

Form **990-EZ**

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

OMB No. 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization California Black Campers of Southern CA		D Employer identification number 56-2350238
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1040 West 46th Street	E Telephone number 323-846-0007	
		City or town, state or country, and ZIP + 4 Los Angeles, CA 90037	F Group Exemption Number ▶	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G Accounting Method:** Cash Accrual Other (specify) ▶

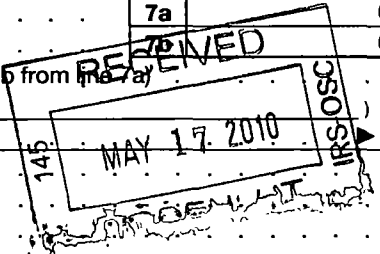
I Website: ▶ www.socalcbc.com **H Check** ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 **K Check** ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

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

		1		2		3		4		5a		5b		5c		6a		6b		6c		7a		7b		7c		8		9				
Revenue	1	Contributions, gifts, grants, and similar amounts received																														\$2,000.00		
	2	Program service revenue including government fees and contracts																														0		
	3	Membership dues and assessments																														0		
	4	Investment income																														\$23.00		
	5a	Gross amount from sale of assets other than inventory		5a		0																										0		
	b	Less: cost or other basis and sales expenses		5b		0																										0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														0		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>																																
	a	Gross revenue (not including \$ 2,000.00 of contributions reported on line 1)		6a		\$32,036.00																												
b	Less: direct expenses other than fundraising expenses		6b		\$41,093.00																													
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		7a		0																										0			
b	Less: cost of goods sold		7b		0																										0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														0			
8	Other revenue (describe ▶ 0)																														0			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																														(\$7,034.00)			
Expenses	10	Grants and similar amounts paid (attach schedule)																														0		
	11	Benefits paid to or for members																														0		
	12	Salaries, other compensation, and employee benefits																														0		
	13	Professional fees and other payments to independent contractors																																\$250.00
	14	Occupancy, rent, utilities, and maintenance																														0		
	15	Printing, publications, postage, and shipping																														0		
	16	Other expenses (describe ▶ Meeting & Operating)																														\$2,855.00		
	17	Total expenses. Add lines 10 through 16																														\$3,105.00		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																														(\$10,139.00)		
	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)																														\$22,787.00		
	20	Other changes in net assets or fund balances (attach explanation)																														0		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																														\$12,648.00		



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

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	\$22,787.00	22	\$12,648.00	
23	Land and buildings	0	23	0	
24	Other assets (describe ▶ 0)	0	24	0	
25	Total assets	\$22,787.00	25	\$12,648.00	
26	Total liabilities (describe ▶ 0)	0	26	0	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$22,787.00	27	\$12,648.00	

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

- | | 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 | 46 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input checked="" type="checkbox"/> |
- 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
N O N E				

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

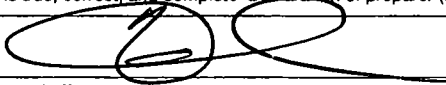
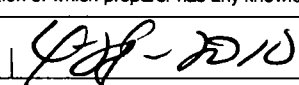
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

d Total number of other independent contractors each 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

Signature of officer: 
 Date: 
AUBREY MANUEL, PRESIDENT
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:
 Preparer's identifying number (See instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
 Phone no: _____

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