	to evaluate its participation	,04							
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	the organization's exempt	16b							
Sec	ction C. Disclosures									
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>	_		- -						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılabl	e for p	oublic					
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public See Schedule O	nents, conflict of interest poli	cy, an	id fina	incial					
	State the name, physical address, and telephone number of the person who possesses the b)					
•	RUSSELL E. INGLEDEW CPA 7911 HERSCHEL AVE.,#410, LA JOLLA,	_CA92031_638_4	1747	417	<u>,</u>					

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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

Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	3) (c)		(D)	(E)	(F)				
Name and Title	Average			Reportable compensation from	Reportable compensation from	Estimated amount of other				
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ANNETTE BRADBURY										
Director		X						0.	0.	0.
KELLEY ALBENCE										
Director	5	Х						0.	0.	0.
KATHY BROEKEMA										
Director	5	X						0.	0.	0.
MARY ANN ALEXANDER										
Director	5	X			ľ			0.	0.	0.
SALLY CORSON										
Director	5	X						0.	0.	0.
CATHY CARROL										
Secretary	5	Х		X				0.	0.	0.
JENNIFER GREENFIELD										
Director	5	Х						0.	0.	0.
SHERRIE BLACK										· -
Director	5	X						0.	0.	0.
JILL FUDGE CUTRI								-		
Director	5	Х						0.	0.	0.
MEGAN HEINE										
Director	5	X						0.	0.	0.
LISA ALBANEZ										
Secretary	5	X		Х				0.	0.	0.
KIM ALESSIO										
Director	5	X						0.	0.	0.
LISA D'ANGELO										
Director	5	X						0.	0.	0.
TERRI KELLY										
Director	5	X						0.	0.	0.
KATHRYN HAMON										
Director	5	X						0.	0.	<u>0.</u>
TRACY LYON										
President	5	X		Х	<u></u>			0.	0.	0.
CAROL DIGGS										
Director	5	Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)											
(A)	(B)			•	c)			(D)	(E)	(F)	
Name and Title	Average hours			checl	k all t	hat a		Reportable compensation from	Reportable	Estimated	
	hours per week	유현	inst	Officer	řey	emgt Tagt	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation	
		rect	tutio	ĕ	en j	Highest co	ner	(***2/1055-14//3C)	(W-2/1033-WI3C)	from the organization and related	
		Q 5	nal		employee	e om				organizations	
		trustee	nstitutional trustee		ř	Highest compensatemployee					
			æ			ated					
		<u>. </u>		<u> </u>	_						
JULIE MATIBAG									_	_	
Director	5	X_					_	0.	0.	0.	
ELAINE MURPHY	l _										
Director	5	X		_			_	0.	0.	0.	
MISSY_COLEMAN		١,,									
Director	5	X		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.	
JENA JOYCE	_	١,,									
Director	5	X					-	0.	0.	0.	
COLLEEN MCNALLY	_	l v								_	
Director	5	X				├-		0.	0.	0.	
CARI MASSAAD	-	X						0.	o.	0.	
Director	5	^				-	_	0,	<u> </u>	<u> </u>	
SUSAN PIEGZA	_	X						0.	0.	0.	
Director CLANDIA TOUNGON	5						-	U .	0.	<u> </u>	
CLAUDIA JOHNSON	5	X						0.	0.	0	
Director	-3-	^			\vdash	-		0.	<u> </u>	<u> </u>	
JANE SAGERMAN	5	X						0.	0.	0.	
Director	3_	<u> ^</u>				├			<u> </u>	<u> </u>	
SUE LAKOSIL	5	X		X				0.	0.	0	
Treasurer DIANE HURST	3	^		^	-	 			<u> </u>	<u> </u>	
Director	5	x						0.	0.	0.	
ANN WHITE		<u> </u>				\vdash			0.	<u> </u>	
Director	5	X						0.	0.	0.	
PAT MARSCH						\vdash		0.			
Director	5	X						0.	0.	0.	
1 b Total		41			L			0.	0.	0.	
2 Total number of individuals (including but not limite	d to the	se li	ster	l ah	ove)	wh	o re				
from the organization • 0	u (0 1110	30 11	3100	a ab	040)	, ••••	0 10	cerved more trial.	Ψ100,000 III 10port	abio componedion	
nom the organization										Yes No	
					. 1 -		1-				
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust ndividua	ee, i	кеу	emp	oloy	ee,	or n	ignest compensat	ea employee	3 X	
4 For any individual listed on line 1a, is the sum of re											
the organization and related organizations greater t	han \$15	0,00	05	If 'Y	'es'	con	plet	e Schedule J for	such	4 X	
ındıvıdual											
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens	atio	n fro	om a	any	unre	elate	ed organization for	r services	5 X	
Section B. Independent Contractors	iedule .	101	Suc	пре	2150	11				<u> </u>	
Complete this table for your five highest compensate	ed inde	pend	dent	cor	itrac	ctors	s tha	at received more t	han \$100,000 of		
compensation from the organization											
(A)								(B))	(C)	
Name and business addres	s				_			Description d	of Services	Compensation	
											
			_								
	L								- d		
2 Total number of independent contractors (including	but not	limi	ted :	to th	iose	: IISt	ted a	apove) wno receiv	eu more than		

\$100,000 in compensation from the organization ► 0

•	<u> </u>	m Statement of Revenu	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s		Federated campaigns	1a					
ANT		Membership dues	1 b					
MOU		Fundraising events.	1c		1			
FIS		Related organizations	1 d		1			
2,₹		Government grants (contributions)	1e		1			
SIS					1			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, grants, ar similar amounts not included above	1f	220.				
AND	•	Noncash contribns included in lns 1a-1	f:. \$		220.			
	<u></u> r	Total. Add lines 1a-1f		Business Code	220.			<u> </u>
N.	2-	Namharahan Duan C Bassa		Busiless Code	23,800.	23,800.		
Œ	Z a	Membership Dues & Asses			23,000.	23,000.		
CE		`						
Ž.		; 						
MS		!						
3RA	٤	All other program service reve			<u></u>			<u> </u>
PROGRAM SERVICE REVENUE		Total. Add lines 2a-2f	ilue		23,800.			
					23,000.			
	3	Investment income (including other similar amounts)	aividend	is, interest and	6,960.	6,960.		
	4	Income from investment of tax	-exemp	t bond proceeds				
	5	Royalties	олол., р	▶				
			Real	(II) Personal				
	6 a	Gross Rents						
	t	Less rental expenses					•	
		: Rental income or (loss)					3 %	
		Net rental income or (loss)		>	Andrew Management	The state of the s	- A Marandifferential in technique	
		` 	ecurities	(II) Other		` ' '	2.4	
	, ,	assets other than inventory						. 5
		Less: cost or other basis			~~ **			*
	L	and sales expenses			K. * - * - * - * -		:3:	, i
	c	: Gain or (loss)			, , , , , , , , , , , , , , , , , , ,		3, ,	
	c	Net gain or (loss)						
NUE	8 <i>a</i>	Gross income from fundraising (not including \$	events		,			
VEN		of contributions reported on lin	e 1c).				•	
OTHER REVE		See Part IV, line 18		a 1,407,000.		ļ	, ,	
HER	Ь	Less direct expenses		b 522,250.	47	*		,
6		: Net income or (loss) from fund	raising		884,750.	and the same of the control of the same of	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE	884,750.
		Gross income from gaming ac	ivities			× .	*	
	L	See Part IV, line 19 50 10 10 10 10 10 10 10 10 10 10 10 10 10		a b	\$, ,		,
		: Net income or (loss) from gam		~	a a salar a salar salar salar salar		***************************************	
			_	Villes				
		Gross sales of inventory, less and allowances	eturns	a				
		Less cost of goods sold		p			***************************************	444 a -nee announce
		Net income or (loss) from sale	s of inve					
	11	Miscellaneous Revenue		Business Code				
	11 a							
	D							
	ر ا	 All other revenue						
ļ		Total. Add lines 11a-11d						
				_	915,730.	30,760.	0.	884,750.
	14_	Total revenue. See instructions			913,130.	30,700.	0.	004,700.

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Part IX

Statement of Functional Expenses

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

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

Do 1 6b,	not include amounts reported on lines 7b, 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	963,364.	963,364.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	30070011	300,00		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
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)				
á	a Management				
ŀ	L egal				
(Accounting	1,350.		1,350.	
•	d Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	g Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local				
10	public officials				
20	Conferences, conventions, and meetings Interest	- - -	· -		
	Payments to affiliates	-			
-	Depreciation, depletion, and amortization			_	
23	Insurance				
	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).				:
ä	Endowment Service Fees	4,091.		4,091.	
	Vice President	2,227.		2,227.	
(Stationary	1,656.		1,656.	
	Insurance	1,628.		1,628.	
•	Database	1,584.		1,584.	
1	All other expenses	9,641.		9,641.	
25	Total functional expenses. Add lines 1 through 24f	985,541.	963,364.	22,177.	0.
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Part X **Balance Sheet** (A) Beginning of year **(B)** End of year 159,125 1 84,669. Cash - non-interest-bearing 574,700. 2 579,345. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule I Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a 55,323. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 55,323 b Less accumulated depreciation 10 c 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 541. 541 15 Other assets See Part IV, line 11 15 Total assets Add lines 1 through 15 (must equal line 34) 734,366. 16 664,555 16 Accounts payable and accrued expenses 17 17 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here |X| and complete lines 27 through 29 and lines 33 and 34. 485,451. 27 415,471. Unrestricted net assets <u>248,9</u>15. 28 249,084. Temporarily restricted net assets 29 29 Permanently restricted net assets e R Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, and equipment fund BALAZCES 32 Retained earnings, endowment, accumulated income, or other funds 32 734,366. 664,555. 33 Total net assets or fund balances 734*,*366.| 664,555. 34 Total liabilities and net assets/fund balances

BAA

Form 990 (2009)

Form 990 (2009) LAS PATRONAS	95-6051480	Pa	ge 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 \overline{X} Cash $\overline{\Box}$ Accrual $\overline{\Box}$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
b Were the organization's financial statements audited by an independent accountant?	2 b		_X_
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the audit, 2c		
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 consolidated basis, separate basis, or both	issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Name o	f the	eorganization									ton number			
LAS	Ρ.	ATRONAS								05148				
Part				s (All organizations					<u>See ı</u>	nstruct	lions			
The c	rga	·		ise it is (For lines 1 thro										
1		A church, conventi	on of churches or ass	ociation of churches desc	cribed ir	section	170(b)	(1)(A)(i)).					
2	Г	A school described	in section 170(b)(1)(a	AX(ii). (Attach Schedule I	E)									
3	Г	A hospital or coope	erative hospital service	e organization described	ın secti	on 170(l	b)(1)(A)	(iii).						
4	Г	A medical research	organization operate	ed in conjunction with a h	nospital (describe	d in sec	ction 17	0(ь)(1)(A)(iii) E	nter the ho	spital's	S	
		name, city, and sta	ite											
5		170(b)(1)(A)(iv). (0	Complete Part II)	of a college or university					rnmenta	I unit de	scribed in	sectio	n	
6 7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). (Complete Part II)												
8	In section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9	X	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10		An organization org	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).					
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		a Type I	b Type II	c ☐ Type III	l – Fund	ctionally	ıntegra	ted		d 🗌	Type III-	- Other	r	
е	The state of the s													
f		If the organization check this box	received a written det	termination from the IRS	that is a	a Type I	, Type I	l or Typ	e III sup	porting	organızatıc	n,		
g		Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	57			
												Yes	No	
		(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii)	and (III)	11 g (i)			
		(ii) a family mem	ber of a person desc	cribed in (i) above?							11 g (ii)			
		(iii) a 35% contro	lled entity of a persor	described in (i) or (ii) al	bove?						11 g (iii)			
h				the supported organization										
	(i) Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in cold in your tring ment?	the organ	ou notify ization in (i) of upport?	organizat	s the ion in col zed in the S ?	(viı) Amou	nt of Sup	port	
					Yes	No	Yes	No	Yes	No				
						_								
													-	
						_								

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

4 , 4

Par	t II Support Schedule for				(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)		
Sac	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	t I)	 .				
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	→	(f) Total	
_	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support					1			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009 (f) Total			
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	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								
12	Gross receipts from related activ	rities, etc (see in	structions)			L	12	···	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 5	01(c)(3)	▶ □	
	tion C. Computation of Pu								
14 15	Public support percentage for 20 Public support percentage from			ne 11, column (f)			15	<u>%</u> %	
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pui	I not check the bo blicly supported o	ox on line 13, and rganization	the line 14 is 33	-1/3 % or mo	ore, check	this box	
t	33-1/3 support test - 2008. If the and stop here. The organization	e organization dic qualifies as a pul	I not check a box blicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or m	ore, chec	k this box	
17 a	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.								
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re. Explain ir	ı Part IV I	is 10% now the	
_18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a					
BAA					Sc	hedule A (Fo	rm 990 o	r 990-EZ) 2009	

Schedule A (Form 990 or 990-EZ) 2009 LAS PATRONAS 95-6051480 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total **(b)** 2006 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 24,020. 26,150. 240,831 32,362 31,814 355,177. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 1,407,000 1,587,489. 1,669,487. 1,493,521. 7,671,179. purpose 3 Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the 0. organization without charge 1.701.849 1,525,335 1.431.020 1,828,320. 8,026,356. 1,539,832. Total, Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0. 0 0 0 0 persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0. 0 0 0 vear 0 0 0 0 0. 0. c Add lines 7a and 7b 8 Public support (Subtract line 8,026,<u>356.</u> 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1,539,832. 1. 828,320. 1. 701,849. 1, 525,335 1,431,020 8,026,356. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources 51,335 24,806 6,960 120,939. 14,741 23,097 **b** Unrelated business taxable income (less section 511 taxes) from businesses 0 acquired after June 30, 1975 120,939. 24,806 6,960 14,741 23,097 51,335. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. 8.147.295. 13 Total support. (add Ins 9, 10c, 11, and 12) 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 98.5% 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 98.5% 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 1.5% 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 1.5% 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not Х more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	990 or 9	990-EZ)	2009	LA	S	PATR	ONAS	5					95-60	51480	Page 4
Part IV	Supp	lemen	tal Inf	orma	tion.	. Co	omple	te th	ıs pai	rt to p	provide	the e	explanations radditional inf	equired by	Part II, I	ine 10;
	Part_	II, line	17a o	r 17b;	and	<u> 1</u> P	art III	, lıne	12. F	Provid	de any	other	additional inf	ormation.	See ınstr	uctions.
	. 				- - -										- -	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer Identification number** LAS PATRONAS 95-6051480 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year). Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section No 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items ►\$ (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990. Part X

*. •										
Schedule D (Form 990) 2009 LAS P	ATRONAS						95-605		Page	e 2
Part III Organizations Maintai	ning Colle	ctions of A	Art, Histo	orica	l Treasures, o	Other Si	nilar Ass	ets (cor	tınued)	
3 Using the organization's acquisition items (check all that apply)	n accession	and other re	cords, che	ck an	y of the following	that are a si	gnificant us	e of its co	llection	
a Public exhibition		d	I 🗌 Loan	or ex	change programs					
b Scholarly research		е	e 🔲 Other							
c Preservation for future genera										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Part IV Escrow and Custodial 9, or reported an amou	Arrangem	ents Com	plete if c	rgar				90, Part	IV, line	
1a Is the organization an agent, trust included on Form 990, Part X?	ee, custodia	n, or other in	ntermediary	for c	contributions or oth	ner assets no	ot	Yes	No	,
b If 'Yes,' explain the arrangement	ın Part XIV a	nd complete	the follow	ıng ta	ble					
								Amount		
c Beginning balance						1c				
d Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21? Yes No										
b If 'Yes,' explain the arrangement										_
Part V Endowment Funds Cor								1 ::		
<u> </u>	(a) Current		(b) Prior yea		(c) Two years back	(d) Thre	e years back	(e) Fou	r years back	_
1a Beginning of year balance	248,	915.	233,2							—
b Contributions			3,6	555.						<u> </u>
c Net Investment earnings, gains, and losses	1,	098.	12,1	.80.						
d Grants or scholarships										
Other expenditures for facilities and programs										
f Administrative expenses		929.		.30.				1		
g End of year balance	249,	084.	248,9	<u> 15.</u>						
Provide the estimated percentage	of the year	end balance	held as							
a Board designated or quasi-endow	ment 🟲		_%							
b Permanent endowment ►	 8									
c Term endowment	——⁴									
3a Are there endowment funds not in organization by	the possess	sion of the or	ganızatıon	that	are held and admi	nistered for	the	Y	'es No	
(i) unrelated organizations								3a(i)	X	
(ii) related organizations								3a(ii)	X	
b If 'Yes' to 3a(II), are the related of	-							3b	X	
4 Describe in Part XIV the intended										
Part VI Investments—Land, Bu		_								—
Description of investment		(a) Cost or o (investr	ther basis nent)		Cost or other basis (other)	(c) Accur Deprec		(d) Boo	ok Value	_
1a Land										

Part VI | Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (other)

1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

BAA

Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See F	orm 990, Part X, line	12. N/A	
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives			
Closely-held equity interests			
Other			
			<u>.</u> .
Table (Column (b) must equal Form 000 Part V cal (R) line 12)	-		<u> </u>
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)	Form 900 Part V Jun	e 13) N/A	
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket value
		Cost of Cha-of-year man	NET VAIDE
	 		
	 		
			<u> </u>
Total (Column (b) must equal Form 990, Part X, Col (B) line 13.)		***************************************	<u> </u>
Part IX Other Assets (See Form 990, Part X	, line 15) N/A		
	Pescription		(b) Book value
(4)	CSCIPTION		(D) Book value
			· · · · · · · · · · · · · · · · · · ·
			···-
Total. (Column (b) must equal Form 990, Part X, col (B),	Ine 15)	▶	
Part X Other Liabilities (See Form 990, Part		-	
(a) Description of Liability	(b) Amount		
Federal Income Taxes	- Contraction		
redefar income Taxes	-		
		\dashv	
	 		
		-	
		_	
		\neg	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote in Part XIV.	otnote to the organization's	financial statements that reports the	organization's liability
for uncertain tax positions under FIN 48			

95-6051480

Page 3

Schedule **D** (Form 990) 2009 LAS PATRONAS

Sche	edule D (Form 990) 2009 LAS PATRONAS	95-605	1480	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
7	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25).	[
3	Excess or (deficit) for the year Subtract line 2 from line 1	[
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities	[
6	Investment expenses	[
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
ā	a Net unrealized gains on investments			
t	b Donated services and use of facilities 2b			
(c Recoveries of prior year grants			
(d Other (Describe in Part XIV)			
	e Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
á	a Investments expenses not included on Form 990, Part VIII, line 7b.	1 1		
	b Other (Describe in Part XIV)	7		
	c Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn N/A	
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
ä	a Donated services and use of facilities 2a			
i	b Prior year adjustments 2b	\neg		
	c Other losses 2c	7		
	d Other (Describe in Part XIV)	7		
	e Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV)	\neg		
	c Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
	rt XIV Supplemental Information			
line	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines part to pi	1b and 2b, Pa rovide any add	rt V, litional
			_	.
				-
_				_ _
		·		

TEEA3304L 02/02/10

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 LAS PATRONAS Part XIV Supplemental Information (continued)	95-6051480 Pa	ge 5
Part XIV Supplemental Information (continued)		
1		
		- -
		
		- -
	-	
	-	
		- -
BAA TEEA3305L 07/10/09	Schedule D (Form 990) 2	2009

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

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larne of the organization Employer identification number										
AS PATRONAS 95-6051480										
Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Part I Form 990EZ filers are not required to complete this part										
1 Indicate whether the organization				owing activities. Check	all that	apply				
Mail solicitations	raised raines ar	. ougi. u.i.y								
Internet and email solicitation	_			<u> </u>	Solicitation of non-government grants Solicitation of government grants					
	5									
Phone solicitations				Special fundraising	events					
	In-person solicitations									
2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes X No										
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndividuals or ent he organization	tities (fund	draisers) p	ursuant to agreements	under w	hich the fundra	iser is to be			
		() D.d	d	1.0	(v) Ar	mount paid to	(a) A			
(i) Name of Individual or entity (fundraiser)	(ii) Activity	have custor	fundraiser dy or control	(iv) Gross receipts from activity		retained by) aiser listed in	(vi) Amount paid to (or retained by)			
or entity (landraiser)		of contr	ibutions?	nom activity		col (i)	organization			
		Yes	No							
						=				
						_				
						;				
										
			_							
Total			>				0.			
3 List all states in which the organiz or licensing	ation is register	ed or licer	nsed to sol	licit funds or has been i	notified	it is exempt fro	m registration			
			-							
						_ 				
					- - -					
					. – – –					
			 -		-					
					-	- 				

. . .

Par	LII	reported more than \$15,000 on F	form 990-EZ, line 6	a. List events with	gross receipts grea	ater than \$5,000.					
			(a) Event #1 JEWELL BALL FU	(b) Event #2 ADVISORY & SOC	(c) Other Events	(d) Total Events (Add col (a) through col (c))					
EV			(event type)	(event type)	(total number)						
REVEZUE	1	Gross receipts .	1,372,735.	34,265.		1,407,000.					
-	2	Less: Charitable contributions	-								
	3	Gross income (line 1 minus line 2)	1,372,735.	34,265.		1,407,000.					
	4	Cash prizes									
D	5	Noncash prizes									
D I R E C T	6	Rent/facility costs									
	7	Food and beverages									
X P F	8	Entertainment									
EXPERSES	9	9 Other direct expenses 473, 956. 48, 294.									
S	10	Direct expense summary Add lines 4- tl	hrough 9 in column (d)		•	522,250.					
	11	Net income summary Combine lines 3, o			•	884,750.					
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	rt IV, line 19, or rep	oorted more than					
REVENUE		(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo									
N											
E	1	Gross revenue									
D X	2	Cash prizes									
DIRECT	3	Non-cash prizes									
S	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes%	Yes%	Yes %						
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•						
		Not account to the control of the co	lance 1 columns (d) and	lmo 7							
	8	Net gaming income summary Combine I	ines 1, column (a) and	ine /		YES NO					
9		er the state(s) in which the organization op ne organization licensed to operate gaming				9a					
		lo,' explain	g activities in each of th	icae states							
					- 						
		e any of the organization's gaming license es,' explain	es revoked, suspended	or terminated during the	e tax year?	10a					
					- 						
11		s the organization operate gaming activities				11					
12	ls th adm	ne organization a grantor, beneficiary or tri ninister charitable gaming?	ustee of a trust or a me	mber of a partnership o	or other entity formed to	12					

Schedule G (Form 990 or 990-EZ) 2009 LAS PATRONAS 95-	6051480		Page 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	%	- [
b An outside facility 13b	ું જ		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	ecords		
Name •		:	
Address -			
	_		
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	1	5a	<u> </u>
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization of the properties of	nount	ĺ	ŀ
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party			
Name			
Address <u></u>	. 		
16 Gaming manager information			
Name •			
Gaming manager compensation • \$	į	1	
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?	the 1	7a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp			
organization's own exempt activities during the tax year ►\$			
BAA TEEA3703L 02/05/10 Schedule G	(Form 990 o	r 990-EZ	2009

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

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OMB No 1545-0047

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<u>§</u> (h) Purpose of grant or assistance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 95-6051480 (g) Description of non-cash assistance 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 grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) See Part IV o. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 963,364 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance (P) EIN See Attached Beneficiary Payment 1 (a) Name and address of organization İ LAS PATRONAS Name of the organization 1 1

Enter total number of other organizations

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Page 2 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. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grants are for specific programs, subsidies, purchases of equipment etc... Las (d) Amount of non-cash assistance (c) Amount of cash grant ____Part I, Line 2 - Grantmaker's Description of How Grants are Used Patronas follows up with each organization. (b) Number of recipients LAS PATRONAS (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

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Schedule I (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Employler Identification number

95-6051480 LAS PATRONAS Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees										
(A) Name and Title	(B) Average hours	Posi	tion (C) call t	hat appl	ly)	(D) Reportable	(E) Reportable	(F) Estimated
Name and fide	per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
LISE WILSON	5	x						0.	0.	0.
ERIN WALSH							<u> </u>	j	· · · · · ·	
	5	X						0.	0.	0.
Director			_					0.	····	
LISA KAY	c	v						0.	0.	0.
Director LEE	5	Х	_					0.	· · · · · · · · · · · · · · · · · · ·	
KIMBERLEY LEE	_	,,							ا م	0
Director	5	Х	<u> </u>					0.	0.	0.
MAREE_MOSSMER	_	l								0
Director	5	X						0.	0.	0.
KRISTI_PIEPER	_									•
Director	5	X			<u> </u>		_	0.	0.	0.
MELINDA MAHONY										
Director	5	X						0.	0.	0.
LAUREN_OLSON								_	_	
Director	5	X						0.	0.	0.
LAURIE ALLEN	1									
Director	5	Х						0.	0.	0
ERIN WYER									•	
Director	5	X						0.	0.	0.
DAWN MAYWOOD										
Director	5	Х						0.	0.	0.
SUE WAGENER										
Director	5	Х						0.	0.	0.
MARLENA POULIN										
Director	5	X						0.	0.	0.
SALLIE WARREN							İ			
Vice President	5	X		X				0.	0.	0.
										<u> </u>

SCHEDULE O (Form 990)

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Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. Name of the organization Employer identification number

LAS PATRONAS	195-6051480
Tax return is reviewed by the Board of Directors prior to sign	ature.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Governing documents, policies and tax returns are available upon	on request.
	
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TEEA4901L 07/17/09

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
LAS PATRONAS	95-6051480
	·

Las Patronas Beneficiary Payments February 2009 through January 2010

Beneficiary Payments

03/17/2009	Alliance Health Clinic	\$ 19,397 00
03/17/2009	Boys and Girls Clubs of Greater San Diego	6,038 30
03/17/2009	Burn Institute	5,500 00
03/17/2009	Camp Stevens	10,000 00
03/17/2009	Community Coaching Center	16,996 00
	Community Resource Center	10,500 00
	Cygnet Theatre Company	11,761 00
	Developmental Services Continuum, Inc	6.335 00
03/17/2009	•	13,236 80
03/17/2009	La Jolla Town Council Foundation, Inc	20,000 00
	Friends of S C P.A	13,141 45
03/17/2009	La Jolla Youth Inc	20,000 00
03/17/2009	La Maestra Family Clinic, Inc	20,000 00
03/17/2009	San Diego Family Care, dba Linda Vista He	17,660 00
03/17/2009	Lux Art Institute	4,544 81
03/17/2009	Friends of Pacific Beach Secondary School	19,932 08
03/17/2009	Osteopathic Center for Children & Familie	6,897 00
03/17/2009	Partnership With Industry	20,000 00
03/17/2009	Project Wildlife	6,011 00
03/17/2009	San Diego Chorus of Sweet Adelines Intl	9,420 00
03/17/2009	San Diego Futures	12,000 00
03/17/2009	San Diego Guild of Puppetry, Inc	2,000 00
	St Madeleine Sophie's Center	17,912 30
03/17/2009	Parent's Cte of Bird Rock Elementry	14,055 54
03/17/2009	YMCA Youth & Family Services	15,998 00
03/17/2009	Foundation of La Jolla School, Inc	9,805 55
08/11/2009	La Jolla High School Foundation	5,000 00
11/19/2009	Arthritis Foundation, San Diego	17,944 56
11/19/2009	Athenaeum Music & Arts Library	11,825 00
11/19/2009	Center for Community Solutions	20,000 00
11/19/2009	EcoCenter for Alternative Fuel	4,000 00
11/19/2009	Employment & Community Options	1,199 00
	Foundation for Women	4,198 00
11/19/2009	Just in Time for Foster Youth	13,800 00
11/19/2009	Lawrence Family Jewish Comm Center	18,259 00
11/19/2009	Lindberg Schweitzer Elem Sch PTA	19,219 00
11/19/2009	Miracle League of San Diego	20,000 00
11/19/2009	New Haven Youth & Family Svcs	16,295 00
11/19/2009	Quail Botanical Gardens Foundation, Inc	13,540 00
11/19/2009	Scripps Mercy Hospital, Mercy Hosp Fdn	17,860 00
11/19/2009	Second Chance	20,000 00
11/19/2009	Social Service League of La Jolla	6,500 00
11/19/2009	The Brother Benno Foundation	14,000 00
11/19/2009	USO San Diego	7,418 79
01/20/2010	Alpha Project for the Homeless	32,724 00
01/20/2010	Birch Aquarium	46,300 00
01/20/2010	Salk Institute for Biological Studies	25,855 71
01/20/2010	San Diego Civic Youth Ballet	64,138 81
01/20/2010	San Diego Public Library Foundation	44,202 00

" Schedule I, Part II

Las Patronas **Beneficiary Payments**

01/20/2010 Sharp HealthCare Foundation	38,263 45	
01/20/2010 Spreckels Organ Society	75,000 00	
01/20/2010 St Vincent dePaul Village	26,905 34	
01/20/2010 The New Children's Museum	28,284 00	
01/20/2010 Tri-City Hospital Foundation	41,077 00	
Total Beneficiary Payments		
04/17/2009 Friends of Vista Hill	-10,767 75	
05/07/2009 UCSD - Huntington	-7,284 66	
09/03/2009 Lux Art Linstitute	-1,180 52	
01/11/2010 Foundation for Women	-353 84	
Total Beneficiary Returned Funds		
	\$ 963,363 72	
	01/20/2010 Spreckels Organ Society 01/20/2010 St Vincent dePaul Village 01/20/2010 The New Children's Museum 01/20/2010 Tri-City Hospital Foundation 04/17/2009 Friends of Vista Hill 05/07/2009 UCSD - Huntington 09/03/2009 Lux Art Linstitute	