

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

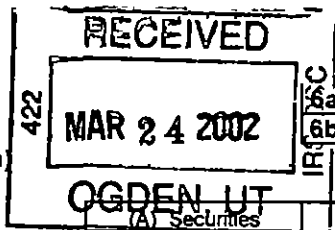
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, OR tax year period beginning JULY 1 , 2000, and ending JUNE 30, 2001	
B Check if <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	C Name of organization SAN BERNARDINO CHILD ADVOCACY PROGRAM, IINC
	D Employer identification number 33-0362613
	E Telephone number (909) 881-6760
	F Check <input type="checkbox"/> if application is pending
C Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 30930	
C City or town State or Country ZIP code SAN BERNARDINO CA 92413-0930	
G Organization type (check only one) <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 527 or <input type="checkbox"/> 4947(a)(1) <i>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ)</i>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	
K Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.	
<p>Note: H and I are not applicable to section 527 orgs.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) If "Yes" enter number of affiliates: _____</p> <p>H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" attach a list. See inst.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Enter 4-digit group exemption number (GEN): _____</p> <p>L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) <input type="checkbox"/></p>	

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

(See Specific Instructions on page 16)

R e v e n u e	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	468,280	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	154,059	
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		622,339
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		2,178
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		0
7 Other investment income (describe _____)	7			
8a Gross amount from sales of assets other than inventory	8a			
b Less cost or other basis and sales expenses	8b			
c Gain or (loss) (attach schedule)	8c	0	0	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		0	
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	26,330		
b Less direct expenses other than fundraising expenses	9b	35,647		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		-9,317	
10a Gross sales of inventory, less returns and allowances	10a			
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0	
11 Other revenue (from Part VII, line 103)	11		700	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		615,900	
Ex- pen- ses	13 Program services (from line 44, column (B))	13	358,147	
	14 Management and general (from line 44, column (C))	14	65,240	
	15 Fundraising (from line 44, column (D))	15	60,548	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		483,935
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	131,965	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	177,601	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		309,566



FILMED APR 10 '02

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 0			
23 Specific assistance to individuals (attach schedule)	23 0			
24 Benefits paid to or for members (attach schedule)	24 0			
25 Compensation of officers, directors, etc	25 0			
26 Other salaries and wages	26 298,771	217,265	44,816	36,690
27 Pension plan contributions	27 0			
28 Other employee benefits	28 13,918	9,802	3,030	1,086
29 Payroll taxes	29 19,794	12,866	2,969	3,959
30 Professional fundraising fees	30 0			
31 Accounting fees	31 11,852	9,249	909	1,694
32 Legal fees	32 0			
33 Supplies	33 11,137	8,233	2,136	768
34 Telephone	34 9,791	7,487	1,125	1,179
35 Postage and shipping	35 2,462	2,216		246
36 Occupancy	36 20,594	13,447	3,330	3,817
37 Equipment rental and maintenance	37 4,051	2,633	405	1,013
38 Printing and publications	38 282	240	28	14
39 Travel	39 0			
40 Conferences, conventions, and meetings	40 8,357	7,394	861	102
41 Interest	41 231		231	
42 Depreciation, depletion, etc (attach schedule)	42 11,824	9,577	1,537	710
43 Other expenses (itemize) a INSURANCE	43a 7,909	6,406	1,028	475
b SEE ATTACHED WORKSHEET	43b 4,399	3,724	563	112
c CONSULTING	43c 21,235	15,579	816	4,840
d MARKETING	43d 6,130	2,973	5	3,152
e MILEAGE REIMBURSEMENTS	43e 11,049	8,907	1,451	691
f UNCOLLECTABLE GRANT FUNDS	43f 20,149	20,149		
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 483,935	358,147	65,240	60,548

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)
a RECRUITMENT AND TRAINING OF GUARDIANS FOR C RECRUITMENT & TRAINING OF VOLUNTEERS TO SERVE AS ADVOCATES FOR ABUSED, NEGLECTED AND MOLESTED CHILDREN WHO ARE INVOLVED WITH THE JUVENILE JUSTICE SYSTEM (Grants and allocations \$ _____)	164,606
b GUARDIAN SERVICES- DIRECT SUPPORT FOR VOLUNTEERS THAT HAVE BEEN TRAINED TO INVESTIGATE THE HOME ENVIRONMENT, INTERVIEW TEACHERS, CASE WORKERS, RELATIVES, AND OTHERS INVOLVED IN THE SUBJECT CHILD'S CASE (Grants and allocations \$ _____)	193,541
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	358,147

Part IV Balance Sheets (See Specific Instructions on page 23)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
Assets				
45	Cash - non-interest-bearing	124,898	45	17,406
46	Savings and temporary cash investments		46	
47a	Accounts receivable	35,145		
b	Less allowance for doubtful accounts		47c	35,145
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	0
49	Grants receivable	39,212	49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	799	53	6,177
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	0
56	Investments - other (attach schedule)	0	56	0
57a	Land, buildings, and equipment basis	77,565		
b	Less accumulated depreciation (attach schedule)	50,525	57c	27,040
58	Other assets (describe _____)	12,212	58	255,332
59	Total assets (add lines 45 through 58) (must equal line 74)	215,985	59	341,100
Liabilities				
60	Accounts payable and accrued expenses	38,384	60	23,188
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe _____)	0	65	8,346
66	Total liabilities (add lines 60 through 65)	38,384	66	31,534
Net Assets or Fund Balances				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	165,389	67	37,028
68	Temporarily restricted	12,212	68	272,538
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	177,601	73	309,566
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	215,985	74	341,100

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A. Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

a Total revenue, gains, and other support per audited financial statements	a	625,217
b Amounts included on line a but not on line 12, Form 990		
(1) Net unrealized gains on investments		
(2) Donated services and use of facilities		
(3) Recoveries of prior year grants		
(4) Other (specify)		

Add amounts on lines (1) thru (4)	b	0
c Line a minus line b	c	625,217
d Amounts included on line 12, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990		
(2) Other (specify)		

Add amounts on lines (1) and (2)	d	0
e Total revenue per line 12, Form 990 (line c plus line d)	e	625,217

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expense and losses per audited financial statements	a	493,252
b Amounts included on line a but not on line 17, Form 990		
(1) Donated services and use of facilities		
(2) Prior year adjustments reported on line 20, Form 990		
(3) Losses reported on line 20, Form 990		
(4) Other (specify)		

Add amounts on lines (1) thru (4)	b	0
c Line a minus line b	c	493,252
d Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990		
(2) Other (specify)		

Add amounts on lines (1) and (2)	d	0
e Total expenses per line 17, Form 990 (line c plus line d)	e	493,252

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(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
HARLENE RHEUBOTTOM-MASON 1556 W 16TH ST, SAN BERNARDINO, CA 92411	PRESIDENT 20 HOURS	0	0	0
MARGARET JOAN CAULFIELD 18230 ORANGE ST, HESPERIA, CA 92345	VICE PRES 10 HOURS	0	0	0
FARRIEL DOBARD 6606 ORANGEWOOD RD, HIGHLAND, CA 92346	TREASURER 10 HOURS	0	0	0
BONNIE RUSSELL-HUNT 303 BARRINGTON CIRCLE, REDLANDS, CA 92374	SECRETARY 10 HOURS	0	0	0
HOPE CAMPA-LUNA 1351 BOTHWELL AVE, COLTON, CA 92324	10 HOURS	0	0	0
STEVEN WEBER 330 N D ST, STE 300, SAN BERNARDINO, CA 92401	10 HOURS	0	0	0
JULIA LAMBSON 31277 ENDYMION WAY, REDLANDS, CA 92373	10 HOURS	0	0	0
LEON E WILBER 12995 5TH ST, YUCAIPA, CA 92399-2536	10 HOURS	0	0	0
JOSHUA BECKLEY 450 GOLDEN WEST, REDLANDS, CA 92373	10 HOURS	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If "Yes," attach schedule - see Specific Instructions on page 26

Part VI. Other Information (See Specific Instructions on pages 26)		N/A	Yes or No
76	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	76	NO
77	Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	NO
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	NO
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	NO
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	NO
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	
b	Did the organization file Form 1120-POL for this year?	81b	N/A
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	YES
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	YES
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	YES
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	NO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations (a) Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	0
d	Section 162(e) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs - Enter (a) Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs - Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	NO
89a	501(c)(3) organizations - Enter Amount of tax paid during the year under section 4911 _____ 0, section 4912 _____ 0, section 4955 _____ 0		
b	501(c)(3) and 501(c)(4) orgs 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," attach a statement explaining each transaction	89	NO
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958		0
d	Enter Amount of tax in 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b	
91	The books are in care of JIMMY R. QUICK, EA Telephone no (909) 875-5491 Located at 720 W. BLOOMINGTON AVE, STE A, BLOOMINGTON, CA ZIP code 92316-1578		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on pages 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a GRANTS & SUPPORT					622,339
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					2,178
96 Dividends and interest from securities					
97 Net rental income (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue MISCELLANEOUS					700
b					
c					
d					
e					
104 Subtotal (add cols (B), (D), and (E))		0		0	625,217
105 TOTAL (add line 104, columns (B), (D), and (E))					625,217

Note (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	GRANTS AND GOVERNMENTAL PROGRAMS REFLECT THE AWARENESS AND NEED FOR THE SERVICES PROVIDED BY THE PROGRAM THE RECEIPT OF THESE GRANTS AND CONTRACTS FROM GOVERNMENTAL AGENCIES FOCUSES THE AGENCY ON ACCOMPLISHING THE ORGANIZATION'S EXEMPT PURPOSE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

3-15 02 KENNE MILLER EXEC DIR
 Date Type or print name Title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2000

Supplementary Information - (See separate instructions)

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

SAN BERNARDINO CHILD ADVOCACY PROGRAM, IINC

Employer identification number

33-0362613

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(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
AUDELLA COOK P O BOX 30930 SAN BERNARDINO, CA 92403	EXEC DIR 40 HRS	116,961	0	0
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a Do you have a section 403(b) annuity plan for your employees?	X	
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status

(See pages 2 through 4 of the instructions.)

- The organization is not a private foundation because it is (please check only ONE applicable box)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule below.)
 - 12 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting

NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	529,382	368,391	372,948	227,562	1,498,283	
16 Membership fees received					0	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose		55,535	88,999	11,115	155,649	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,744	1,253	1,043	543	5,583	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0	
23 Total of lines 15 through 22	532,126	425,179	462,990	239,220	1,659,515	
24 Line 23 minus line 17	532,126	369,644	373,991	228,105	1,503,866	
25 Enter 1% of line 23	5,321	4,252	4,630	2,392		
26 Organizations described in lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 30,077	
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b 160,256	
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 1,503,866	
d Add: Amounts from column (e) for lines	18 5,583	19 0			26d 165,839	
	22 0	26b 160,256			26e 1,338,027	
e Public support (line 26c minus line 26d total)					26f 88.97%	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))						
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year.					
	(1999)	(1998)	(1997)	(1996)		
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.	(1999)	(1998)	(1997)	(1996)		
c Add: Amounts from column (e) for lines	15 0	16 0			27c 0	
	17 0	20 0	21 0			27d 0
d Add: Line 27a total	0	and line 27b total	0			27e 0
e Public support (line 27c minus line 27d total)					27f 0	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27g 0.00%	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)						

Part V. Private School Questionnaire

(See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(See page 7 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here **a** If the organization belongs to an affiliated group
 Check here **b** If you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38 0	0
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40 0	0
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41 0	0
42 Grassroots nontaxable amount (enter 25% of line 41)	42 0	0
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43 0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44 0	0

Caution If there is an amount on either line 43 or line 44, file Form 4720

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization
SAN BERNARDINO CHILD ADVOCACY PROGRAM, IINC

Employer identification number
33-0362613

Organization type (check one)-Section 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

Note: This form is generally not open to public inspection except for section 527 organizations

(HTA)

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization SAN BERNARDINO CHILD ADVOCACY PROGRAM, IINC	Employer identification number 33-0362613
--	---

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 5,000	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2	----- ----- -----	\$ ----- 10,000	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3	----- ----- -----	\$ ----- 75,000	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4	----- ----- -----	\$ ----- 100,808	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
-----	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
-----	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization SAN BERNARDINO CHILD ADVOCACY PROGRAM, IINC	Employer identification number 33-0362613
--	---

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	\$ / /
—	\$ / /
—	\$ / /
—	\$ / /
—	\$ / /
—	\$ / /
—	\$ / /

Name of organization SAN BERNARDINO CHILD ADVOCACY PROGRAM, IINC	Employer identification number 33-0362613
---	--

Part III Section 501(c)(7), (8), or (10) orgs. that received more than \$1,000 in charitable gifts during the year-
 * Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
.....	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
.....	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
.....	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
.....	

Line 26b for Sch A	Total:	160,256
1	1	<u>59,448</u>
2	2	<u>100,808</u>
3	3	<u> </u>
4	4	<u> </u>
5	5	<u> </u>

SAN BERNARDINO CHILD ADVOCACY PROGRAM, INC.

FIXED ASSETS DEPRECIATION

	DATE ACQUIRED	METHOD/LIFE	ASSET COST		ACCUMULATED DEPRECIATION CALCULATION		
			BALANCE	ADDITIONS	BALANCE	PROVISION	
			06/30/00	06/30/00	06/30/00	06/30/01	
COMPUTER EQUIPMENT							
LASER PRINTER	10/14/1993	S/L	5	1,001 78		1,002 00	1,002 00
MAIL SCALE	1/25/1994	S/L	5	214 43		214 00	214 00
BATTERY BACKUP & KEYB	2/16/1994	S/L	5	350 00		350 00	350 00
PRINTER MEMORY UPGRADE	3/1/1994	S/L	5	175 00		175 00	175 00
COMPUTER MEMORY UPGRAD	1/5/1996	S/L	5	782 92		705 00	783 00
COMPUTER EQUIPMENT	1/19/1996	S/L	5	2,000 00		1,767 00	2,000 00
COMPUTER EQUIPMENT	4/18/1996	S/L	5	500 00		417 00	500 00
ELECTRONIC EQUIPMENT	4/29/1996	S/L	5	383 55		320 00	384 00
LASER PRINTER	5/2/1995	S/L	5	1,449 35		1,449 00	1,449 00
COMPUTER	10/23/1995	S/L	5	3,500 00		3,267 00	3,500 00
COMPUTER & CD	7/26/1996	S/L	5	1,786 11		1,414 00	1,771 00
HP OFFICE JET FAX	2/3/1997	S/L	5	592 61		400 00	519 00
TOSHIBA P200 MMX	6/2/1997	S/L	5	2,532 08		1,540 00	2,046 00
DIGITAL CAMERA	3/2/1997	S/L	5	646 65		426 00	555 00
VIDEO CAMERA	6/28/1997	S/L	5	878 03		534 00	710 00
SOFTWARE A/C POLICIES	2/27/1997	S/L	5	495 00		330 00	429 00
MULTISYNC DISPLAY	6/2/1997	S/L	5	377 11		229 00	304 00
HP DESKJET 694C	6/2/1997	S/L	5	323 24		197 00	262 00
COMPUTERS & SOFTWARE	7/8/1997	S/L	5	676 85		406 00	541 00
COMPUTERS & SOFTWARE	7/31/1997	S/L	5	1,173 02		684 00	919 00
COMPUTER EQUIPMENT	9/16/1997	S/L	5	1,094 44		602 00	821 00
NETWORK & ZIP DRIVE	10/9/1997	S/L	5	4,633 46		2,548 00	3,475 00
COMPUTER EQUIPMENT	12/26/1997	S/L	5	1,647 29		824 00	1,153 00
COMPUTER	4/12/1999	S/L	5	1,799 34		450 00	810 00
COMPUTER SYSTEMS	6/30/1999	S/L	5	7,918 46		1,584 00	3,168 00
2 STYLUS 900S & 1 MONITOR	9/24/1999	S/L	5	1,479 89		222 00	518 00
HP PAVILION COMPUTER	9/24/1999	S/L	5	999 99		150 00	350 00
STYLUS 900 PRINTER	12/5/1999	S/L	5	399 99		47 00	127 00
COMPAQ PRESARIO COMPUTE	12/11/1999	S/L	5	1,776 22		207 00	562 00
HP DESKJET PRINTER	9/7/1999	S/L	5	799 98		133 00	293 00
COMPUTER	4/25/2000	S/L	5	1,773 00		59 00	414 00
MAVICA, 3 COMPUTERS	12/3/1999	S/L	5	6,788 25		792 00	2,150 00
				50,948 04		23,444 00	32,254 00

SAN BERNARDINO CHILD ADVOCACY PROGRAM, INC.

FIXED ASSETS DEPRECIATION

<u>OFFICE FURNITURE & EQUIPMENT</u>									
OFFICE EQUIPMENT	5/1/1989 S/L	5	2,950 00	2,950 00	2,950 00	2,950 00	2,950 00	2,950 00	2,950 00
4 DRAWER LATERAL FILE	4/10/1991 S/L	5	531 44	531 44	531 44	531 44	531 44	531 44	531 44
CANON PC11 COPIER	10/3/1991 S/L	5	849 99	849 99	849 99	849 99	849 99	849 99	849 99
BOOKSHELVES & CART	10/3/1991 S/L	5	228 75	228 75	228 75	228 75	228 75	228 75	228 75
LAMINATOR	10/3/1991 S/L	5	39 97	39 97	39 97	39 97	39 97	39 97	39 97
5 DRAWER FILE CABINET	10/18/1991 S/L	5	565 17	565 17	565 17	565 17	565 17	565 17	565 17
TPWTR STAND & CHAIRS	10/15/1991 S/L	5	99 82	99 82	99 82	99 82	99 82	99 82	99 82
SHELVES	10/27/1991 S/L	5	107 25	107 25	107 25	107 25	107 25	107 25	107 25
CALCULATORS & EQUIP	2/14/1992 S/L	5	330 77	330 77	330 77	330 77	330 77	330 77	330 77
TRANSCRIBER	4/6/1992 S/L	5	116 98	116 98	116 98	116 98	116 98	116 98	116 98
TABLE	4/6/1992 S/L	5	118 71	118 71	118 71	118 71	118 71	118 71	118 71
CHAIRS	4/23/1992 S/L	5	168 07	168 07	168 07	168 07	168 07	168 07	168 07
TYPEWRITER & TELEPHONE	5/7/1992 S/L	5	207 00	207 00	207 00	207 00	207 00	207 00	207 00
OFFICE SHELVING	2/12/1993 S/L	5	182 68	182 68	182 68	182 68	182 68	182 68	182 68
PAPER SHREDDER	7/19/1993 S/L	5	225 04	225 04	225 04	225 04	225 04	225 04	225 04
BUSINESS ORGANIZER	3/11/1994 S/L	5	226 19	226 19	226 19	226 19	226 19	226 19	226 19
STENO CHAIR	9/13/1994 S/L	5	82 55	82 55	82 55	82 55	82 55	82 55	82 55
CHAIRS	10/18/1994 S/L	5	241 54	241 54	241 54	241 54	241 54	241 54	241 54
COMPUTER NETWORK	11/22/1994 S/L	5	250 00	250 00	250 00	250 00	250 00	250 00	250 00
COMPUTER & MONITOR	12/1/1994 S/L	5	1,300 00	1,300 00	1,300 00	1,300 00	1,300 00	1,300 00	1,300 00
COMPUTER NETWORK	3/10/1995 S/L	5	800 00	800 00	800 00	800 00	800 00	800 00	800 00
COMPUTER NETWORK	3/13/1995 S/L	5	251 50	251 50	251 50	251 50	251 50	251 50	251 50
OFFICE FURNITURE	11/4/1995 S/L	7	900 00	900 00	900 00	900 00	900 00	900 00	900 00
DESK TABLES	12/1/1995 S/L	7	450 91	450 91	450 91	450 91	450 91	450 91	450 91
OFFICE FURNITURE	1/6/1996 S/L	7	700 00	700 00	700 00	700 00	700 00	700 00	700 00
BOOK SHELVES	7/29/1996 S/L	7	824 28	824 28	824 28	824 28	824 28	824 28	824 28
LATERAL FILE	10/30/1997 S/L	7	571 06	571 06	571 06	571 06	571 06	571 06	571 06
CANON CLC200 COLOR	6/15/1998 S/L	7	7,500 00	7,500 00	7,500 00	7,500 00	7,500 00	7,500 00	7,500 00
MINOLTA EP8602	6/15/1998 S/L	7	3,000 00	3,000 00	3,000 00	3,000 00	3,000 00	3,000 00	3,000 00
CAMERA	9/2/1998 S/L	5	627 95	627 95	627 95	627 95	627 95	627 95	627 95
OFFICE EQUIPMENT	1/1/2001 S/L			2,169 00	2,169 00	2,169 00	2,169 00	2,169 00	2,169 00
			24,447 62	2,169 00	26,616 62	15,257 22	3,013 78	18,271 00	
TOTALS			75,395 66	2,169 00	77,564 66	38,701 22	11,823 78	50,525 00	

Preparer's Information (Form 990)

Firm's Name JIM QUICK ENROLLED AGENT

Firm's Address Street 720 W BLOOMINGTON #A
 City BLOOMINGTON CA 92316-1578

Preparer's Name JIMMY R QUICK
 Preparer's SSN 246-56-7091
 Preparer's PTIN
 Preparer's EIN 33-0805922
 Telephone Number (909) 875-5491

Line 56 (Form 990) - Other Investments

	Beginning	End
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11 Total other investments	0	0

Line 58 (Form 990) - Other Assets

	Beginning	End
1 UNCONDITIONAL PROMISES TO GIVE	12,212	246,986
2 DUE FROM UNRESTRICTED FUND		8,346
3		
4		
5		
6		
7		
8		
9		
10		
11 Total other assets	12,212	255,332

Line 65 (Form 990) - Other Liabilities

	Beginning	End
1 DUE TO TEMPORARILY RESTRICTED FUND		8,346
2		
3		
4		
5		
6		
7		
8		
9		
10		
11 Total other liabilities	0	8,346

STATEMENT OF FUNCTIONAL EXPENSES**LINE 43B:**

	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BANK CHARGES	88		88	
BOARD AND STAFF TRAINING	1358	903	408	45
DUES AND SUBSCRIPTIONS	536	536	67	67
GUARDIAN TRAINING	31	31		
SPECIAL NEEDS	2254	2254		
	4265	3724	563	112