

**Short Form
Return of Organization Exempt From Income Tax**

2008

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 11/01, 2008, and ending 10/31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. CALIFORNIA CATTLEWOMEN INC GROUP 5200 LOS ALTOS PKWY #48 SPARKS, NV 89436	D Employer identification number <u>23-7363260</u>
		E Telephone number <u>775-626-5323</u>
		F Group Exemption Number <u>▶ 1551</u>

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

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

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

J Organization type (check only one) — 501(c) (5) (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 483,539.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	<u>1</u>	<u>15,480.</u>
	2 Program service revenue including government fees and contracts	<u>2</u>	<u>61,800.</u>
	3 Membership dues and assessments	<u>3</u>	<u>54,997.</u>
	4 Investment income	<u>4</u>	<u>6,313.</u>
	5a Gross amount from sale of assets other than inventory	<u>5a</u>	
	5b Less: cost or other basis and sales expenses	<u>5b</u>	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<u>5c</u>	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	<u>6a</u>	<u>271,274.</u>
6b Less: direct expenses other than fundraising expenses	<u>6b</u>	<u>127,098.</u>	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<u>6c</u>	<u>144,176.</u>	
7a Gross sales of inventory, less returns and allowances	<u>7a</u>		
7b Less: cost of goods sold	<u>7b</u>		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u>7c</u>		
8 Other revenue (describe ▶ <u>SEE STATEMENT 1</u>)	<u>8</u>	<u>73,675.</u>	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<u>9</u>	<u>356,441.</u>	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	<u>10</u>	
	11 Benefits paid to or for members	<u>11</u>	
	12 Salaries, other compensation, and employee benefits	<u>12</u>	
	13 Professional fees and other payments to independent contractors	<u>13</u>	<u>768.</u>
	14 Occupancy, rent, utilities, postage, and shipping	<u>14</u>	
	15 Printing, publications, postage, and shipping	<u>15</u>	<u>7,573.</u>
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	<u>16</u>	<u>338,582.</u>
	17 Total expenses (add lines 10 through 16)	<u>17</u>	<u>346,923.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<u>18</u>	<u>9,518.</u>	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<u>19</u>	<u>630,256.</u>
	20 Other changes in net assets or fund balances (attach explanation)	<u>20</u>	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	<u>21</u>	<u>639,774.</u>

Part II: Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>630,256.</u>	<u>639,774.</u>
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	<u>630,256.</u>	<u>639,774.</u>
26 Total liabilities (describe ▶ _____)	<u>0.</u>	<u>0.</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>630,256.</u>	<u>639,774.</u>

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

Form 990-EZ (2008) 2-2

SCANNED JUL 28 2010

RECEIVED
JUN 14 2010
SEE STATEMENT 2

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
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, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9	39a	N/A
39b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A ; section 4912 ▶ N/A , section 4955 ▶ N/A		
40b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b	
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Enter amount of tax on line 40c reimbursed by the organization		0.
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	40e	X
41	List the states with which a copy of this return is filed ▶ NONE		

42a The books are in care of ▶ NADETTE RAYMOND Telephone no ▶ 775-626-5323
 Located at ▶ 5200 LOS ALTOS PKWY #43 SPARKS NV ZIP + 4 ▶ 89436

		Yes	No
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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

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 ▶ N/A
 ▶ 43 | N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the 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 and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000	▶			

51 Complete this table for the 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
Total number of other independent contractors receiving over \$100,000	▶	

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

▶ *Nadette Raymond* - Treasurer Date *6/11/10*
 Signature of officer

▶ *NADETTE RAYMOND*
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *Gerald W. Kumpf CPA* Date *6/7/10* Check if self-employed ▶ Preparer's Identifying Number (See instructions) ▶ N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ *KUMPF & LEIPPE, CPAS* EIN ▶ N/A

▶ *1601 EXECUTIVE COURT, SUITE 3* Phone no ▶ *916-483-6646*

▶ *SACRAMENTO, CA 95864-2607*

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

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 than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		DINNER AUCTION (event type)	WINE TASTING (event type)	5 (total number)	(Add col (a) through col (c))	
REVENUE	1	19,268.	14,447.	43,888.	77,603.	
	2					
	3	19,268.	14,447.	43,888.	77,603.	
DIRECT EXPENSES	4			1,395.	1,395.	
	5			3,015.	3,015.	
	6		350.	1,415.	1,765.	
	7	7,544.	3,427.	8,790.	19,761.	
	8	Direct expense summary. Add lines 4- through 7 in column (d)				25,936.
	9	Net income summary. Combine lines 3 and 8 in column (d)				51,667.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
		REVENUE	1			
EXPENSES	2					
	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %		
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' Explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

13a		%
13b		%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name: ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address:

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?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

		YES	NO
13a			
13b			
14			
15a			
16			
17a			

CLIENT 215B

CALIFORNIA CATTLEWOMEN INC GROUP

23-7363260

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MEMORIAL & SCHOL FDS.	\$	33,457.
MEETINGS		40,218.
TOTAL	\$	<u>73,675.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	2,771.
AMENITIES		1,596.
AWARDS		1,989.
BEEF PROM & EDUC		68,605.
BEEF PROMO AIDS		38,668.
CONFERENCES, CONVENTIONS, AND MEETINGS		32,590.
COWBELLE OF THE YEAR		15,668.
DELAGATE EXP		375.
DONATIONS		18,386.
DUES (AM. NATL & CCB)		40,510.
FAIR BOOTH		4,762.
INSURANCE		2,320.
OFFICE EXPENSES		15,021.
OFFICER EXPENSES		18,717.
SCHOLARSHIPS		74,253.
TAXES		2,351.
TOTAL	\$	<u>338,582.</u>

CALIFORNIA CATTLEWOMEN - UNIT PRESIDENT 2009-2010

ID#94-6091270 STATE# 0408316

GROUPE RETURNS PHONE # (775) 626-5323 - FAX # (775) 626-5323

NADETTE RAYMOND

5200 LOS ALTOS PKWY #48

SPARKS, NV 80436

TREASURER

23 7297898 Active

Alameda Co. CW

Merry Carter

1896 Keeler St.,

Livermore, Ca. 94550

23 7297895 Active

Butte Co. CW

Tammi McElroy

PO Box 382

Gridley, Ca. 95948

23 7297893 Not Active

Contra /Costa CW

23 7297891 Active

Glenn/Colusa CW

Diane Perry

PO Box 428

Maxwell, Ca. 95955

23 7907889 Active

Intermountain CW

Karn DeForest

PO Box 155

Adin, Ca. 96006

23 7297904 Active

Lassen Co. CW

Melissa McCoy

705-670 Hwy 395E

Susanville, Ca. 96130

237297896 Active

Amador/El Dorado/Sacramento CW

Jeannie Varozza

7661 South Shingle Rd

Shingle Springs, Ca. 95682

23 7297894 Active

Calaveras/Tuolumne CW

Millie Krause

8806 Wamble Rd.,

Oakdale, Ca. 95361

23 7297892 Active

Fresno/King CW

Terri Valdero

6315 N. Fresno St., #101

Fresno, Ca. 93710

23 7297890 Active

Humbolt Co. CW

Cassandra Doss

1805 Sunset Rd.,

Eureka, Ca. 95503

23 7297887 Active

Kern Co. CW

Patti Crouse

PO Box 220

Woody, Ca. 93387

23 7297903 Active

Madera Co. CW

Adele Bartholomew

49812 Bisset Station Rd 620

Oakhurst, Ca. 93644

94 6139458 Active
Mendocino Co. CW
Kay Besson
14000 Eel River Rd.,
Potter Valley Ca. 95469

23 7297901 Active
Monterey Co. CW
Ann Brown
2280 Sprague Rd.,
Bradley, Ca. 93426

94 6139457 Active
Placer/Nevada CW
Nancy Martin
1686 1st Street #149
Lincoln, Ca. 95548

23 7297900 Active
San Benito Co. CW
Carol Renz
9356 Airline Hwy
Tres Pinos, Ca. 95075

23 7297911 Active
San Joaquin/ Stanislaus CW
Sheryl Morris
PO Box 330
Lockeford, Ca. 95237

23 7297909 Active
Santa Barbara Co. CW
Mindi Christian
1630 Elverhoy
Solvang, Ca. 93463

237297907 Active
Shasta Co. CW
Karen Moller
7592 Silver Bridge
Palo Cedro, Ca. 96073

94 2336988 Active-
Modoc Co. CW
Kara Binning
HC4 Box 44070
Alturas, Ca. 96101

23 7193498 Active
Napa/Solano CW
Anna Reed
1301 Milton Rd.,
Napa, Ca. 94559

23 7193499 Active
Plumas /Sierra CW
Pamela Payen
PO Box 1197
Sloughouse, Ca. 95683

23 7297912 Active
San Diego CW
Kathy Feigel
25000 Mesa Grande Rd
Santa Ysabel, Ca. 92070

23 7297910 Active
San Luis Obispo Co. CW
Colleen Hayes
9764 Carissa Hwy
Santa Margarita, Ca. 93453

23 7297908 Active
Santa Clara Co. CW
Loreen Adams
19665 Hale
Oregon Hills, Ca. 95037

23 7193488 Active
Siskiyou Co. CW
Erin Fowle
2824 S. Hwy 3
Etna, Ca. 96027

**23 7297906 Active
Sonoma /Marin CW
Kelly Zimmerman
724 Natalie Dr.,
Windsor, Ca. 95492**

**23 7297913 Active
Tehama Co. CW
Cathy Tobin
PO Box 2336
Flournoy, Ca. 96029**

**23 7362029 Active
Yuba Sutter CW
Bev Tipton
5299 Fruitland Rd.,
Marysville, Cas. 95901**

**95 3086693 Active
Southern California CW
Kathy Maddox
3121 Mulberry #1
Riverside, Ca. 92501**

**23 7297914 Active
Tulare Co. CW
Beth Baxley
PO Box 2529
Visalia, Ca. 93279**

California Cattlewomen Inc. Group

List of County Affiliations - Total Receipts : \$483,539
 Fiscal Year Ended October 31, 2009

County:	Fed Id#:	Total Receipts
1 Alameda	23-7297898	\$22,864
2 Amador-El Dorado-Sacto	23-7297896	27,832
3 Butte	23-7297895	2,847
4 Calaveras-Tuolumne	23-7297894	6,351
5 Fresno-Kings	23-7297892	21,718
6 Glenn-Colusa	23-7297891	6,036
7 Humboldt	23-7297890	45,613
8 Intermountain	23-7297889	19,557
9 Kern	23-7297887	70,347
10 Lassen	23-7297904	26,604
11 Madera	23-7297903	13,267
12 Mendocino	94-6139458	1,051
13 Modoc	94-2336988	13,816
14 Monterey	23-7297901	8,196
15 Napa-Solano	23-7193498	550
16 Placer-Nevada	94-6139457	12,696
17 Plumas Sierra	23-7193499	19,180
18 San Benito	23-7297900	14,298
19 San Diego	23-7297912	4,720
20 San Joaquin-Stanislaus	23-7297911	8,762
21 San Luis Obispo	23-7297910	19,683
22 Santa Barbara	23-7297909	14,478
23 Santa Clara	23-7297908	3,094
24 Shasta	23-7297907	12,104
25 Siskiyou	23-7193488	37,406
26 Sonoma-Marin	23-7297906	6,668
27 Southern California	95-3086693	285
28 Tehama	23-7297913	24,664
29 Tulare	23-7297914	17,856
30 Yuba-Sutter	23-7362079	996
Total Receipts		<u>\$483,539</u>

**CALIFORNIA
CATTLEWOMEN, INC.
RECAP OF INCOME
AND EXPENSES
YEAR END 10/31/09**

	INDIV TOTALS	STATE ORGAN	AJE'S	GRAND TOTALS
CASH IN BANK 10/31/08	630256 12	123031 83	0.00	753287.95
MEMBERSHIP DUES	54997 00	29095.00	-29095 00	54997.00
BEEF PROMO & EDUCATION	8794 27	500.00		9294 27
BEEF PROM AIDS	45593 28			45593.28
FUND RAISING	271274 26			271274 26
DONATIONS	12191 39	500.00		12691.39
AWARDS	3028 00			3028.00
FAIR BOOTH-FUND RAISING	7412 94			7412.94
GENERAL FUND-DONATIONS	260 00	290.00	-100 00	450.00
INTEREST	6313 23	522.44		6835.67
COWBELLE OF THE YEAR	10148 38	1770.00		11918.38
MEMORIAL FUND-DONATIONS	2463 00	210.00	-210 00	2463 00
SCHOLARSHIP FD-DONATIONS	30994 26	270 00	-70 00	31194.26
CCW/NBCO COOK-OFF	0 00			0.00
TECO SQUEEZE/BRUTE CHUTE-FD RAISE	3781 00	3970 00	-3461 00	4290.00
MEETINGS	26288 38	3160 00		29448.38
MISC ITEMS-COUNTY REIMB	0 00	1310 00	-1310 00	0.00
BANK TRANSFERS	0 00			
TOTAL RECEIPTS	483539 39	41597.44	-34246.00	490890 83
AMER N DUES	10245 00	200 00		10445 00
CCB DUES	30265 00		-29095 00	1170 00
ACCOUNTING	768 50	1590 00	-760 00	1598.50
BEEF PROM & EDUC	68605 37	20582 77		89188.14
BEEF PROM AIDS	38667 84	461 19		39129.03
COWBELLE OF YEAR	15667 58	4518 97	-3461 00	16725.55
DONATIONS	18386 52	10000 00	-380 00	28006.52
AWARDS	1989 17	718 00		2707.17
FAIR BOOTH	4762 53			4762.53
FUND RAISING	127098 48			127098.48
TAXES	2350 71			2350.71
OPER EXP	15020 58	1042 87		16063.45
LEGISLATIVE	0 00			0.00
OFFICER EXP	18716 98	7000 00		25716.98
DELAGATE EXP	375 00			375.00
PUB & ADV	2770 99			2770.99
MYSTERY PKGS	0 00			0 00
INSURANCE	2320 00	1525 00	-550 00	3295.00
STATIONARY & PTG	7572 85	7448 36		15021.21
SCHOLARSHIPS	74253 21	5000 00		79253.21
AMENITIES	1595 60			1595.60
CCW/NBCO COOK OFF	60 00			60.00
BRUTE CHUTE	2353 47	5582 31		7935.78
MEETINGS	30176 48	13986 02		44162.50
MEMORIALS	0 00			0.00
STORAGE	0 00			0.00
NEW RED BARN	0 00			0.00
WEB SITE	0 00	1255 25		1255.25
REPAIRS	0 00			0.00
BANK TRANSFERS	0 00			0.00
TOTAL DISBURSED	474021 86	80910.74	-34246.00	520686 60
CASH IN BANK 10/31/09	639773.65	83718.53	0 00	723492 18
CHECKING ACCT	238018 61	5438 64		243457.25
SAVINGS ACCT	401755 04	78279 89		480034.93
TOTAL CASH 10/31/09	639773 65	83718 53	0 00	723492 18

FED FORM
990-EZ

FED FORM
990-EZ

CA FORM
199