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

OMB No. 1545-1150

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**A** For the 2009 calendar year, or tax year beginning March 1, 2009, and ending February 28, 2010

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**Berkeley Clinic Auxiliary/Turnabout Shop**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**10052 San Pablo Avenue**  
 City or town, state or country, and ZIP + 4  
**El Cerrito, CA 94530-3927**

**D** Employer identification number  
**94 6029661**

**E** Telephone number  
**510 525-7844**

**F** Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method: ☒ Cash ☐ Accrual  
 Other (specify) ►

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

**I** Website: ►

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

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

**L** Attach lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	1,928.75
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	-0-
<b>3</b>	Membership dues and assessments	<b>3</b>	1,180.00
<b>4</b>	Investment income	<b>4</b>	879.54
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	-0-
<b>b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	*0*
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	-0-
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	-0-
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>	-0-
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	-0-
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	58,300.20
<b>b</b>	Less: cost of goods sold	<b>7b</b>	-0-
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	58,300.20
<b>8</b>	Other revenue (describe ► Spring luncheon, monthly luncheons)	<b>8</b>	3,171.75
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	65,460.24
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	37,718.50
<b>11</b>	Benefits paid to or for members	<b>11</b>	-0-
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	-0-
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	-0-
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	22,082.89
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	574.27
<b>16</b>	Other expenses (describe ► Fees, gifts, lunches, sales tax)	<b>16</b>	7,605.21
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	67,980.87
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-2,520.63
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	57,678.89
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	-0-
<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	55,158.26

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	57,678.89	<b>22</b> 55,158.26
<b>23</b> Land and buildings	-0-	<b>23</b> -0-
<b>24</b> Other assets (describe ►)	-0-	<b>24</b> -0-
<b>25</b> <b>Total assets</b>	57,678.89	<b>25</b> 55,158.26
<b>26</b> <b>Total liabilities</b> (describe ►)	-0-	<b>26</b> -0-
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	57,678.89	<b>27</b> 55,158.26

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 108421

Form **990-EZ** (2009)

SCANNED JUL 02 2010

12 P

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

**What is the organization's primary exempt purpose?**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	Provision of orthodontia for economically disadvantaged children 28 children benefited		
	(Grants \$ ) If this amount includes foreign grants, check here	28a	37,718.50
29			
	(Grants \$ ) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here	30a	
31	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	37,718.50

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		✓
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ <u>California</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>Louise O'Dea</u> Telephone no. ▶ <u>510 526-8169</u> Located at ▶ <u>7816 Terrace Drive, El Cerrito, CA</u> ZIP + 4 ▶ <u>94530</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	No
			✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

<b>46</b>	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 . . . . .	<b>46</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>50</b>	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

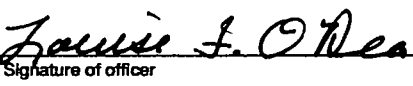
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		5/14/2010 Date	
	Louise O'Dea, Treasurer (Fiscal year March 1, 2010 through February 28, 2011) Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (for yours if self-employed), address, and ZIP + 4	EIN		Phone no.
	May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	5,640.00	6,666.50	4,293.00	2,868.89	3,108.75	22,577.14
<b>2</b> 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 . . . . .	57,933.54	57,430.55	61,435.36	64,525.96	58,300.20	235,099.65
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	63,573.54	64,097.05	65,728.36	67,394.85	61,408.95	322,202.75
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						322,202.75

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	63,573.54	64,097.05	65,728.36	67,394.85	61,408.95	322,202.75
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,045.46	2,094.89	2,221.63	1,097.35	879.54	7,338.87
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	1,045.46	2,094.89	2,221.63	1,097.35	879.54	7,338.87
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	896.25	1,026.25	2,962.50	2,864.95	3,171.75	10,921.70
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	65,515.25	67,218.19	70,912.49	71,357.15	65,460.24	340,463.32
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	95 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	95 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	2 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	2 %
<b>19a 33 1/3 % support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

## Part IV

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

### Spring luncheon and monthly luncheons



WACHOVIA BANK, N.A.  
 INTEREST REPORTING D1116-059  
 1525 W WT HARRIS BLVD 3B5  
 CHARLOTTE, NC 28262-8522  
 (800) 922-4684

00284619L  
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**WACHOVIA**

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BERKELEY CLINIC AUXILIARY  
 10052 SAN PABLO AVE  
 EL CERRITO CA 94530



E.I.N. 56-1948225

FOR CALENDAR YEAR

2009

TAXPAYER ID NUMBER

94-6029661

2009 - 1099-INT, INTEREST INCOME

TIME DEPOSIT	ACCOUNT NUMBER	
BOX 1	91044 123-5949571	
	INTEREST INCOME	93.21
	TOTAL INTEREST	93.21



145953 01 173502513 NNNN NNNNNNNN 000001 DTP QITA

If your name or Social Security number is incorrect, please call the number listed above or contact your local Wachovia branch.

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED OR THAT AN UNDERPAYMENT OF TAX RESULTS BECAUSE YOU OVERSTATED A DEDUCTION FOR THIS MORTGAGE INTEREST OR FOR THESE POINTS OR BECAUSE YOU DID NOT REPORT THIS REFUND OF INTEREST ON YOUR RETURN. FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE AND INSTRUCTIONS FOR COMPLETING THIS FORM, SEE THE 2009 INSTRUCTIONS FOR FORMS 1099, 1098, 3921, 3922, 5498, AND W-2G.

**BERKELEY CLINIC AUXILIARY TURNABOUT SHOP, ID# 94629661**

**Part I, Line 10- Schedule**

**Class: Orthodontic assistance for low-income children**

Axelrode Orthodontics, 2000 Appian Way, Ste. 301, Pinole, CA 94564	\$ 1,300
Berkeley Orthodontics, 3010 Colby St., Berkeley, CA 94705	18,766
Dr. Reginald Fulford, 511 El Cerrito Plaza, El Cerrito, CA 94530	2,800
Dr. Robert Iezman, 2999 Regent St., Berkeley, CA 94705	3,150
Dr. Robert Iezman, 1525 Walnut St., Berkeley, CA 94705	5,710
Dr. Stephen Ludwig, 3980 San Pablo Dam Rd., Ste. 201 El Sobrante, CA 94803	1,750
Drs. Bloom, Berger & Krey, 2572 Dana St., Berkeley, CA 94704	1,737.50
Dr. Kenneth Brehnan, 591 San Pablo Ave., Albany, CA 94706	1,650
Dr. P. M. Kasrovi, 910 Ensenada Ave., Berkeley, CA 94707	700
Dr. Madelyn Ballard, 3031 Telegraph Ave., Berkeley, CA 94705	155
<b>TOTAL</b>	<b>\$37,718.50</b>

**BERKELEY CLINIC AUXILIARY, INC.****FINANCIAL STATEMENT March 1, 2009, through February 28, 2010**

<b>RECEIPTS</b>	<b>2006-2007</b>	<b>2007-2008</b>	<b>2008-2009</b>	<b>2009-2010</b>
Shop - taxable	52,502.78	56,229.87	45,460.80	50,435.00
Shop - nontaxable	596.25	566.52	15,162.59	2,976.60
Sales tax	4,331.52	4,638.97	3,902.57	4,888.60
Interest	2,094.89	2,221.63	1,097.35	879.54
Orthodontia reimbursement	2,505.00	-0-	-0-	701.75
Dues	1,080.00	1,040.00	1,040.00	1,180.00
Spring Luncheon	1,020.00	1,085.00	1,025.00	1,102.00
Hostess fees	1,937.50	1,871.00	1,750.00	2,000.00
Unrestricted Donations	674.00	2,038.00	63.89	532.00
Memorial Donations	375.00	25.00	-0-	695.00
Orthodontia Donations	95.00	1,190.00	1,765.00	-0-
Refund	-0-	-0-	15.70	-0-
Luncheons	6.25	6.50	74.25	69.75
<b>TOTAL</b>	<b>67,218.19</b>	<b>70,912.49</b>	<b>71,357.15</b>	<b>65,460.24</b>

**DISBURSEMENTS**

Rent	14,400.00	14,800.00	15,000.00	15,800.00
Labor	950.00	850.00	900.00	1,250.00
Telephone	345.57	394.95	471.59	552.20
PGE	1,059.90	1,035.99	944.45	991.89
Garbage	1,459.28	2,109.16	1,811.26	1,554.72
Supplies	452.01	651.62	387.16	776.08
Insurance	-0-	2,362.88	1,151.00	1,158.00
Shop improvements	60.39	208.95	76.10	245.42
Orthodontia	34,280.00	34,966.00	38,463.50	37,718.50
Tele-Care Program	1,800.00	1,800.00	1,800.00	-0-
Donations-Special Projects	3,000.00	3,000.00	3,000.00	-0-
Mailing, printing	366.40	470.65	518.34	328.85
Publicity	268.00	-0-	-0-	-0-
Fees	56.00	211.00	101.00	282.19
Gifts	369.00	179.00	150.00	240.60
Spring Luncheon	921.44	1,010.94	989.00	963.27
Monthly Luncheons	1,357.60	1,566.16	1,239.33	1,492.15
Board of Equalization	4,408.00	4,567.00	4,034.00	4,627.00
<b>TOTAL</b>	<b>65,553.59</b>	<b>70,184.30</b>	<b>71,036.73</b>	<b>67,980.87</b>



P O BOX 260172  
BATON ROUGE LA 70826-0172

**Tax Year 2009 Form 1099-INT Interest Income (Copy B)**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**Recipient Information**

63665 TAS 1ZE 1110 - WMU703 COL 0703 CA (00 350)  
BERKELEY CLINIC AUXILIARY TURNABOUT SHOP  
10052 SAN PABLO AVE  
EL CERRITO, CA 94530-3927

**Payer Information**

**Federal ID Number: 13-4994650**  
JPMORGAN CHASE BANK NA

COPIES OF YOUR 2009 FORM 1099 STATEMENTS  
ARE AVAILABLE ONLINE AT WWW.CHASE.COM

**Form 1099-INT Questions**

Phone Support 1-800-935-9935



Recipient's ID Number: 94-6029661

**Original**

**Summary of Form 1099-INT Interest Income**

(OMB No. 1545-0112)

Box	Description	Amount	Box	Description	Amount
1	Interest Income	\$813 49	5	Investment Expenses	\$0 00
2	Early Withdrawal Penalty	\$0 00	6	Foreign Tax Paid	\$0 00
3	Interest on U S Savings Bonds and Treasury Obligations	\$0 00	7	Foreign Country or U S Possession	(See Details)
			8	Tax exempt interest	\$0 00
4.	Federal Income Tax Withheld	\$0.00	9	Specified private activity bond interest	\$0 00

**Details of Form 1099-INT Interest Income**

(OMB No. 1545-0112)

Account Number Acct Description	Box #1 Interest Income	Box #2 Early With- drawal Penalty	Box #3 Interest on U.S. Savings Bonds and Treas. Obligations	Other Boxes
0077210006217 CERTIFICATE	\$813 49	\$0 00	\$0 00	