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Form 990-EZ

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, 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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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: COAST CATTLE COMPANY. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 3316 WORTHINGTON DR. City or town, state or country, and ZIP + 4: MODESTO, CA 95350

D Employer identification number: 94-6096111. E Telephone number: (209) 609-2485. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: N/A

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

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (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 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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 \$ 46,135

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

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

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 46,135). Rows 10-17: Expenses (Total expenses: 41,872). Rows 18-21: Net Assets (Total net assets: 11,421).

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	669	22	5,674
23 Land and buildings	5,191	23	4,989
24 Other assets (describe in Schedule O)	1,298	24	758
25 Total assets	7,158	25	11,421
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,158	27	11,421

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?
THE ORGANIZATION PROVIDES LAND, WATER, AND NATURAL FOLIAGE NECESSARY TO FACILITATE DUCK HUNTING COLLECTIVELY, THE MEMBERS MEET TO MANAGE AND MAINTAIN THE LAND, LAKE, AND RECREATIONAL CLUB HOUSE

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 THE ORGANIZATION PROVIDES LAND, WATER, AND NATURAL FOLIAGE NECESSARY TO FACILITATE DUCK HUNTING COLLECTIVELY, THE MEMBERS MEET TO MANAGE AND MAINTAIN THE LAND, LAKE, AND RECREATIONAL CLUB HOUSE
(Grants \$ 0) If this amount includes foreign grants, check here

28a 0

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 (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

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

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

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes input fields for amounts and dates, and Yes/No columns.

Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Yes, No. Row 45: 45, 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)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Yes, No. Row 45a: 45a, No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

Table with 2 columns: Question ID, Yes, No. Row 46: 46, 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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

Table with 2 columns: Question ID, Yes, No. Row 47: 47

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

Table with 2 columns: Question ID, Yes, No. Row 48: 48

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Question ID, Yes, No. Row 49a: 49a

b If 'Yes,' was the related organization a section 527 organization?

Table with 2 columns: Question ID, Yes, No. Row 49b: 49b

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"

Table with 5 columns: (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.

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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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 (*****), Date (2011-05-10), Type or print name and title (JAMES BAKER TREASURER)

Paid Preparer's Use Only: Preparer's signature (COLLEEN A MEENK), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (GRIMBLEBY COLEMAN CPAS INC), address, and ZIP + 4 (200 W ROSEBURG AVE, MODESTO, CA 95350), EIN, Phone no ((209) 527-4220)

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

**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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COAST CATTLE COMPANY

Employer identification number
94-6096111

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 744 DESCRIPTION OTHER EXPENSES AMOUNT 1,212 TOTAL TO FORM 990-EZ, LINE 14 1,956

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION MANAGEMENT AMOUNT 2,785 DESCRIPTION PROPERTY TAXES AMOUNT 2,085 DESCRIPTION MAINTENANCE AMOUNT 7,300 DESCRIPTION MISCELLANEOUS AMOUNT 2,135 DESCRIPTION STAPLES/SUPPLIES AMOUNT 3,776 DESCRIPTION BANK CHARGES AMOUNT 7 DESCRIPTION MARSH EXPENSE AMOUNT 7,790 DESCRIPTION WATER AMOUNT 10,768 DESCRIPTION INSURANCE AMOUNT 2,125 TOTAL TO FORM 990-EZ, LINE 16 38,771

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,298 END OF YEAR AMOUNT 758

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: COAST CATTLE COMPANY

EIN: 94-6096111

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 94-6096111
Name: COAST CATTLE COMPANY

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
WILLIAM PARHAM PO BOX 13 CARMEL VALLEY, CA 93924	PRESIDENT 0 50	0	0	0
PETER VELLA 3316 WORTHINGTON DR MODESTO, CA 95350	VICE PRESIDENT/TREASURER 0 50	0	0	0
RON KOSH 3601 PANORAMA DR BAKERSFIELD, CA 93306	SECRETARY 0 50	0	0	0
JAMES BAKER 6200 EAGLE RIDGE DRIVE RIVERBANK, CA 95367	TREASURER 0 50	0	0	0