

Return of Organization Exempt From Income Tax

2006

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 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C CHILD ADVOCATES OF SAN BERNARDINO COUNTY 555 NORTH "D" STREET #100 SAN BERNARDINO, CA 92401

D Employer Identification Number 33-0362613 E Telephone number 909-881-6760 F Accounting method: Cash, Accrual, Other (specify)

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

- H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: www.childadvocatesofsbcounty.org

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 367,712.

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

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes lines 1-21 for revenue, expenses, and net assets.

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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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a 77,689.	23,152.	23,373.	31,164.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 144,208.	129,094.	13,779.	1,335.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 31,065.	21,601.	5,751.	3,713.
29 Payroll taxes	29 21,903.	15,028.	3,667.	3,208.
30 Professional fundraising fees	30			
31 Accounting fees	31 26,832.	18,246.	4,561.	4,025.
32 Legal fees	32			
33 Supplies	33 6,283.	4,904.	1,054.	325.
34 Telephone	34 3,630.	2,468.	617.	545.
35 Postage and shipping	35 1,595.	1,085.	271.	239.
36 Occupancy	36 11,415.	7,762.	1,941.	1,712.
37 Equipment rental and maintenance	37 3,261.	2,218.	554.	489.
38 Printing and publications	38			
39 Travel	39 4,034.	2,743.	686.	605.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 2,736.	1,861.	465.	410.
43 Other expenses not covered above (itemize)				
a See Statement 2	43a 28,403.	23,997.	2,341.	2,065.
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
f -----	43f			
g -----	43g			
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 363,054.	254,159.	59,060.	49,835

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

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.

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) organizations and 4947(a)(1) trusts, but optional for others.)

a See Statement 3

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

254,159.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

254,159.

BAA

Part IV Balance Sheets (See the instructions.)

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	92,626.	45	140,863.
	46 Savings and temporary cash investments	75,763.	46	20,833.
	47a Accounts receivable	47a 42,302.		
	b Less allowance for doubtful accounts	47b	27,350.	47c 42,302.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		5,961.	53 4,644.
	54a Investments – publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
b Investments – other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments – land, buildings, & equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment basis	57a 48,755.			
b Less accumulated depreciation (attach schedule) Statement 4	57b 26,580.	2,385.	57c 22,175.	
58 Other assets, including program-related investments (describe ▶ <u>See Statement 5</u>)			58 5,100.	
59 Total assets (must equal line 74) Add lines 45 through 58		204,085.	59 235,917.	
LIABILITIES	60 Accounts payable and accrued expenses	16,580.	60	26,083.
	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 ▶ <u>See Statement 6</u>)		15,189.	65 42,731.
66 Total liabilities. Add lines 60 through 65		31,769.	66 68,814.	
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	90,503.	67	166,103.
	68 Temporarily restricted	81,813.	68	1,000.
	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 and column (B) must equal line 21)		172,316.	73 167,103.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		204,085.	74 235,917.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	368,369.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4	10,528.	
	See Stm 7			
	Add lines b1 through b4		b	10,528.
c	Subtract line b from line a		c	357,841.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	357,841.

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

a	Total expenses and losses per audited financial statements		a	372,925.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4	9,871.	
	See Stmt 8			
	Add lines b1 through b4		b	9,871.
c	Subtract line b from line a		c	363,054.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	363,054.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the 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 plans	(E) Expense account and other allowances
See Statement 9		77,689.	0.	500.

Part VI Other Information (continued)		Yes	No
82 a	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	
	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 in Part III)		
82 b	62,466.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b	N/A		
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered 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		
	c Dues, assessments, and similar amounts from members		N/A
85 c	N/A		
	d Section 162(e) lobbying and political expenditures		N/A
85 d	N/A		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 e	N/A		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 f	N/A		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 g	N/A		
	h 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
85 h	N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86 a	N/A		
	b Gross receipts, included on line 12, for public use of club facilities		N/A
86 b	N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
87 a	N/A		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
87 b	N/A		
88 a	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
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0.		
89 b	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 ▶ 0.		
	d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
89 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ None		
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		4
90 b	4		
91 a	The books are in care of ▶ LISA HANES, CPA Telephone number ▶ 909-795-0481 Located at ▶ PO BOX 861, CALIMESA CA ZIP + 4 ▶ 92320		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶		
91 b			X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91c		X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

Part VII Analysis of Income-Producing Activities (See the 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	1,605.	
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					29,787.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b <u>INSURANCE SETTLEMENT-</u>					-657.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1,605.	29,130.
105 Total (add line 104, columns (B), (D), and (E))					30,735.

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 the 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)
101	Provides additional funding to defray expenses of serving children.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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	%			
	%			
	%			
	%			

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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: Kara Hunter Date: 11/14/07

Type or print name and title: Kara Hunter, Interim Executive Director

Paid Preparer's Use Only

Preparer's signature: Perry M. Henderson CPA Date: 11/12/07 Check if self employed: Preparer's SSN or PTIN (See General instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: Perry M. Henderson, CPA
222 E. Olive Avenue, Suite 5C
Redlands, CA 92373-5268 EIN: N/A Phone no: (909) 792-4268

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization

CHILD ADVOCATES OF SAN BERNARDINO COUNTY

Employer identification number

33-0362613

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
See Statement 10		77,689.	0.	500.
Total number of other employees paid over \$50,000	▶	0		

Part II – A 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		
Total number of others receiving over \$50,000 for professional services	▶	0

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

Part III Statements About Activities (See instructions.)

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 ▶ \$ N/A
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

	Yes	No
1		X

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

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a		X
-----------	--	---

b Lending of money or other extension of credit?

2b		X
-----------	--	---

c Furnishing of goods, services, or facilities?

2c		X
-----------	--	---

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d		X
-----------	--	---

e Transfer of any part of its income or assets?

2e		X
-----------	--	---

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)

3a		X
-----------	--	---

b Did the organization have a section 403(b) annuity plan for its employees?

3b		X
-----------	--	---

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

3c		X
-----------	--	---

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d		X
-----------	--	---

4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a		X
-----------	--	---

b Did the organization make any taxable distributions under section 4966?

4b		X
-----------	--	---

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c		X
-----------	--	---

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that 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.)
- 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)
- 11 a 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)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization. ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

BAA

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	332,432.	359,817.	622,712.	402,170.	1,717,131.
16 Membership fees received					0.
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	5,550.	5,281.		1,422.	12,253.
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	721.	204.	111.	96.	1,132.
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	338,703.	365,302.	622,823.	403,688.	1,730,516.
24 Line 23 minus line 17	333,153.	360,021.	622,823.	402,266.	1,718,263.
25 Enter 1% of line 23	3,387.	3,653.	6,228.	4,037.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 34,365.
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 2002 through 2005 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 1,718,263.
d Add: Amounts from column (e) for lines 18 1,132. 19 _____ 22 _____ 26b _____					26d 1,132.
e Public support (line 26c minus line 26d total)					26e 1,717,131.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.93 %
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 11b, 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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____ 27d _____
d Add: Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

(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	
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 –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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)

Lobbying Expenditures During 4 -Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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

- 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

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

CHILD ADVOCATES OF SAN BERNARDINO COUNTY

33-0362613

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

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
GALA	48,728.	9,070.	39,658.	9,871.	29,787.
Total	<u>\$ 48,728.</u>	<u>\$ 9,070.</u>	<u>\$ 39,658.</u>	<u>\$ 9,871.</u>	<u>\$ 29,787.</u>

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
BOARD & STAFF TRAINING	4,149.	4,149.		
CHILDREN'S SERVICES	5,088.	5,088.		
INSURANCE	8,721.	5,930.	1,483.	1,308.
MARKETING	5,048.	3,433.	858.	757.
MISC PROGRAM EXPENSE	1,920.	1,920.		
VOLUNTEER REIMB	3,477.	3,477.		
Total	<u>\$ 28,403.</u>	<u>\$ 23,997.</u>	<u>\$ 2,341.</u>	<u>\$ 2,065.</u>

Statement 3
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Recruiting and training of child advocates -- to serve as Court Appointed Special Advocates and Educational Advocates for abused, neglected and abandoned children who are involved with the juvenile dependency system in San Bernardino County. Includes Foreign Grants: No		78,028.
Court-Appointed Special Advocate and Educational Advocate-- Direct support for volunteers that have been trained to investigate home and school environments, interview teachers, case workers, relatives, caregivers and others involved in the child's case and report their findings and recommendations to the judge to advocate for the best interests of the child. Youth Empowerment Program -- provides a transitional/independent living skills program for youth in the juvenile dependency system in San Bernardino County. Includes Foreign Grants: No		176,131.
	<u>\$ 0.</u>	<u>\$ 254,159.</u>

CHILD ADVOCATES OF SAN BERNARDINO COUNTY

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

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 3,328.	\$ 3,130.	\$ 198.
Machinery and Equipment	33,312.	22,440.	10,872.
Improvements	12,115.	1,010.	11,105.
Total	<u>\$ 48,755.</u>	<u>\$ 26,580.</u>	<u>\$ 22,175.</u>

Statement 5
Form 990, Part IV, Line 58
Other Assets

SECURITY DEPOSIT		\$ 5,100.
Total		<u>\$ 5,100.</u>

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

ACCRUED PAYROLL & BENEFITS		\$ 7,731.
GRANT REFUNDABLE		25,000.
SPONSORSHIP DEPOSIT		10,000.
Total		<u>\$ 42,731.</u>

Statement 7
Form 990, Part IV-A, Line b(4)
Other Amounts

NET LOSS ON WATER DAMAGE-LINE 11		\$ 657.
SPECIAL EVENTS EXP- LINE 9B		9,871.
Total		<u>\$ 10,528.</u>

Statement 8
Form 990, Part IV-B, Line b(4)
Other Amounts

SPECIAL EVENTS EXP- LINE 9B		\$ 9,871.
Total		<u>\$ 9,871.</u>

CHILD ADVOCATES OF SAN BERNARDINO COUNTY

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Statement 9
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
DEBORAH M. CIMA 6877 MCLAREN LANE RIVERSIDE, CA 92509	President 3	\$ 0.	\$ 0.	0.
JOHN G. VAN CAMPEN, JR 9707 MAGNOLIA AVE RIVERSIDE, CA 92503	Vice President 3	0.	0.	0.
MIRIAM GOMEZ 555 N D ST SAN BERNARDINO, CA 92401	Director 1	0.	0.	0.
ANTONY RUBIO 144 N MOUNTAIN VIEW SAN BERNARDINO, CA 92408	Secretary 3	0.	0.	0.
BARBARA SKY 1155 HARRIS ST SAN BERNARDINO, CA 92411	Treasurer 1	0.	0.	0.
SUE TAYLOR 555 N D ST SAN BERNARDINO, CA 92401	Director 1	0.	0.	0.
MARTI BAUM, MD 11175 CAMPUS ST, RM A-1121 LOMA LINDA, CA 92354	Director 1	0.	0.	0.
DEBORAH DANIEL 555 N D ST SAN BERNARDINO, CA 92401	Judicial Advis 1	0.	0.	0.
CYNTHIA PRATER-BUREN 175 W 5TH ST-4TH FLOOR SAN BERNARDINO, CA 92410	Director 1	0.	0.	0.
JENNA COLBURN 555 N "D" ST SAN BERNARDINO, CA 92301	Executive Direc 50	77,689.	0.	500.
Total		\$ 77,689.	\$ 0.	\$ 500.

CHILD ADVOCATES OF SAN BERNARDINO COUNTY

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Statement 10
Schedule A, Part i
Compensation of Five Highest Paid Employees

<u>Name and Address</u>	<u>Title & Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contribut. EBP & DC</u>	<u>Expense Account</u>
JENNA COLBURN 555 NORTH D ST SAN BERNARDINO, CA 92401	EXEC DIRECTOR 50	77,689.	0.	500.
		Total \$ 77,689.	\$ 0.	\$ 500.

CHILD ADVOCATES OF SAN BERNARDINO COUNTY

33-0362613

Other Revenue
Related or exempt function income
INSURANCE SETTLEMENT-NETINSURANCE PROCEEDS
LESS EXP DUE TO WATER/MOLD DAMAGE

	\$	23,937.
		<u>-24,594.</u>
Total	\$	<u><u>-657.</u></u>

CHILD ADVOCATES OF SAN BERNARDINO COUNTY

33-0362613

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductin.	Depr Basis	Prior Depr.	Method	Lif.	Rate	Current Depr.	
Form 990/990-PF																	
Furniture and Fixtures																	
9	4 DRAWER LATERAL FILE	4/10/91		531							531	531	S/L	5		0	
11	5 DRAWER FILE CABINET	10/18/91		565							565	565	S/L	5		0	
12	TABLE	4/06/92		119							119	119	S/L	5		0	
15	PAPER SHREDDER	7/19/93		225							225	225	S/L	5		0	
16	STENO CHAIR	9/13/94		83							83	83	S/L	5		0	
17	CHAIRS	10/18/94		242							242	242	S/L	5		0	
18	BOOK SHELVES	7/29/96		824							824	713	S/L	5		0	
19	LATERAL FILE	10/30/97		571							571	484	S/L	5		0	
Total Furniture and Fixtures																	
				3,160	0	0	0	0	0	0	3,160	2,962					0
Improvements																	
32	LEASEHOLD IMPROVEMENTS	4/01/07		12,115							12,115	12,115	S/L	3		1,010	
Total Improvements																	
				12,115	0	0	0	0	0	0	12,115	0					1,010
Machinery and Equipment																	
1	BATTERY BACKUP	2/16/94		350							350	350	S/L	5		0	
2	HP OFFICE JET FAX	2/03/97		593							593	578	S/L	5		0	
3	VIDEO CAMERA	6/28/97		878							878	799	S/L	5		0	
4	COMPUTER	4/12/99		1,799							1,799	1,799	S/L	5		0	
5	COMPUTER SYSTEM	4/12/99		7,919							7,919	7,524	S/L	5		0	
6	HP PAVILLION COMPUTER	9/24/99		1,000							1,000	1,000	S/L	5		0	
7	COMPUTER	4/25/00		1,773							1,773	1,773	S/L	5		0	

CHILD ADVOCATES OF SAN BERNARDINO COUNTY

33-0362613

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
10	LAMINATOR	10/03/91		40							40	40	S/L	5		0
14	TYPEWRITER & TELEPHONE	5/07/92		207							207	207	S/L	5		0
20	2 DELL COMPUTER SYSTEMS	11/12/02		3,373							3,373	2,475	S/L	5		675
21	DELL COMPUTER SYSTEM	2/07/03		1,916							1,916	1,309	S/L	5		383
22	PC/CLEVER GROUP	7/16/02		887							887	694	S/L	5		177
23	LAPTOP	10/01/06		1,540							1,540	1,540	S/L	5		231
24	SERVER	5/01/07		1,746							1,746	1,746	S/L	5		58
25	COMPUTERS (6)	5/01/07		1,685							1,685	1,685	S/L	5		56
26	PROJECTOR	5/01/07		539							539	539	S/L	5		18
27	LASER PRINTERS (2)	5/01/07		1,341							1,341	1,341	S/L	5		45
28	NETWORKING	5/01/07		490							490	490	S/L	5		16
29	MONITORS (7)	5/01/07		973							973	973	S/L	5		32
30	SOFTWARE	6/01/07		1,139							1,139	1,139	S/L	3		32
31	DELL COMPUTER	6/20/07		955							955	955	S/L	5		0
Total Machinery and Equipment															1,723	
Total Depreciation															2,733	
Grand Total Depreciation															2,733	