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Form 990-EZ

OMB No 1545-1150

Short Form
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)

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.

Open to Public inspection

| A For the 2009 calendary year, or tax year beginning Cheeker Chame Chame of organization DEmployer identification number | Inte | ernal f | Revenue | Service | The organization may have to use a copy of this return to satisfy state reporting requirement | | Inspection |
|--|------------|---------|-----------------|--------------------|---|----------------|-----------------------------------|
| Segre Common of organization Segre Common of organization Segre Common of Segre Segre Common of Segre Segr Se | A | For | the 2 | 009 cale | | | 010 |
| MARY GRAHAM CHILDRENS SHELTER FOUNDATION 94-3377000 | В | Chec | k if cable | Please | | <u> </u> | |
| State Sta | | A | ddress lange | use IRS | | | |
| Terror Section 561(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Garden February 468-6966 Accounts on the complete Complet | Ē | | ame | | MARY GRAHAM CHILDRENS SHELTER FOUNDATION 94 | 1-33 | 77000 |
| Section 501(c) 257 OFFICE BOX 96 C209 468-6966 | Ē | | itial | type | | | |
| Section 501c(S) urganizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method Schedule A Form 990 urganization is not Schedule A Form 990 urganization Schedule B Sche | Ē | Τ | emin- | | | | |
| Section PRENCH CAMP, CA 95231 Number Section Content Camp | F | | mended | IInsuuc- 🗀 | 0.5 - 1 | | |
| Section 501(c)(3) organizations and 4947(a)(1) nenesempt charitable trusts must attach a completed Caccording method Cotter (specify) | F | — , t | :turn | 1 | 77777 6777 67 05001 | | ption |
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| Webstret: ► N/A H. Check If the organization is not I Tax-exempl status (check only one) X 501(c) (3) (insert no) 4947(e) (1) or 527 required to attach Schedule B memory, sect. er specific contents 1 1 1 1 1 1 1 1 1 | | • ; | section | 1 501(6)(3 | 0-1 | _ | X Gash Accruai |
| Tax-exempt status (check only one) | _ | | | > >7 / 7 | · Canor (opening) | _ | |
| The organization is not a section 505(c)(3) supporting organization and its gross recepts 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. Add lines 5b, 8b, and 7b, 10 ine 9 to determine gross receipts, if \$500,000 or more, the Form 930 instead of Form 930-EZ. | ı | Wel | osite: | $\sim N/I$ | | | • |
| Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return | 1 | Tax | -exemp | <u>pt status (</u> | check only one) $-\lfloor X \rfloor$ 501(c) (3) \blacktriangleleft (insert no) $\lfloor \rfloor$ 4947(a)(1) or $\lfloor \rfloor$ 527 required to attach | <u>Schedul</u> | e B (Form 990, 990-EZ, or 990-PF) |
| Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part | K | Che | ck 🟲 | if th | ne organization is not a section 509(a)(3) supporting organization <mark>and</mark> its gross receipts are normally no t more th | ıan \$25, | ,000 A Form 990-EZ or |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) | _ | | | For | m 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return | | |
| Part | L | Add | lines 5 | b, 6b, and | d 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ | ▶ \$ | 365,279. |
| 2 Rogram service revenue including government fees and contracts 3 3 3 3 4 1 1 1 1 1 1 1 1 1 | | | | | | or Part | 1) |
| 2 Rogram service revenue including government fees and contracts 3 3 3 3 4 1 1 1 1 1 1 1 1 1 | | Τ. | l Co | ntribution | s, gifts, grants, and similar amounts received | 1 | 218,205. |
| 3 Membership dues and assessments 3 4 | | | | | - * · * · · · · - · · · · · · · · · · · | 2 | |
| 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b 5b 5c 5c 5c 5c 5c 5c | | | | - | | | |
| Sa Sa Gross amount from sale of assets other than inventory Sa Sb Sb Sb Sb Sb Sb Sb | | - 1 | | • | - | • | |
| b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 6b from line 7a) 8 Other revenue (describe ► INVESTMENT INCOME) 8 9, 534. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 32 c, 800. 10 Grants and similar amounts paid (attach schedule) 11 Sentitive earn and other payments to independent contractors 12 Salans, other compensation, and employee benefits 12 Salans, other compensation, and employee benefits 12 Salans, other compensation, and employee benefits 13 A 4, 518. 11 Cocupancy, rent, utilities, and maintenance 14 Cocupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 17 Total expenses (describe ► 17 Total expenses), costage, and shipping 18 A 9, 18 A | | | | | | 4 | |
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| 13 | 3 | | | • | }- | | |
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| 21 | ets (| 1 | | | | | <u>: -::.•</u> |
| 21 | SS | ı. | | | * | 10 | 595.052. |
| 21 | 9 4 | | | _ | The state of the s | | |
| Part # 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) | žž | 2 | | - | | | 726 126 |
| (See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (A) Beginning of year 595,052 22 736,126. 25 736,126. | ŠF. | | | | | | /30,120. |
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| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 595,052.27 736,126. | | | | | | ~ | |
| 932171 A HA For Privacy Act and Paperwork Reduction Act Notice see the senarate instructions | | | | | | | |
| | | 32171 | <u></u> 1 | | | 7 | |

| Forn | n 990-EZ (2009) MARY GRAHAM CHILDRENS SHE | LTER FOUNDATI | ON | 94- | 33770 | 00 Page 2 |
|----------------|---|-------------------------------|--|--|--------------|--------------------------|
| Pa | art III Statement of Program Service Accomplishme | nts (See the instructions for | Part III) | • | Ex | penses |
| Wha | tt is the organization's primary exempt purpose? SEE STATEMENT | 1 4 | | | -1 | r section 501(c)(3) |
| | cribe what was achieved in carrying out the organization's exempt pur | | se manner descri | he he | |) organizations and |
| | services provided, the number of persons benefited, and other relevan | | | . | for others) | 7(a)(1) trusts, optional |
| | TO CONTRIBUTE AVAILABLE FUNDS TO PR | | | | 1 | · |
| | AND EQUIPMENT AT MARY GRAHAM SHELTE | | | | | |
| | RESIDENT'S QUALITY OF LIFE. | AC TO THIRDYD | 11111 | | | |
| | | | | | | 125 750 |
| 00 | (Grants \$) If this amount includes foreign of | grants, check nere | | ш | 28a | 135,759. |
| 29 | | | - | | | |
| | | | | | | |
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| | (Grants \$) If this amount includes foreign of | grants, check here | <u> </u> | لـــا | 29a | |
| 30 | | | | | 1 | |
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| | | | | | | |
| | (Grants \$) If this amount includes foreign of | grants, check here | | | 30a | |
| 31 | Other program services (attach schedule) | | | | | |
| | (Grants \$) If this amount includes foreign of | grants, check here | • | | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | | | | 32 | 135,759. |
| P | art IV List of Officers, Directors, Trustees, and Key E | mployees. List each one ev | en if not compensated | (See the | | |
| | | | · | | ontributions | |
| | (-) (-) | (b) Title and average hours | (c) Compensation | | employee | (e) Expense |
| | (a) Name and address | per week devoted to | (If not paid, enter | | fit plans & | account and |
| | | position | -0) | | eferred | other allowances |
| <u>TC</u> | OHN VERA | PRESIDENT | | COII | pensation | |
| <u> </u> | OIN VERA | 2.00 | _ | | ^ | |
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| DP | AVID JOMAOAS | PRESIDENT-ELE | | | | |
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| MI | CHAEL DUFFY | DIRECTOR | | | | |
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| ΑT | LEXIS GALBRAITH | DIRECTOR | | | | |
| = | | 2.00 | 0. | | 0. | 0. |
| <u>ה</u> | ANNE GINI | DIRECTOR | 0. | 1 | - • | <u> </u> |
| | TANNE CINI | 2.00 | 0. | | 0. | _ |
| TE | ERRY GREGERSON | DIRECTOR | 0. | | ٠. | 0. |
| JE | ERRI GREGERSON | | _ | | ^ | |
| | TATAL TIPE THE D | 2.00 | 0. | <u> </u> | 0. | 0. |
| <u>J 1</u> | ENNIFER HELD | DIRECTOR | | ļ | _ | |
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| K <i>F</i> | ATRINA HOLMES | DIRECTOR | | | | |
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| GE | EORGETTE HUNEFELD | DIRECTOR | | | | |
| | | 2.00 | 0. | | 0. | 0. |
| \overline{L} | INDA JEFFERS | DIRECTOR | | İ | | |
| | | 2.00 | 0. | | 0. | 0. |
| BC | ON KAVANAUGH | DIRECTOR | | | | |
| | | 2.00 | 0. | | 0. | 0. |
| 21 | JSAN LENZ | DIRECTOR | | \vdash | | • |
| - | 70.B. LULIU | 2.00 | 0. | | 0. | |
| ~ | AUDIA PRUETT | DIRECTOR | | | <u> </u> | 0. |
| <u>1</u> | NODIA LUGETT | | _ | | ^ | _ |
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| <u> </u> | OHN RAUCH | DIRECTOR | _ | 1 | _ | |
| _ | | 2.00 | 0. | <u> </u> | 0. | 0. |
| E | ARL TAYLOR | DIRECTOR | | | | |
| NA. | 178 | 2.00 | 0. | <u> </u> | 0. | |
| 932 | 172 08-10 | | | | Form | 990-EZ (2009) |

| Pa | City Other information (Note the statement requirements in the instructions for Part V | •) | | · | TAT- |
|---------|---|-----------------------------|--------|----------|----------------|
| 00 | B. H | | | Yes | |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed desc | _ | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the | | 34 | | |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (amon | | | | |
| _ | reported on Form 990-T, attach a statement explaining why the organization did not report the income on Fo | | | | 1 |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 60 | 33(e) notice, reporting, | 05- | | v |
| | and proxy tax requirements? | | 35a | N/ | X 7 |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | rana tha waawa 16 M/ II | 35b | 14/ | <u>~</u> |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets di | iring the year? if "Yes," | 20 | | X |
| 27- | complete applicable parts of Sch N | 37a 0. | 36 | ļ | ^ |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions Pud the expensivation file Form 1120-POL for this year? | [314] | -1 | Ī | х |
| | Did the organization file Form 1120-POL for this year? | ra any such loans mada | 37b | | 1 |
| 304 | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we | ie any such idans made | 38a | 1 | x |
| h | In a prior year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b N/A | 308 | ļ | ^ |
| 39 D | Section 501(c)(7) organizations. Enter | IV/A | 1 | | |
| | Initiation fees and capital contributions included on line 9 | 39a N/A | | 1 | 1 |
| | Gross receipts, included on line 9, for public use of club facilities | 39b N/A | 1 | | 1 |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under | 030 11/11 | ┪ | | 1 |
| 704 | section 4911 ► 0 • , section 4912 ► 0 • , section 4955 | • 0. | | | 1 |
| h | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess bening the organization of the organization of the organization engage in any section 4958 excess bening the organization of | · ——— | | | |
| | year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a | | | İ | |
| | has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule | | 40b | | Х |
| C | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers | =;·==** | | | |
| _ | or disqualified persons during the year under sections 4912, 4955, and 4958 | > 0. | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the | | | | |
| | organization | ▶ 0. | | | 1 |
| е | 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 | | 40e | | X |
| 41 | List the states with which a copy of this return is filed ► CA | | | | |
| 42 a | The organization's books are in care of DORENE GUERRERO | Telephone no ▶ <u>(209)</u> | 468 | | 166 |
| | Located at ► POST OFFICE BOX 96, FRENCH CAMP, CA | ZIP + 4 ▶ 9 | 9523 | 1 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authorit | 1 | | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | | Yes | No. |
| | account)? | | 42b | <u> </u> | X |
| | 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. | | | |
| C | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | 42c | <u></u> | X |
| | If "Yes," enter the name of the foreign country | | | _ | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | . l l | ». / - | • | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | ▶ 43 | N/P | <u> </u> | |
| | | | | | T |
| | | | F | Yes | No. |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | | ., |
| | Form 990-EZ | | 44 | ļ | <u> </u> |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | If "Yes," Form 990 must be | | | ., |
| _ | completed instead of Form 990-EZ | | 45 | 1 | X |
| | | | Form! | 99U-EZ | (2009) |

| office? If "Yes," complete Schedule C, Part I 10 the organization engage in lobbying activities? If "Yes," complete Schedule E 11 to the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12 to the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 to the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 | Part VI | Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitab and 51. | 1 4947(a)(1) nonexempt le trusts must answer question | charitable tru ns 46-49b and con | sts only. All nplete the table | sectio es for l | n 501 Ines 5 | (c)(3) 0 |
|--|------------------|---|--|--|--|--------------------|-----------------|-------------|
| 47 Dut the organization angles in tobbying activities? If "Yea," complete Schedule C, Part II 48 Is the organization active as described in section 170((s)(1)(a)(ii)) " Yea," complete Schedule E 48 Is the organization active as described in section 170((s)(1)(a)(ii)) " Yea," complete Schedule E 48 Is It "Yea," was the related organization as section 527 organization? 50 Complete this table for the organization of the highest compensated employees (other than officers, directors, trustees and key employees) was cach received more than \$100,000 of compensation from the organization if there is none, enter "Yone" (a) Name and address of acch employee paid more than \$100,000 NONE (b) Title and average hours per week devoted to position (c) Complete the 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 "Yone" (a) Name and address of each independent contractor paid more than \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other independent contractors such exceived more than \$100,000 of compensation from the organization if there is none, enter "Yone" (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 (e) Type of service (f) Compensation from the organization from the organization from the organization if there is none, enter "Yone" (g) Name and address of each independent contractor paid more than \$100,000 (e) Type of service (f) Compensation from the organization from the organization of the best of my including angle best of its true. (g) Type of service (g) Compensation from the organization from the organization of the best of my including angle best of its true. (g) Compensation from the organization from the organization from the organization from the organization of the best of my including | 46 Did the | e organization engage in direct or indirect political campaign activitie | es on behalf of or in opposition to o | candidates for public | - | | Yes | No |
| 48 Ist the organization aschool as described in section 170(h)(1/4)(n)(1) ft Yes. Complete Schedule E 49 | office? | If "Yes," complete Schedule C, Part I | | | [| | | Х |
| 49a Dit the organization make any transfers to an exempt non-charitable related organization? ■ 1 1 Yes, "was the related organization a section 527 organization? © Complete this table for the organization 5 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 NONE 1 Total number of other employees paid over \$100,000 11 Total number of other employees paid over \$100,000 12 Complete this table for the organization is the injunction of the residence of the organization if there is none, enter "None" (a) Name and address of each independent contractor paid 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 of the organization if there is none, enter "None" (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans a compensation of the organization if there is none, enter "None" (e) Expense account and 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 from the organization if there is none, enter "None" (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 4 Total number of other independent contractors each receiving over \$100,000 4 Total number of other independent contractors each receiving over \$100,000 (e) Type of service (c) Compensation from the organization in the organization in the organization in the organization in the organization in the organization in the organization in the organization in the organization in the organization in the organization in the organization in the organization in the organization in the organization in the organization in the organ | 47 Did the | e organization engage in lobbying activities? If "Yes," complete S | chedule C, Part II | | ļ | 47 | | |
| b If "vest," was the related organization a section 527 organization? 50 Complete this table for the organization if the 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 of compensation from the organization in the period of the position of the posi | 48 Is the | organization a school as described in section 170(b)(1)(A)(ii)? If "Y | 'es," complete Schedule E | | | 48 | | |
| Complete this table for the organization's five highest compensated employees (either 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 a contribution of the employee benefit plans and other allowance of compensation in the organization if there is none, enter 'None' 1 Total number of other employees paid over \$100,000 (a) Name and address of each employee paid more than \$100,000 (b) Type of service (c) Compensation (d) Contributions (c) Expense benefit plans a contribution of the employee benefit plans and other allowance 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 from the organization 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 from the organization from the organization if the people is the people of the property of the people is the people of the people of the people is the people of the peopl | 49a Did the | e organization make any transfers to an exempt non-charitable relate | ed organization? | | | 49a | | Х |
| (a) Name and address of each employee paid more than \$100,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans 4 december of their allowance account and other allowance compensation (e) Expense and other allowance account and other allowance compensation (f) Total number of other employees paid over \$100,000 (g) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (g) Name and address of each independent contractors paid more than \$100,000 (g) Type of service (g) Compensation (g) Compen | b If "Yes | ," was the related organization a section 527 organization? | | | _ | 49b | | |
| (a) Name and address of each employee paid more than \$100,000 postton 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (c) Compensation (de) Repetitive of other employees paid over \$100,000 (de) Type of service (e) Compensation (e) Compensation (f) Total number of other independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the original paid of the paid o | | | ter "None " | ; trustees and key er | r | | erved r | nore |
| 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" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Linear pendent contractors each receiving over \$100,000 Linear pen | | than \$100,000 | per week devoted to | (c) Compensation | to employee benefit plans & deferred | & accou | | and |
| 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" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Linear pendent contractors each receiving over \$100,000 Linear pen | | | | | | | | |
| d Total number of other independent contractors each receiving over \$100,000 Sign Under penalities of pryury. 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 deliant on preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Signature of officer Type or print name and title Preparer's signature Date Date Date Check if self-employed Timis name (or yours of soldmore) DAVID E. VAUGHN, CPA di solf-employed, address, and ZIP+4 STOCKTON, CA 95212 | 51 Comp | lete this table for the organization's five highest compensated indep- ization. If there is none, enter "None" | | | Ţ | | | |
| Sign Here Under penalities of penury, 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 orderation of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer | | | | | | | | |
| Sign Here Signature of officer Date | d Total | number of other independent contractors each receiving over \$100; | 000 | > | | | | |
| Preparer's Use Only Firm's name (or yours it self-employed), address, and ZIP+4 STOCKTON, CA 95212 Phone Tourney STOCKTON, CA 95212 Phone Tourney Tour | - 1 | Signature of officer NERA, PRESIDE | all information of which preparer has any | nts, and to the best of m knowledge | y knowledge and be | elief, it is | true, | |
| if seif-employed), address, and ZIP+4 STOCKTON, CA 95212 Phone ► | Preparer's | Hail E. Voylin | | ployed 🕨 🗓 | | umber (S | See insti | .) |
| | Í | if self-employed), 4540 GNEKOW DR. | | Phor | | | | |
| may any may any any any and return with the probater shown above, one instructions | May the IRS | | | | ▶ 「 | V. | <u>.</u> | - N. |

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

2009

Open to Public Inspection

Name of the organization

MARY GRAHAM CHILDRENS SHELTER FOUNDATION

Employer identification number 94-3377000

| Part | | Reason 1 | | ty Status (All organiz | | | | | | | 3377 | | |
|-------|----------|-----------------|------------------------------|--|-----------------------|---------------------------|--------------------------|--------------------|---|--------------|--------------|----------|-----|
| ~~~~ | 4 | | | pecause it is: (For lines 1 | | | | · | | | | | |
| 1 | | | • | , or association of church | _ | - | • | , | | | | | |
| 2 | \equiv | | | 0(b)(1)(A)(ii). (Attach Scl | | | | | - | | | | |
| 3 [| ī | | | al service organization of | • | n section | 170(Ь)(1)(| A)(iii). | | | | | |
| 4 | Ī | • | · | perated in conjunction | | | | | (b)(1)(A)(iii | i). Enter th | e hospital' | s name |), |
| _ | | city, and state | | | | | | | . ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | p | | • |
| 5 [| | • | | penefit of a college or un | niversity ov | vned or op | erated by | a governr | nental unit | describe | d in | _ | |
| _ | _ | | b)(1)(A)(iv). (Comple | | • | .,. | | • | | | | | |
| 6 [| | | | ent or governmental unit | described | l in section | n 170(b)(1 |)(A)(v). | | | | | |
| 7 | X | | | eives a substantial part of | | | | | r from the | general p | ublic desci | nbed in | |
| | | - | b)(1)(A)(vi). (Complet | · | | | 3 | | | J | | | |
| 8 [| | - | | ection 170(b)(1)(A)(vi). (| (Complete | Part II) | | | | | | | |
| 9 [| | = | | eives: (1) more than 33 1 | | | om contri | outions. m | embershii | o fees, and | d aross rea | eipts fr | rom |
| | | | | ctions - subject to certa | | | | | | | | | |
| | | | · · | axable income (less sect | • | | • | | | • • | _ | | |
| | | | 509(a)(2). (Complete | · · | | • | | • | , , | | | | |
| 10 🛚 | | An organizati | on organized and op | erated exclusively to tes | st for publi | c safety. S | ee sectio | n 509(a)(4 | l) . | | | | |
| 11 [| | An organizati | on organized and op | erated exclusively for th | ne benefit d | of, to perfo | rm the fur | ctions of, | or to carry | y out the p | ourposes o | f one o | r |
| | | more publicly | supported organiza | tions described in section | on 509(a)(1 | l) or sectio | n 509(a)(2 |). See se c | tion 509(a | a)(3). Chec | ck the box | that | |
| | | describes the | type of supporting | organization and comple | et <u>e lin</u> es 1° | 1e through | 11h. | | | | | | |
| _ | _ | a Type I | ь | J Type II c | р Ц | e III - Func | tionally int | egrated | | d 🔲 | Type III · C | Other | |
| e L | _] | By checking t | this box, I certify tha | t the organization is not | controlled | directly or | r indirectly | by one or | more disc | qualified p | ersons oth | er than | 1 |
| | | foundation m | anagers and other t | nan one or more publicly | y supporte | d organiza | tions desc | ribed in s | ection 509 | 9(a)(1) or s | ection 509 | (a)(2). | |
| f | | If the organiz | ation received a writ | ten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | | supporting or | rganization, check th | is box | | | | | | | | | |
| g | | Since August | 17, 2006, has the o | rganization accepted ar | ny gift or co | ontribution | from any | of the folk | owing pers | sons? | | | |
| | | (i) A person | n who directly or ind | rectly controls, either al | one or tog | ether with | persons d | escribed i | ın (II) and (İ | iii) below, | | Yes | No |
| | | the gove | erning body of the su | upported organization? | | | | | | | 11g(i) | | |
| | | (ii) A family | member of a persor | described in (i) above? | | | | | | | 11g(ii) | | |
| | | (iii) A 35% d | controlled entity of a | person described in (i) of | or (ii) above | 9? | | | | | 11g(iii) | | |
| h | | Provide the fo | ollowing information | about the supported or | ganızatıon(| (s) | | | | | | | |
| | | | . | 4110 T 4 | 1 | | | | T | 1 | | | |
| (i) N | lame | of supported | (ii) EIN | (iii) Type of organization | | rganization | | | (vi) Is organizatio | the | (vii) An | rount of | |
| | orga | inization | | (described on lines 1-9 | | sted in your document? | organizat (i) of youi | | (i) organiz U S | ed in the | sup | port | |
| | | | | above or IRC section (see instructions)) | <u> </u> | | | | | _ | | | |
| | | | | (see ilistractions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
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| Total | | | | | 1 | <u> </u> | | | | | | | |

LHA 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

932021 02-08-10

Schedule A:(Form 990 or 990-EZ) 2009 MARY GRAHAM CHILDRENS SHELTER FOUNDATION 94-3377000 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not 165,862. 104,677. 102,195. 120,086 492,820. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 165,862. 104,677. 102,195. 120,086. 492,820. 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) 492,820. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 165,862. 104,677. 102,195. 120,086. 492,820. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 12,657. 10,116. 15,967. 9,531 48,271. and income from 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 77,038. 77,249. 56,228. 41,909 252,424. assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 62.11 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| Section A. Public Support Calendar year (or fiscal year beginning in) | (2) 2005 | (F) 2000 | (e) 0007 | (4,0000 | (=) 0000 | 16 T |
|--|---------------------------------------|---------------------------------------|---------------------------------------|--------------------|-----------------------|-------------|
| | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | - | <u> </u> | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | · · | | | | |
| ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | · · · · · · · · · · · · · · · · · · · | - | | | | |
| 7a Amounts included on lines 1, 2, and | <u>-</u> | | | 1 | 1 | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | " " | | | ' " ' | |
| Section B. Total Support | | | - | | | • |
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 Amounts from line 6 | | <u> </u> | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital | | | | | | |
| assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) | | | | <u> </u> | | |
| 14 First five years. If the Form 990 is for t | he organization' | s first second thu | rd fourth or fifth t | ay vear as a sect | on 501(c)(3) organiz | ration |
| check this box and stop here | J. garneation | o., 0000110, till | -, 1001til, Of mill t | سر برده می م عوداد | on our (o)(o) organiz | |
| Section C. Computation of Public | Support Pe | rcentage | | | | |
| 15 Public support percentage for 2009 (III | | | column (ft) | | 15 | |
| 16 Public support percentage from 2008 9 | | · · · · · · · · · · · · · · · · · · · | Column (I)) | | 16 | |
| Section D. Computation of Invest | | | | | 110 | |
| | - | | | | L- | |
| 17 Investment income percentage for 200 | | | ne 13, column (t)) | | 17 | |
| 18 Investment income percentage from 20 | | | | 45 | 18 | |
| 19a 33 1/3% support tests - 2009. If the c | | | | | | / is not |
| more than 33 1/3%, check this box and | | | · · · · · · · · · · · · · · · · · · · | | | ►L |
| b 33 1/3% support tests - 2008. If the c | | | | | | and |
| | | ton hara. The area | nization audifica | aa a aubliaki auai | norted erganization | ▶ |
| line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization | | | · · | | - | |

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No 1545-0047

Internal Revenue Service Name of the organization or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

| lame of the organization | | | | | | | ntification number |
|--|--|--|---|---|-------|-------------------|----------------------|
| | IAM CHILDRENS SHE | | | | | 94-3377 | |
| Part I Fundraising Activities. Correquired to complete this part. | omplete if the organization answe | ered "\ | 'es" to | Form 990, Part IV, | ine 1 | 7. Form 990-EZ | filers are not |
| Indicate whether the organization raised Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or orkey employees listed in Form 990, Part If "Yes," list the ten highest paid individed | e Solicitat f Solicitat g Special ral agreement with any individual VII) or entity in connection with p uals or entities (fundraisers) pursi | tion of tion of fundra (includer trofess | non-g gover using o ding o ional f | overnment grants nment grants events fficers, directors, true fundraising services? | stees | Yes | |
| (i) Name of Individual or entity (fundralser) | dividual (ii) Activity (iii) Did fundraiser have custody from activity fundraiser fundraiser have custody from activity fundraiser f | | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | | | |
| | | Yes | No | | | | |
| | | | | | | · | |
| | , | | | | | | |
| | | | | | | | |
| | p. 145 i | | | | | | |
| -, | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total 3 List all states in which the organization is | s registered or licensed to solicit | funds | or has | been notified it is ex | kemp | t from registrati | on or licensing. |
| | | | | | | | |
| ······································ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | - | | | | | |
| LHA For Privacy Act and Paperwork Redu | ction Act Notice, see the Instru | ctions | for F | orm 990 or 990-EZ | . : | Schedule G (For | m 990 or 990-EZ) 200 |

Schedule G (Form 990 or 990-EZ) 2009 MARY GRAHAM CHILDRENS SHELTER FOUNDATION 4-3377000 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

| | | on Form 990-EZ, line 6a. List events with | gross receipts greater ti | han \$5,000. | | | | |
|-----------------|--------------|---|----------------------------|--------------------------------|--------------------|-------------|------------------|------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | IAN TA | tal event | |
| | | | GOLF | ART | | (add col | | |
| | | | FUNDRAISER | FUNDRAISER | 1 | | ol. (c)) | ugn |
| æ | | | (event type) | (event type) | (total number) | | | |
| Revenue | 1 | Gross receipts | 72,383. | 45,576. | 19,581. | 1 | 37,5 | 40. |
| _ | 2 | Less: Charitable contributions | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 72,383. | 45,576. | 19,581. | 1 | 37,5 | <u> </u> |
| | 3 | Gross income (line 1 minus line 2) | 72,303. | 45,570. | 19,301. | | 31,3 | 40. |
| | 4 | Cash prizes | | | | | | |
| uses | 5 | Noncash prizes | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | | | |
| Direc | 7 | Food and beverages | | | | | | |
| | 8 | Entertainment | | | | | | |
| | 9 | Other direct expenses | 23,075. | 15,049. | 355. | | 38,4 | <u>79.</u> |
| | 10 | | • • | | • | | 38,4 | |
| D | 11 | Net income summary. Combine line 3, colum Gaming. Complete if the organization | | 2000 Part IV line 10 or r | oported more than | | 99,0 | 61. |
| | *, ` | \$15,000 on Form 990-EZ, line 6a. | answered les toloni | 1990, 1 att 14, iiile 19, 01 i | eported more man | | | |
| | Γ | 7.0,000 01.10.10.00. | () 5 | (b) Pull tabs/instant | | (d) Total | gaming | (add |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) th | | |
| ě | | | | | | | | |
| | 1 | Gross revenue | | | | | | |
| | | | | | | | | |
| Ses | 2 | Cash prizes | | | | | | |
| Sens | | Nanash awas | | | | | | |
| 찣 | 3 | Noncash prizes | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | |
| | 5 | Other direct expenses | | | | | | |
| | | | Yes % | Yes % | Yes % | | | |
| | 6 | Volunteer labor | □ No | No No | No | | <u></u> | |
| | 7 | Direct expense summary. Add lines 2 through | h 5 in column (d) | | • | | |) |
| | 8 | Net gaming income summary. Combine line | 1, column (d), and line 7 | | | | | |
| | | • | | | | | Yes | No |
| | | iter the state(s) in which the organization opera | _ | | | ĺ | | |
| | | the organization licensed to operate gaming ac | ctivities in each of these | states? | | 92 | <u>. </u> | <u> </u> |
| ŀ |) If | 'No,' explain: | | | | | | |
| | _ | | | | | | | |
| 10: | - \ • \\/ | ere any of the organization's gaming licenses re | evoked suspended or t | erminated during the tax s | uaar? | 1,0 | _ | |
| | | "Yes," explain: | evoked, suspended or to | eminated during the tax) | year: | 10 | <u>a </u> | <u> </u> |
| | _ | · • | | | | | | |
| | _ | | | | | | | |
| 11 | | pes the organization operate gaming activities | | | | 11 | <u> </u> | |
| 12 | | the organization a grantor, beneficiary or truste | ee of a trust or a membe | r of a partnership or other | r entity formed to | | _ | |
| | ac | dminister charitable gaming? | | | | 12 | 2 | 1 |

| Schedule G (Form 990 or 990-EZ) 2009 MARY GRAHAM CHILDRENS SHELTER FOUND | AT10 N4 -33 | 37700 | | |
|--|--------------------|---------------|-----|----|
| . 13 Indicate the percentage of gaming activity operated in: | | [| Yes | No |
| | 3a | % | | |
| | | % | | |
| Enter the name and address of the person who prepares the organization's gaming/special events books an | | | | |
| Name ▶ | | - | | |
| Address ▶ | | - | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue | ıe? | 15a | | _ |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and t | he amount | | | |
| of gaming revenue retained by the third party ►\$ c If "Yes," enter name and address of the third party: | | | | |
| c in res, enter name and address of the third party: | | | | |
| Name | | | | |
| | | _ | | |
| Address | | _ | | |
| 16 Gaming manager information: | | | | |
| Name ▶ | | _ | | |
| Gaming manager compensation ▶ \$ | | | | |
| 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 the state gaming license? | | 17a | | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations of | spent in the | | | 1 |
| organization's own exempt activities during the tax year > \$ | | | | } |

Schedule G (Form 990 or 990-EZ) 2009

| FORM 990-EZ OTHER EXPENS | ES | STATEMENT | 1 |
|--|---------------------------|------------|-----|
| DESCRIPTION | | AMOUNT | |
| INSURANCE OTHER G&A EXPENSE | | 2,0 6,9 | |
| TOTAL TO FORM 990-EZ, LINE 16 | | 8,9 | 88. |
| FORM 990-EZ CASH GRANTS AND ALLO | CATIONS | STATEMENT | 2 |
| CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS | GRANTEE'S RELATIONSHIP | AMOUN | т |
| PROGRAM EXPENSES MARY GRAHAM CHILDREN'S SHELTER 6861 MARY GRAHAM LANE FRENCH CAMP, CA 95231 | SEE EXEMPT PURPOSE | 135,7 | 59. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 135,7 | 59. |

| FORM 990-E2 | INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS | STATEMENT | | | 3 |
|-------------|--|-----------|-------|-----|----|
| DIRECTLY | ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT? | [|] YES | [X] | NO |
| • | ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? | . [|] YES | [X] | NO |

990-EZ PG 2

STATEMENT

TO CONTRIBUTE AVAILABLE FUNDS TO PROVIDE FOR THE PROGRAMS AND EQUIPMENT AT MARY GRAHAM SHELTER TO IMPROVE THE RESIDENT'S QUALITY OF LIFE.

| Form 886 | 88 (Rev. 1-2011) | | | | | Page 2 | |
|---|--|-------------------|--|-----------|---------------------------------------|------------|--|
| - | are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II and check this b | юх | > | X | |
| Note. On | ly complete Part II if you have already been granted an a | automatic | 3-month extension on a previously file | d Form | 8868. | | |
| | are filing for an Automatic 3-Month Extension, comple | | | | | | |
| Part II | · · · · · · · · · · · · · · · · · · · | xtensio | n of Time. Only file the original (no | copies r | eeded). | | |
| Type or | Name of exempt organization | | | Emp | loyer identification | number | |
| print | MARY GRAHAM CHILDRENS SHELTI | ra roi | INDATION | ۱ ۵ | 4-3377000 | | |
| File by the | e by the | | | | | | |
| extended due date for | I | | | | | | |
| filing your return See | City, town or post office, state, and ZIP code. For a fo | oreign add | lress, see instructions. | | | | |
| instructions | FRENCH CAMP, CA 95231 | | · | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Enter the | Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 3 | |
| | | Γ_ | I | | | | |
| Applicati | ion | Return | Application | | | Return | |
| Is For | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Code | Is For | | | Code | |
| Form 990 Form 990 | | 01 | Form 1041-A | | | 08 | |
| Form 990 | | 03 | Form 4720 | | · · · · · · · · · · · · · · · · · · · | 09 | |
| Form 990 | | 04 | Form 5227 | | | 10 | |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | | | | | | 11 | |
| | 0-T (trust other than above) | 06 | Form 8870 | | | 12 | |
| STOP! D | o not complete Part II if you were not already granted | an autor | natic 3-month extension on a previo | usly file | ed Form 8868. | | |
| | ooks are in the care of DORENE GUERRERO - POST | | | | | | |
| Telepl | none No. ► (209) 468-6966 | | FAX No. ▶ | | | | |
| If the | organization does not have an office or place of business | s in the Ur | nited States, check this box | | • | | |
| If this | is for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) If t | hıs ıs fo | r the whole group, | check this | |
| box 🕨 | . If it is for part of the group, check this box | | ach a list with the names and EINs of a | ll memb | ers the extension is | s for. | |
| | quest an additional 3-month extension of time until | | <u>15, 2011</u> . | T1131 | 20 2010 | | |
| | , | | , 2009 , and ending | 7 | 30, 2010 | · | |
| 6 Ift | he tax year entered in line 5 is for less than 12 months, c | heck reas | on: Initial return | J Final r | eturn | | |
| T Sta | ☐ Change in accounting period ate in detail why you need the extension | | | | | | |
| | | COMPI | LE ALL THE INFORMAT | TON | NECESSARY | | |
| | FILE A COMPLETE AND ACCURA | | | | | | |
| - | | | | | | | |
| 8a If t | his application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | enter the tentative tax, less any | | | | |
| no | nrefundable credits. See instructions. | | | 8a | \$ | 0. | |
| b If t | his application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and estimated | | | | |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | | | | | | | |
| pr | eviously with Form 8868. | | | 8b | \$ | 0. | |
| | lance due. Subtract line 8b from line 8a. Include your pa | - | th this form, if required, by using | | | • | |
| EF | TPS (Electronic Federal Tax Payment System). See instr | | | 8c | \$ | 0. | |
| | _ | | nd Verification | | | | |
| Under per | nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo | ing accomp orm | panying schedules and statements, and to t | he best o | it my knowledge and l | pelief, | |
| | | | | Do4- | | | |
| Signature | Title > | | | Date | | 201 1 0011 | |
| <u>Signature</u> | ► Title ► | | | Date | Form 8868 (F | | |

923842 01-03-11