

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Children's Fund, Inc. 385 North Arrowhead, 2nd Floor San Bernardino, CA 92415. D Employer Identification Number 33-0193286. E Telephone number 909-387-4949. F Accounting method: Accrual.

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

H (a) Is this a group return for affiliates? No. H (b) If Yes, enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: N/A

J Organization type (check only one): 501(c) 3

K Check here 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 2,333,319.

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

Table with 12 columns: Line number, Description, Sub-column (a, b, c), Total, and Column (d). Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Rental income, Other investment income, Special events, and Total revenue.

SCANNED FEB 28 2006

EXPENSES

RECEIVED FEB 18 2006 OGDEN, UT

10P

**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.

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 (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch) St. 2	23	1,636,759.	1,636,759.		
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	65,000.		65,000.	
26 Other salaries and wages	26	171,753.		171,753.	
27 Pension plan contributions	27				
28 Other employee benefits	28	52,483.		52,483.	
29 Payroll taxes	29	8,764.		8,764.	
30 Professional fundraising fees	30				
31 Accounting fees	31	13,686.		13,686.	
32 Legal fees	32				
33 Supplies	33	19,815.		19,815.	
34 Telephone	34	13,623.		13,623.	
35 Postage and shipping	35				
36 Occupancy	36	34,157.		34,157.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	9,447.		9,447.	
39 Travel	39				
40 Conferences, conventions, and meetings	40	6,499.		6,499.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	801.		801.	
43 Other expenses not covered above (itemize)					
a Insurance	43a	7,343.		7,343.	
b Miscellaneous Admin Cost	43b	22,879.		22,879.	
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44	2,063,009.	1,636,759.	426,250.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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**

What is the organization's primary exempt purpose? <u>See Statement 3</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>Goods and services provided to needy and and high-risk children.</u> _____ _____ (Grants and allocations \$ _____)	1,636,759
b _____ _____ (Grants and allocations \$ _____)	
c _____ _____ (Grants and allocations \$ _____)	
d _____ _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,636,759

**Part IV Balance Sheets** (See Instructions)

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	2,034,100.	46	2,125,475.
	47a Accounts receivable	143,733.		
	47b Less: allowance for doubtful accounts		47c	143,733.
	48a Pledges receivable			
	48b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch.)			
	51b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	296.	52	3,870.
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments - land, buildings, & equipment: basis			
	55b Less: accumulated depreciation (attach schedule)		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	33,698.			
57b Less: accumulated depreciation (attach schedule) Statement 4	32,287.	57c	1,411.	
58 Other assets (describe)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	2,109,599.	59	2,274,489	
LIABILITIES	60 Accounts payable and accrued expenses	22,414.	60	16,215.
	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	
	64b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	22,414.	66	16,215.	
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	1,951,912.	67	2,258,274
	68 Temporarily restricted	135,273.	68	
	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, building, 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, column (B) must equal line 21)	2,087,185.	73	2,258,274	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	2,109,599.	74	2,274,489.	

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return				
a Total revenue, gains, and other support per audited financial statements . . . . .	▶	a	2,234,098.	a Total expenses and losses per audited financial statements . . . . .	▶	a	2,063,009.
b Amounts included on line a but not on line 12, Form 990:				b Amounts included on line a but not on line 17, Form 990:			
(1) Net unrealized gains on investments . . . . . \$				(1) Donated services and use of facilities . . . . . \$			
(2) Donated services and use of facilities . . . . . \$				(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$			
(3) Recoveries of prior year grants . . . . . \$				(3) Losses reported on line 20, Form 990 . . . . . \$			
(4) Other (specify):				(4) Other (specify):			
----- \$				----- \$			
Add amounts on lines (1) through (4) . . . . .	▶	b		Add amounts on lines (1) through (4)	▶	b	
c Line a minus line b . . . . .	▶	c	2,234,098.	c Line a minus line b	▶	c	2,063,009.
d Amounts included on line 12, Form 990 but not on line a:				d Amounts included on line 17, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990 . . . . . \$				(1) Investment expenses not included on line 6b, Form 990 . . . . . \$			
(2) Other (specify):				(2) Other (specify):			
----- \$				----- \$			
Add amounts on lines (1) and (2) . . . . .	▶	d		Add amounts on lines (1) and (2)	▶	d	
e Total revenue per line 12, Form 990 (line c plus line d) . . . . .	▶	e	2,234,098.	e Total expenses per line 17, Form 990 (line c plus line d) . . . . .	▶	e	2,063,009.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions.)

(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 and deferred compensation	(E) Expense account and other allowances
Rebecca Stafford 385 North Arrowhead, 2nd Floor San Bernardino, CA 92415	Executive Director	65,000.	17,500.	0.
-----				
-----				
-----				
-----				
-----				
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-----				

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 instructions

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity . . . . .		X
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 . . . . .		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year? . . . . .	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement. . . . .		X
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? . . . . .		X
80b	If 'Yes,' enter the name of the organization ▶ <u>N/A</u> . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions . . . . .	81a	0.
81b	Did the organization file Form 1120-POL for this year? . . . . .		X
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? . . . . .		X
82b	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 in Part III) . . . . .	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members? . . . . .		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		N/A
85c	Dues, assessments, and similar amounts from members. . . . .	85c	N/A
85d	Section 162(e) lobbying and political expenditures . . . . .	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12. . . . .	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87a	501(c)(12) organizations Enter: a Gross income from members or shareholders . . . . .	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	87b	N/A
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 . . . . .		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u>0.</u> , section 4912 ▶ <u>0.</u> , section 4955 ▶ <u>0.</u> . . . . .		
89b	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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction . . . . .		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>0.</u>		
	d Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ <u>0</u>		
90a	List the states with which a copy of this return is filed ▶ <u>California</u> . . . . .		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) . . . . .	90b	0
91	The books are in care of ▶ <u>Rebecca Stafford</u> Telephone number ▶ <u>(909) 387-4949</u> Located at ▶ <u>385 N. Arrowhead, San Bernardino, Ca</u> ZIP + 4 ▶ <u>92415</u> . . . . .		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . N/A ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>92</u> N/A		

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies...					
94 Membership dues and assessments...					
95 Interest on savings & temporary cash invmnts.			14	28,296.	
96 Dividends & interest from securities.					
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop. ...					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....					
101 Net income or (loss) from special events ...			3	404,232.	
102 Gross profit or (loss) from sales of inventory ...					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))...				432,528.	
105 Total (add line 104, columns (B), (D), and (E)).....					432,528.

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 instructions)

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)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(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
N/A	0			
	0			
	0			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- 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)

Please Sign Here

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.

Signature of officer: *Rebecca L. Stafford* Date: *January 10, 2006*

Type or print name and title: *Executive Director Rebecca L. Stafford*

Paid Preparer's Use Only

Preparer's signature: *James N. Kennedy* Date: *12/23/05* Check if self-employed:  Preparer's SSN or PTIN (See General instruction W): *557-68-0511*

Firm's name (or yours if self-employed): *Kennedy & Kennedy, CPAs* EIN: *95-6285205*

address and ZIP + 4: *1700 North E Street Suite 201 San Bernardino, CA 92405* Phone no: *(909) 886-5048*

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No. 1545-0047

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

**2004**

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

Children's Fund, Inc.

Employer identification number

33-0193286

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation	(e) Expense account and other allowances
None -----		0.	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 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 -----		0.
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	



**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)..	2,124,704.	2,092,048.	1,290,630.	1,604,783.	7,112,165.
16 Membership fees received.....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose.....					
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.....	12,548.	13,758.	20,173.	34,978.	81,457.
19 Net income from unrelated business activities not included in line 18.....					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					
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.....			218,676.	202,238.	420,914.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt. 5..	391,240.	400,359.	400,359.	306,646.	1,498,604.
23 Total of lines 15 through 22 ..	2,528,492.	2,506,165.	1,929,838.	2,148,645.	9,113,140.
24 Line 23 minus line 17.....	2,528,492.	2,506,165.	1,929,838.	2,148,645.	9,113,140.
25 Enter 1% of line 23.....	25,285.	25,062.	19,298.	21,486.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	182,263.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.....	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	9,113,140.
d Add Amounts from column (e) for lines: 18 81,457 19 _____	26d	1,580,061.
22 1,498,604. 26b _____	26e	7,533,079.
e Public support (line 26c minus line 26d total).....	26f	82.66 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

27 Organizations described on line 12: N/A	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. (2003) _____ (2002) _____ (2001) _____ (2000) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2003) _____ (2002) _____ (2001) _____ (2000) _____	
c Add Amounts from column (e) for lines 15 _____ 16 _____	27c
17 _____ 20 _____ 21 _____	27d
d Add Line 27a total _____ and line 27b total _____	27e
e Public support (line 27c total minus line 27d total)	27f
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27g
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h
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 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V** Private School Questionnaire (See instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		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 separate 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 instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  a if the organization belongs to an affiliated group Check  b if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
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	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
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
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must 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)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

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

Yes	No	Amount

- 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)

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



# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** Automatic 3-Month Extension of Time – Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only.

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b> File by the due date for filing your return. See instructions	Name of Exempt Organization <b>Children's Fund, Inc.</b>	Employer identification number <b>33-0193286</b>
	Number, street, and room or suite number. If a P O box see instructions <b>385 North Arrowhead, 2nd Floor</b>	
	City, town or post office. For a foreign address, see instructions <b>San Bernardino, CA 92415</b>	state ZIP code

Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of. ▶ Rebecca Stafford

Telephone No ▶ 909) 387-4949 FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box. ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 2/15, 20 06 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 20\_\_ or

▶  tax year beginning 7/01, 20 04, and ending 6/30, 20 05

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879-EO for payment instructions

Children's Fund, Inc.

33-0193286

Statement 1  
Form 990, Part I, Line 9  
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Golf Tourn./Pres. Circle	503,453.	0.	503,453.	99,221.	404,232.
Total	<u>\$ 503,453.</u>	<u>\$ 0.</u>	<u>\$ 503,453.</u>	<u>\$ 99,221.</u>	<u>\$ 404,232.</u>

Statement 2  
Form 990, Part II, Line 23  
Specific Assistance to Individuals

Community Services.....					\$ 1,636,759.
Total					<u>\$ 1,636,759.</u>

Statement 3  
Form 990, Part III  
Organization's Primary Exempt Purpose

To provide goods and services to underprivileged children and their families.

Statement 4  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Machinery and Equipment	\$ 33,698.	\$ 32,287.	\$ 1,411.
Total	<u>\$ 33,698.</u>	<u>\$ 32,287.</u>	<u>\$ 1,411.</u>

Statement 5  
Schedule A, Part IV-A, Line 22  
Other Income

<u>Description</u>	<u>(a) 2003</u>	<u>(b) 2002</u>	<u>(c) 2001</u>	<u>(d) 2000</u>	<u>(e) Total</u>
Special Events	\$ 391,240	\$ 400,359	\$ 400,359.	\$ 306,646.	\$ 1,498,604.
Total	<u>\$ 391,240</u>	<u>\$ 400,359</u>	<u>\$ 400,359.</u>	<u>\$ 306,646.</u>	<u>\$ 1,498,604</u>

**CHILDREN'S FUND, INC.**

TIN 33-0193286

June 30, 2005

<b>NAME</b>	<b>ADDRESS</b>	<b>AMOUNT</b>
Ampere Capital Management	350 Madison Ave., 8th Floor, New York, NY 10017	\$10,000
Anderson Family Foundation	300 S. Harbor #1010, Anaheim CA 92805	\$30,000
Aronoff, Leona	412 Via Lido Soud, Newport Beach, CA 92663	\$5,000
Bank of America	San Bernardino, CA	\$15,900
Bay Harbour	10124 Foxhurst Court, Orlando, FL 32836	\$5,000
Bonnes Meres	PO Box 8153, Redlands CA 92375	\$99,650
Brandes Investment	11988 El Camino Real, San Diego CA 92130	\$5,000
Bryan, Vaughn & Ann	1998 Orane Tree Lane, Redlands CA 92374	\$5,000
Cadence Capital	265 Franklin Street, 11th Floor, Boston, MA 021103113	\$5,000
California Bank & Trust	11622 El Camino Real, Ste. 200, San Diego, CA 92130	\$5,000
California Newspapers	PO Box 4200, Woodland Hills CA 91365-4200	\$25,000
Casa Colina	2850 N. Garey Ave., Pomona CA 91767	\$6,605
Chilton Investment Co., LLC	1266 East Main Street 7th Floor, Stamford, CT 06902	\$10,000
Churchill Capital	333 South Seventh Street, Suite 2400, Minneapolis, MN 55402	\$5,000
Citizens Business Bank	701 N. Haven, Ontario CA 91764	\$5,790
Claremont/West-End Auxiliary	PO Box 134, Claremont CA 91711	\$29,000
Northern Trust (Matt Clark)	300 S. Grand Ave., 42nd Floor, Los Angeles, CA 90071	\$5,000
Community Bank Foundation	790 E Colorado Blvd., Pasadena, CA 91101	\$5,000
Community Title Company	1998 Orange Tree Lane, Suite C, Redlands, CA 92374	\$5,000
Davidson Kempner	885 3rd Ave., Suite 3300, NY NY 10022	\$5,000
Dee Dee Anderson	3611 Ocean Blvd., Corona Del Mar CA 92625	\$10,000
Delfino, John	2029 Century Park E, Suite 430, Los Angeles CA 90067	\$5,000
Desert Thunder	655 East Third Street, San Bernardino, CA 92415	\$5,000
Diversified Builder Services	399 N. Garey Ave., Pomona CA 91767	\$5,000
Diversified Pacific Development	10621 Civic Center Drive, 2nd Fl, Rancho Cucamonga CA 91730	\$10,000
Edwards Ciabattini Memorial Acct	11120 Orchid Ave., Hesperia CA 92345	\$6,000
First Magnus	603 N. Wilmont Road, Tuscon, AZ 85711	\$6,500
Globeflex Capital, L.P.	4365 Executive Drive, Ste. 720, San Diego, CA 92121-2126	\$5,000
High Pointe Capital Mngt.	1110 Lake Cook Road, Ste. 372, Buffalo Grove, IL 60089	\$5,000
High Rise Capital Mngt.	535 Madison Avenue, 26th Floor, New York, NY 10022	\$5,790
Housing Capital	3200 Bristol Street, Suite 500, Costa Mesa CA 92626	\$5,000
ING Investment Mngt. Co.	5780 Powers Ferry Road, NW, Atlanta, GA 30327	\$5,000
In-N-Out Burger	4199 Campus Drive, 9th Fl., Irvine CA 92715	\$5,000
Kayne Anderson	1800 Avenue of the Stars, 2nd Fl., Los Angeles CA 90067	\$5,000
Los Angeles Times	5555 Ontario Mills Parkway, Ontario CA 91764	\$15,000
Metropolitan West	11766 Wilshire Blvd., #1580, Los Angeles CA 90025	\$5,000
MKP Capital Mngt.	600 Lexington Ave., 18th Floor, New York, NY 10022-6005	\$5,000
Monitor Venture Associates	350 Cambridge Ave, Ste 325, Palo Alto, CA 94306	\$10,000
PEG Capital	PO Box 428, Canaan NH 03741	\$5,000
PFF Bank & Trust	399 N. Garey Ave., Pomona CA 91767	\$5,000
Poma Distributing Co	PO Box 5728, San Bernardino, CA 92412-5728	\$5,000
Post Advisory Group	11755 Wilshire Blvd., Suite 1400, Los Angeles, CA 90025	\$10,000
Rimrock Capital Mngt	2727 W Coast Highway, Newport Beach, CA 92663	\$5,000
Robert & Dale Rosen Charitable Found	96 Cummings Point Road, Stamford, CT 06902	\$5,000
Seminole Capital Partners	150 E 52nd Street New York, NY 10022	\$5,000
So Cal Housing Develop Corp	9065 Haven Ave, Suite #100, Rancho Cucamonga, CA 91730	\$5,000
Soren McAdam Christenson LLP	2068 Orange Tree Lane, Suite 100, Redlands, CA 92375	\$5,790
Stark Investment	3600 S Lake Drive, Saint Frances WI 53235	\$5,000
Temple Inland Foundation	PO Drawer 338, Diboll TX 75941	\$5,000
Trust Company of the West	865 S Figueroa St, Los Angeles, CA 90017	\$5,000
WLC Architects	10470 Foothill Blvd, Tower Suite, Rancho Cucamonga CA 91730	\$5,000
Your Community Bingo	17997 Palm Drive, Hesperia, CA 92345	\$67,550