

**Short Form  
Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

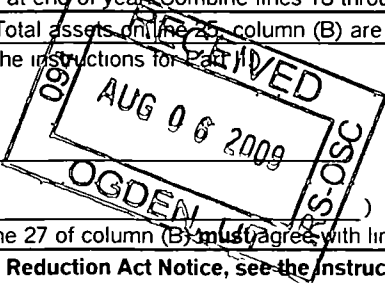
**A For the 2008 calendar year, or tax year beginning** , **2008**, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FOR KIDS FOUNDATION</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>834 WILLOW STREET</b> City or town, state or country, and ZIP + 4 <b>RENO NV 89502</b>	<b>D</b> Employer identification number <b>75-3093964</b>
		<b>E</b> Telephone number <b>(775) 741-5231</b>
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>		<p><b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>
<p><b>I</b> Website: ► <b>N/A</b></p>		
<p><b>J</b> Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return</p>		
<p><b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ <span style="float:right">► \$ <b>101,870.</b></span></p>		

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)			
<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>101,868.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>2.</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>		
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe ► _____)	<b>8</b>		
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	<b>101,870.</b>	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>60,975.</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>42,287.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>4,200.</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ► See Other Expenses Statement)	<b>16</b>	<b>11,962.</b>
	<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	<b>119,424.</b>
<b>ASSETS</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-17,554.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>98,032.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (Combine lines 18 through 20)	<b>21</b>	<b>80,478.</b>

**Part II Balance Sheets.** If Total assets (on line 20, column (B)) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ  
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	98,032.	80,478.
<b>23</b> Land and buildings	0.	0.
<b>24</b> Other assets (describe ► _____)	0.	0.
<b>25 Total assets</b>	98,032.	80,478.
<b>26 Total liabilities</b> (describe ► _____)	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	98,032.	80,478.



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<b>Part III</b>   <b>Statement of Program Service Accomplishments</b> (See the instructions.)	<b>Expenses</b>	
What is the organization's primary exempt purpose? <b>SEE ATTACHED STATEMENT</b>	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
<b>28</b> <u>MEDICAL AND DENTAL FINANCIAL ASSISTANCE TO ASSIST CHILDREN WITH SPECIFIC NEEDS FOR WHICH RESOURCES ARE INSUFFICIENT OR NON EXHISTENT</u> (Grants \$ <u>59,083.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>59,083.</b>
<b>29</b> <u>EDUCATIONAL FINANCIAL ASSISTANCE TO ASSIST CHILDREN WITH SPECIFIC NEEDS FOR WHICH RESOURCES ARE INSUFFICIENT OR NON EXHISTENT</u> (Grants \$ <u>1,692.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>1,692.</b>
<b>30</b> <u>CLOTHING FINANCIAL ASSISTANCE TO ASSIST CHILDREN WITH SPECIFIC NEEDS FOR WHICH RESOURCES ARE INSUFFICIENT OR NON EXHISTENT</u> (Grants \$ <u>200.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>200.</b>
<b>31</b> Other program services (attach schedule) (Grants \$ <u>          </u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	<b>60,975.</b>

<b>Part IV</b>   <b>List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs.)				
(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
<u>EARL S NIELSEN, Ph.D</u> <u>864 WILLOW ST</u> <u>RENO NV 89502</u>	DIRECTOR 10.00	0.	0.	0.
<u>ANNE-LOUISE BENNETT</u> <u>100 BISHOP MANOQUER DR</u> <u>RENO NV 89511</u>	DIRECTOR 3.00	0.	0.	0.
<u>MARCY BARBA</u> <u>200 NORTG MCCARRAN BLVD</u> <u>SPARKS NV 89431</u>	DIRECTOR 3.00	0.	0.	0.
<u>SANDRA WALLACE</u> <u>721 MONTEREY AVE</u> <u>CAPITOLA CA 95010</u>	DIRECTOR 3.00	0.	0.	0.
<u>MARGARET CIORCIARI</u> <u>9659 PROTOTYPE WAY</u> <u>RENO NV 89521</u>	DIRECTOR 3.00	0.	0.	0.
<u>STEPHEN FLOCCHINI</u> <u>1330 CAPITAL BLVD</u> <u>RENO NV 89502</u>	DIRECTOR 3.00	0.	0.	0.
<u>PAMELA RICCI</u> <u>12540 CREEK CREST DR</u> <u>RENO NV 89511</u>	DIRECTOR 3.00	0.	0.	0.
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**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>35a</b>	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b>   0.</span>		
<b>37b</b>	b Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>38b</b>	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
<b>39</b>	501(c)(7) organizations Enter		
<b>39a</b>	a Initiation fees and capital contributions included on line 9		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b>	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.		
<b>40b</b>	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
<b>40c</b>	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>40d</b>	d Enter amount of tax on line 40c reimbursed by the organization		
<b>40e</b>	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
<b>41</b>	List the states with which a copy of this return is filed ▶ _____		

**42a** The books are in care of ▶ FOR KIDS FOUNDATION Telephone no. ▶ (775) 741-5231  
 Located at ▶ 834 WILLOW RENO NV ZIP + 4 ▶ 89502

		Yes	No
<b>42b</b>	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 ▶ _____		X

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

<b>42c</b>	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X
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**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** |

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		X
47		X
48		X
49a		X
49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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

**Sign Here**

Signature of officer: *Earl Nielsen* Date: 07/23/09

EARL NIELSEN Ph.D DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature: BRENT MUHLENBERG Date: 07/23/09 Check if self-employed:  Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: R. B. & COMPANY, INC  
731 N PARAWAN ST  
HENDERSON NV 89015-4746 Phone no: (702) 360-5555

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

BAA Form 990-EZ (2008)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**FOR KIDS FOUNDATION**

Employer identification number

**75-3093964**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) a family member of a person described in (i) above?
  - (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> 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.						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

**16a 33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**b 33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**17a 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**b 10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	0.	0.	74,721.	117,041.	101,886.	293,648.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5	0.	0.	74,721.	117,041.	101,886.	293,648.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6)						293,648.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	0.	0.	74,721.	117,041.	101,886.	293,648.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0.	2.	2.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	0.	0.	0.	0.	2.	2.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12)						293,650.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	100.00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



FOR KIDS FOUNDATION  
Awards Granted  
January - December, 2008

<u>Child</u>	<u>Provider</u>	<u>Service</u>	<u>Award</u>
William A.	Raley's Pharmacy	Medical	1,350.00
Christina P.	Ross Pharmaceuticals	Medical	366.50
Wendy S.	Donald Mohs, MD	Medical	200.00
Yazmeen C.	Pitts Orthodontia	Dental	3,500.00
Ethan E.	Lakeshore Learning	Developmental	556.52
Frida S.	Donald Mohs, MD	Medical	100.00
Andrea S.	Mountain Diagnostics	Medical	425.00
Ben & Rebecca H.	Sonny Ruckstuhl, PhD	Psychological	177.50
Sarah S.	Small Smiles	Dental	560.00
Mikayla J.	Little Learners	Educational	400.00
Marcelo B.	Freedom Scientific	Educational	916.60
Jason M.	Tumble Time Gymnastics	Edu/Med/Psy	480.00
Lakin S.	Frances Santoro, DDS	Dental	1,000.00
Keira H.	Don's Pharmacy	Medical	967.25
Codie C.	WalMart	Clothing	200.00
Ryan D.	Willow Springs	Psychological	1,500.00
Genesis H.	Theradapt Products	Developmental	2,095.00
Gabby A.	Coral Academy	Educational	250.00
Chad J.	Access to Healthcare	Medical	120.00
	Reno Orthopedic Clinic et al	Medical	2,427.24
Enrique G.	Orthodontic Partners	Orthodontia	5,330.00
Sarah S.	Stacey Knobler, MD	Medical	1,185.00
Jameelah L.	Girls Math and Technology Program	Educational	375.00
Casey B.	WCSD	Educational	180.00
Lila B.	Acadian Rehab	Medical	1,385.00
Aris R.	Donald Mohs, MD	Medical	200.00
	Specialty Surgical Ctr.	Medical	702.00
Jesus N.	Dr. Stumpf	Medical	800.00
	Anesthesia	Medical	297.50
	Renown	Medical	1,314.23
Zander M.	DAFO, Inc.	Medical	46.10
Gracie S.	NAPA Center	Medical	3,000.00
Tracy N.		Dental/Ortho	3,944.00

Travis &			
Samantha M	Office Depot	Educational	100.00
Jorge H.	Surgical Anesthesia Services	Medical	250.00
Katrina M.	Kevin Andrews, DDS	Dental	2,880.00
Jesse F.	Long's Pharmacy	Medical	96.00
Shane M.	Savon Pharmacy	Medical	260.00
Oscar L.	Accellence Home Care	Medical	1,000.00
Sarah A.	Rick Parigini, DDS	Dental	1,410.00
Patrick M.	Orthodontic Partners	Dental	4,573.00
Dallas S.	Rick Parigini, DDS	Dental	3,864.00
Bryce D.	Eli Lilly	Medical	2,013.39
Loan L.	Hair Club Reno	Personal	1,295.00
Emily J.	Althena Diagnostics	Medical	1,672.50
Sebastian A.	Acadian Rehab	Medical	710.11
Brenden T.	D'Ascoli Orthodontics	Dental	1,311.00
Francisco D.	Neurology Specialists	Medical	390.00
Jonathan S.	Burke Pharmacy	Medical	1,145.13
Monica G.	WalMart	Medical	300.00
Jonathan G.	Shuadept.	medical	1,354.49

Total

\$ 60,974.76

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<b>ADVERTISING</b>	<b>755.</b>
<b>BANK CHARGES</b>	<b>138.</b>
<b>DUES &amp; SUBSCRIPTIONS</b>	<b>380.</b>
<b>FUNDRAISING</b>	<b>2,456.</b>
<b>INSURANCE</b>	<b>829.</b>
<b>MISC</b>	<b>265.</b>
<b>OFFICE SUPPLIES</b>	<b>696.</b>
<b>PHONE</b>	<b>1,988.</b>
<b>POSTAGE &amp; DELIVERY</b>	<b>1,140.</b>
<b>PRINTING &amp; REPRODUCTION</b>	<b>305.</b>
<b>PROMOTION</b>	<b>167.</b>
<b>REPAIRS</b>	<b>38.</b>
<b>TAXES</b>	<b>1,780.</b>
<b>TRAVEL</b>	<b>1,025.</b>
<b>Total</b>	<b><u>11,962.</u></b>

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**

Purpose of Payment **EDUCATIONAL FINANCIAL ASSISTANCE TO ASSIST CHILDREN WITH**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>MEDICAL/EDUCATIONAL</b>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <b>VARIOUS-SEE ATTACHED SCHEDULE</b> <b>VARIOUS-SEE ATTACHED SCHEDULE</b> <b>RENO NV 89502</b>	<b>NONE</b>	<b>60,975.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Supporting Statement of:**

Form 990-EZ/Line 1

Description	Amount
<b>GIFTS RECIEVED</b>	<b>101,868.</b>
Total	<b><u>101,868.</u></b>

FOR KIDS FOUNDATION  
MISSION STATEMENT

The For Kids Foundation was created to provide financial aid and assistance to children with specific needs, such as medical, dental, mental health or educational services for which other resources are insufficient or nonexistent.

FOR KIDS FOUNDATION BOARD OF DIRECTORS  
2008

Earl S. Nielsen, Ph.D.  
834 Willow St.  
Reno, NV 89502

Anne-Louise Bennett  
100 Bishop Manogue Dr.  
Reno, NV 89511

Marcy Barba  
200 North McCarran Blvd.  
Sparks, NV 89431

Sandra Wallace  
721 Monterey Ave.  
Capitola, CA 95010

Margaret Ciorciari  
9295 Prototype Dr.  
Reno, NV 89521

Stephen Flocchini  
1330 Capital Blvd.  
Reno, NV 89502

Pamela Ricci  
12540 Creek Crest Dr.  
Reno, NV 89511

## 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>FOR KIDS FOUNDATION</b>	Employer identification number <b>75-3093964</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>834 WILLOW STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>RENO NV 89502</b>	

**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 ▶ EARL NIELSEN, PhD

Telephone No. ▶ (775) 323-6766 FAX No ▶ (775) 323-2716

- 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 corporation required to file Form 990-T) extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶  calendar year 20 08 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

<b>3a</b> 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	<b>3a</b> \$
<b>b</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	<b>3b</b> \$
<b>c Balance Due.</b> 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	<b>3c</b> \$

**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