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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: ESponsor Now Inc
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO Box 1257
City or town, state or country, and ZIP + 4: Vacaville, CA 956961257

D Employer identification number: 27-2984592
E Telephone number: (800) 581-4358
F Group Exemption Number

G Accounting method: Cash
I Website: www.esponsornow.org
J Tax-Exempt status: 501(c)(3)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22 10,271
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	0	25 10,271
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 10,271

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

To Promote educational programs for students and Athletes

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

28 Over 30 schools and more than 1000 students and athletes recieved and or benefited from our program between Sept and Dec 2010 \$113,000 was raised to promote their schools educational athletic programs (Grants \$ 71,857) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	16,827
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	16,827

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Terry Eidson 5066 Murchio Drive Concord, CA 94521	President 001 00	0		
David O'Mara 2227 Filbert St 12 San Francisco, CA 94123	Secretary 001 00	0		
Teri Johnson 144 Dream Street Vacaville, CA 95687	Treasurer 010 00	0		

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

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T
35a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
35b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
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45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ</i>		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ</i>		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
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47	Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. *If there is none, enter "None"*

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(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
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2011-07-06 Date
	Ten Johnson Treasurer 07032011 Type or print name and title	

Paid Preparer's Use Only	Preparer's signature <input type="text"/> Ten Johnson	Date 2011-07-06	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/> Bookkeeping and More <input type="text"/> 144 Dream Street <input type="text"/> Vacaville, CA 95687	EIN <input type="text"/>	Phone no <input type="text"/> (707) 452-0618	

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ESponsor Now Inc

Employer identification number

27-2984592

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not 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						
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 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 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	0 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					113,017	113,017
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					113,017	113,017
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						113,017

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6					113,017	113,017
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
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						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support (Add lines 9, 10c, 11 and 12)					113,017	113,017
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	100.000 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
ESponsor Now Inc

Employer identification number

27-2984592

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Albion

Identifier	Return Reference	Explanation
		High School 1 E Porter Street Albion MI 49224, Cash Grant 10,536, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity , Grantee Alhambra High School 150 E

Identifier	Return Reference	Explanation
		Street Martinez CA 94553, Cash Grant 1,326, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee

Identifier	Return Reference	Explanation
		California High School 9870 Broadmoor Drive San Ramon CA 94583, Cash Grant 2,097,

Identifier	Return Reference	Explanation
		Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Concord

Identifier	Return Reference	Explanation
		High School 4200 Concord Blvd Concord CA 94521, Cash Grant 4,407, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Crescenta

Identifier	Return Reference	Explanation
		High School 2900 Community Ave La Crescenta CA 91206, Cash Grant 1,089, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Clayton

Identifier	Return Reference	Explanation
		Valley High School 1101 Alberta Way Concord CA 94521, Cash Grant 2,222, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Diablo

Identifier	Return Reference	Explanation
		Valley College 321 Golf Club Road Pleasant Hill CA 94523, Cash Grant 20,554, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Eidson

Identifier	Return Reference	Explanation
		High School 21400 Magnolia St Huntington Beach CA 92646, Cash Grant 2,837, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Freedom

Identifier	Return Reference	Explanation
		High School 1050 Neroly Road Oakley CA 94561, Cash Grant 1,478, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Freeport

Identifier	Return Reference	Explanation
		High School 5 N Brookside Ave Freeport NY 11520, Cash Grant 360, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Granada

Identifier	Return Reference	Explanation
		High School 400 Wall St Livermore CA 94550, Cash Grant 693, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Hoover

Identifier	Return Reference	Explanation
		High School 651 Glenw ood Rd Glendale CA 91202, Cash Grant 140, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Las Lomas

Identifier	Return Reference	Explanation
		High School 1460 S Main St Walnut Creek CA 94596, Cash Grant 540, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Metro San

Identifier	Return Reference	Explanation
		Jose Basketball 5630 Herma Street San Jose CA 95123, Cash Grant 3,269, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Monte

Identifier	Return Reference	Explanation
		Vista High School 3131 Stone Valley Road Danville CA 94526, Cash Grant 3,656, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Norcal

Identifier	Return Reference	Explanation
		Sheltie Rescue 9386 Forest Vista Way Elk Grove CA 95758, Cash Grant 788, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee San

Identifier	Return Reference	Explanation
		Clemente High School 700 Avenida Pico San Clemente CA 92673, Cash Grant 1,680, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee St

Identifier	Return Reference	Explanation
		Francis High School 13440 Cogburn Rd Alpharetta GA 30004, Cash Grant 1,267, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee

Identifier	Return Reference	Explanation
		Tuscarora High School 801 N King Street Leesburg VA 20176, Cash Grant 2,190, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Upland

Identifier	Return Reference	Explanation
		High School 565 W 11th St Upland CA 91786, Cash Grant 5,499, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Valley

Identifier	Return Reference	Explanation
		Christian High School 10818 Artesia Blvd Cerritos CA 90703, Cash Grant 4,762, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Ygnacio

Identifier	Return Reference	Explanation
		Wood Sw im Team 3124 San Gabriel Drive Concord CA 94518, Cash Grant 35, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Educational - Schools, Grantee Ygnacio

Identifier	Return Reference	Explanation
		Valley High School 755 Oak Grove Rd Concord CA 94518, Cash Grant 432, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Fundraising 16,827

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Supplies 61

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Merchant Fees 3,294