Form **990** — Department of the Treasury, Internal Revenue Service

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)

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

OMB No. 1545-0047 — **2011** — Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 **and ending** JUN 30, 2012

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: VOICES FOR CHILDREN

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 2851 MEADOW LARK DRIVE — Room/suite

City or town, state or country, and ZIP + 4: SAN DIEGO, CA 92123

D Employer identification number: 95-3786047

E Telephone number: (858) 569-2019

G Gross receipts $ 3,918,377.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No — If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

F Name and address of principal officer: SHARON LAWRENCE, SAME AS C ABOVE

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SPEAKUPNOW.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1982 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: WE RECRUIT, SCREEN, AND SUPERVISE VOLUNTEERS WHO ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	49
6	Total number of volunteers (estimate if necessary)	6	722
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,109,407.	3,503,416.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,674.	6,662.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-180,307.	-245,526.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,963,774.	3,264,552.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	76,469.	45,040.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,955,903.	2,412,559.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 584,102.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	739,708.	827,106.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,772,080.	3,284,705.
19	Revenue less expenses. Subtract line 18 from line 12	191,694.	-20,153.

	Net Assets or Fund Balances	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,000,757.	1,881,508.
21	Total liabilities (Part X, line 26)	588,533.	498,972.
22	Net assets or fund balances. Subtract line 21 from line 20	1,412,224.	1,382,536.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ DAVID BIALIS, TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TED CONSIDINE		04/23/13		P00238407

Firm's name ▶ CONSIDINE & CONSIDINE — Firm's EIN ▶ 95-2694444

Firm's address ▶ 1501 FIFTH AVENUE, SUITE 400, SAN DIEGO, CA 92101-3297 — Phone no. 619.231.1977

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
VOICES FOR CHILDREN TRANSFORMS THE LIVES OF ABUSED CHILDREN IN SAN DIEGO COUNTY BY PROVIDING THEM WITH VOLUNTEER "COURT APPOINTED SPECIAL ADVOCATES" (CASAS).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,569,244. including grants of $ 30,684.) (Revenue $)
VOICES FOR CHILDREN RECRUITS AND TRAINS VOLUNTEERS TO SERVE AS COURT APPOINTED SPECIAL ADVOCATES (CASAS) WHO INTERFACE WITH KEY AGENCIES,LEGAL COUNSEL, AND COMMUNITY RESOURCES IN ORDER TO IDENTIFY AND PROTECT THE BEST INTERESTS OF EACH FOSTER CHILD. CASAS WORK CLOSELY WITH PROGRAM SUPERVISORS TO PREPARE REPORTS FOR EACH JUVENILE COURT HEARING. THIS INFORMATION HELPS THE JUDGES MAKE INFORMED DECISIONS THAT WILL ENABLE EACH CHILD TO BE SAFE AND SUCCESSFUL. VOICES FOR CHILDREN'S CASE ASSESSMENT STAFF AND VOLUNTEERS REVIEW THE CASE FILES OF CHILDREN IN FOSTER CARE, ANNUALLY ESTIMATED TO BE 5,600 CHILDREN. THEY RESEARCH REFERRALS AND PREPARE THOUSANDS OF WRITTEN REPORTS TO EVALUATE, UPDATE, AND PRIORITIZE THE CASES.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 2,569,244.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Line	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	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)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	X	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI: [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

JAMES SCOFFIN CPA CFO - (858) 569-2019
2851 MEADOW LARK DRIVE, SAN DIEGO, CA 92123

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ROCHELLE BOLD TREASURER	1.00	X		X				0.	0.	0.
(2) VICKY CARLSON MEMBER	1.00	X						0.	0.	0.
(3) TONY FARWELL MEMBER	1.00	X						0.	0.	0.
(4) JILL SKREZYNA MEMBER	1.00	X						0.	0.	0.
(5) MARINA MARRELLI VICE CHAIR	1.00	X		X				0.	0.	0.
(6) LAUREE SAHBA CHAIR	1.00	X		X				0.	0.	0.
(7) ROBIN STARK MEMBER	1.00	X						0.	0.	0.
(8) ALAN TALBOTT MEMBER	1.00	X						0.	0.	0.
(9) KEVIN HARRIS MEMBER	1.00	X						0.	0.	0.
(10) ANN DYNES MEMBER	1.00	X						0.	0.	0.
(11) BETH PLAVAN MEMBER	1.00	X						0.	0.	0.
(12) LISETTE FARRELL MEMBER	1.00	X						0.	0.	0.
(13) SCOTT PETERS MEMBER	1.00	X						0.	0.	0.
(14) DICK PFISTER MEMBER	1.00	X						0.	0.	0.
(15) HAEYOUNG TANG MEMBER	1.00	X						0.	0.	0.
(16) LISE WILSON MEMBER	1.00	X						0.	0.	0.
(17) SHARON LAWRENCE PRESIDENT/CEO	40.00			X				146,526.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ANNE FARRELL CPO	40.00			X				125,356.	0.	0.
(19) JAMES SCOFFIN CFO	20.00			X				23,958.	0.	0.

	(D)	(E)	(F)
1b Sub-total ▶	295,840.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d Total (add lines 1b and 1c) ▶	295,840.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Contributions, Gifts, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 a	Federated campaigns	1a				
b	Membership dues	1b				
c	Fundraising events	1c 1476556.				
d	Related organizations	1d				
e	Government grants (contributions)	1e 450,600.				
f	All other contributions, gifts, grants, and similar amounts not included above	1f 1576260.				
g	Noncash contributions included in lines 1a-1f: $ 34,383.					
h	**Total.** Add lines 1a-1f ▶		3503416.			

Program Service Revenue		Business Code	(A)	(B)	(C)	(D)
2 a						
b						
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a-2f ▶					

Other Revenue

		(i)	(ii)	(A)	(B)	(C)	(D)
3	Investment income (including dividends, interest, and other similar amounts) ▶			26,255.			26,255.
4	Income from investment of tax-exempt bond proceeds ▶						
5	Royalties ▶						
		(i) Real	(ii) Personal				
6 a	Gross rents						
b	Less: rental expenses						
c	Rental income or (loss)						
d	Net rental income or (loss) ▶						
7 a	Gross amount from sales of assets other than inventory	(i) Securities 230801.	(ii) Other				
b	Less: cost or other basis and sales expenses	250394.					
c	Gain or (loss)	-19593.					
d	Net gain or (loss) ▶			-19,593.			-19,593.
8 a	Gross income from fundraising events (not including $ 1,476,556. of contributions reported on line 1c). See Part IV, line 18	a	131125.				
b	Less: direct expenses	b	403006.				
c	Net income or (loss) from fundraising events ▶			-271,881.			-271881.
9 a	Gross income from gaming activities. See Part IV, line 19	a	26,780.				
b	Less: direct expenses	b	425.				
c	Net income or (loss) from gaming activities ▶			26,355.			26,355.
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		Business Code				
11 a							
b							
c							
d	All other revenue						
e	**Total.** Add lines 11a-11d ▶						
12	**Total revenue.** See instructions. ▶			3264552.	0.	0.	-238864.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	45,040.	45,040.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	335,430.	92,716.	74,220.	168,494.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,754,339.	1,501,061.	17,683.	235,595.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	159,966.	127,902.	1,895.	30,169.
10 Payroll taxes	162,824.	123,632.	7,389.	31,803.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	95,618.	54,934.	7,047.	33,637.
12 Advertising and promotion				
13 Office expenses	18,334.	17,336.	280.	718.
14 Information technology				
15 Royalties				
16 Occupancy	340,158.	310,427.	6,803.	22,928.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,199.	51,141.	1,124.	3,934.
23 Insurance	13,877.	13,877.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MILEAGE & MEALS	94,302.	86,143.	3,363.	4,796.
b PRINTING	38,005.	17,538.	4,699.	15,768.
c FOOD & SITE RENTAL	28,209.	20,648.		7,561.
d WORKERS' COMPENSATION	26,342.	22,499.	693.	3,150.
e All other expenses	116,062.	84,350.	6,163.	25,549.
25 **Total functional expenses.** Add lines 1 through 24e	3,284,705.	2,569,244.	131,359.	584,102.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		66,915.	1	242,823.
	2	Savings and temporary cash investments		620,150.	2	211,995.
	3	Pledges and grants receivable, net		139,543.	3	267,755.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		28,466.	9	52,489.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 378,162.			
	b	Less: accumulated depreciation	10b 236,301.	175,619.	10c	141,861.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		941,039.	13	935,560.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		29,025.	15	29,025.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,000,757.	16	1,881,508.
Liabilities	17	Accounts payable and accrued expenses		213,787.	17	255,541.
	18	Grants payable			18	
	19	Deferred revenue		270,271.	19	128,545.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		104,475.	25	114,886.
	26	**Total liabilities.** Add lines 17 through 25		588,533.	26	498,972.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,256,968.	27	1,266,317.
	28	Temporarily restricted net assets		155,256.	28	116,219.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,412,224.	33	1,382,536.
	34	Total liabilities and net assets/fund balances		2,000,757.	34	1,881,508.

Form **990** (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,264,552.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,284,705.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,153.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,412,224.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-9,536.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,382,535.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization VOICES FOR CHILDREN
Employer identification number 95-3786047

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: (For lines 1 through 11, check only one box.)

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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
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).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 it 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?

		Yes	No
(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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(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? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,441,214.	1,563,802.	1,977,789.	3,109,407.	3,498,270.	11,590,482.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,441,214.	1,563,802.	1,977,789.	3,109,407.	3,498,270.	11,590,482.
5 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)						
6 **Public support.** Subtract line 5 from line 4.						11,590,482.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,441,214.	1,563,802.	1,977,789.	3,109,407.	3,498,270.	11,590,482.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,570.	19,816.	13,419.	19,924.	26,255.	119,984.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,931.	-766.	51,636.	30,376.	6,762.	94,939.
11 **Total support.** Add lines 7 through 10						11,805,405.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 2,791,551.

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 98.18 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 ..... 15 | 97.75 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and 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 - 2010.** 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 - 2011.** 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 - 2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 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 ▶ ☐

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2011

Name of the organization	**Employer identification number**
VOICES FOR CHILDREN	95-3786047

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. .... ▶ $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
VOICES FOR CHILDREN	95-3786047

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEICHTAG FOUNDATION 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	$ 360,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	SUPERIOR COURTS OF CALIFORNIA 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	$ 291,044.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	PRICE FAMILY CHARITABLE FUND 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	$ 254,827.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	ANONYMOUS 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	$ 157,490.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	QUALCOMM INCORPORATED 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	$ 105,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	QUALCOMM FOUNDATION 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
VOICES FOR CHILDREN	95-3786047

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization: VOICES FOR CHILDREN

Employer identification number: 95-3786047

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization VOICES FOR CHILDREN

Employer identification number 95-3786047

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Temporarily restricted endowment ▶ ______ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		344,800.	207,846.	136,954.
e Other		33,362.	28,455.	4,907.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				141,861.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) MARKETABLE SECURITIES	935,560.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	935,560.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	114,886.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	114,886.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,264,552.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,284,705.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-20,153.
4	Net unrealized gains (losses) on investments	4	-9,536.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-9,536.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-29,689.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,284,253.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-9,536.		
b	Donated services and use of facilities	2b	29,237.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	19,701.
3	Subtract line **2e** from line **1**			3	3,264,552.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	3,264,552.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,313,941.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	29,237.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	29,237.
3	Subtract line **2e** from line **1**			3	3,284,704.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,284,704.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization: VOICES FOR CHILDREN

Employer identification number: 95-3786047

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		STARRY NIGHT	GOLF TOURNAMENT	4	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	988,515.	175,149.	444,017.	1,607,681.
	2 Less: Charitable contributions	935,715.	159,899.	380,942.	1,476,556.
	3 Gross income (line 1 minus line 2)	52,800.	15,250.	63,075.	131,125.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	38,950.			38,950.
	7 Food and beverages	72,436.			72,436.
	8 Entertainment				
	9 Other direct expenses	116,911.	38,813.	135,896.	291,620.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(403,006.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-271,881.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			26,780.	26,780.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			425.	425.
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(425.)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				26,355.

9 Enter the state(s) in which the organization operates gaming activities: CA

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: ORGANIZATION FILED A NON-PROFIT RAFFLE REPORT WITH THE OFFICE OF THE ATTORNEY GENERAL.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: VOICES FOR CHILDREN

Employer identification number 95-3786047

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2011)**

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE DONATIONS	722	30,684.	14,356.	FMV	REFURBISHED LAPTOPS AND GIFT CARDS

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: VOICES FOR CHILDREN

Employer identification number: 95-3786047

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
	(i)							
1	**(ii)**							
	(i)							
2	**(ii)**							
	(i)							
3	**(ii)**							
	(i)							
4	**(ii)**							
	(i)							
5	**(ii)**							
	(i)							
6	**(ii)**							
	(i)							
7	**(ii)**							
	(i)							
8	**(ii)**							
	(i)							
9	**(ii)**							
	(i)							
10	**(ii)**							
	(i)							
11	**(ii)**							
	(i)							
12	**(ii)**							
	(i)							
13	**(ii)**							
	(i)							
14	**(ii)**							
	(i)							
15	**(ii)**							
	(i)							
16	**(ii)**							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: VOICES FOR CHILDREN

Employer identification number: 95-3786047

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	2	250,397.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1	1,650.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (COMPUTERS)	X	1	15,720.	FMV
26	Other ▶ (GIFT CARDS)	X	130	14,356.	FMV
27	Other ▶ (OTHER)	X	1	2,400.	FMV
28	Other ▶ (OFFICE SUPPLI)	X	3	257.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) (2011)**

132141
01-23-12

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: WE USE THE SERVICES OF AN OUTSIDE COMPANY TO SOLICIT AUTOMOBILE DONATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization	Employer identification number
VOICES FOR CHILDREN	95-3786047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN FOSTER CARE.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S GOVERNING BODY CONDUCTS A REVIEW OF FORM 990. UPON ACCEPTANCE FORM 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS UPON ADMISSION TO THE BOARD ARE PROVIDED WITH OUR FORMAL WRITTEN CONFLICT OF INTEREST POLICY. WE RETAIN SIGNED STATEMENTS FROM EACH MEMBER CONFIRMING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND AGREE TO ABIDE BY ITS TERMS AND CONDITIONS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION PERFORMS REVIEWS OF THE BUDGET FOR ALL EMPLOYEES RECEIVING COMPENSATION. COMPENSATION IS BASED ON THE REVIEWS AND APPROVAL OF THE BUDGET BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, AND VIA THEIR WEBSITE THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ANNUAL REPORTS AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -9,536.

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
103	E-163 TOSHIBA	05/22/07	SL	5.00		16	1,692.				1,692.	1,382.		310.	1,692.
104	COMPUTER	06/19/07	SL	5.00		16	7,015.				7,015.	5,612.		1,403.	7,015.
109	COMPUTER	08/13/07	SL	5.00		16	1,293.				1,293.	1,014.		259.	1,273.
110	COMPUTER	03/06/08	SL	5.00		16	1,294.				1,294.	863.		259.	1,122.
111	COMPUTER	03/17/08	SL	5.00		16	12,520.				12,520.	8,138.		2,504.	10,642.
112	COMPUTER	06/16/08	SL	5.00		16	5,137.				5,137.	3,081.		1,027.	4,108.
113	SERVER	05/01/08	SL	5.00		16	2,451.				2,451.	1,552.		490.	2,042.
114	PRINTERS	03/17/08	SL	5.00		16	3,424.				3,424.	2,226.		685.	2,911.
115	COMPUTERS	07/01/07	SL	5.00	HY	17	18,018.				18,018.	14,416.		3,602.	18,018.
116	BLACKBAUD	02/17/09	SL	7.00		16	22,881.				22,881.	7,628.		3,269.	10,897.
117	COMPUTER	08/13/08	SL	5.00		16	907.				907.	528.		181.	709.
118	COMPUTER	08/13/08	SL	5.00		16	907.				907.	528.		181.	709.
138	LASERJET P451	01/11/11	SL	5.00		16	1,728.				1,728.	173.		346.	519.
139	VOSTRO 3500	02/18/11	SL	5.00		16	856.				856.	58.		171.	229.
140	USED IT EQUIP	07/28/11	SL	5.00		16	15,720.				15,720.			3,144.	3,144.
141	REFRIGERATOR	02/24/12	SL	5.00		16	960.				960.			80.	80.
142	PERIMUTTER - PLASTIC CHARIS	02/24/12	SL	5.00		16	524.				524.			44.	44.

128111
05-01-11

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
143	BDR BACKUP	03/15/12	SL	5.00		16	3,248.				3,248.			217.	217.
144	OFFICE FURNITURE - 2ND DESK JAMES	04/27/12	SL	5.00		16	638.				638.			32.	32.
145	OFFICE FURNITURE & PHONES	04/27/12	SL	5.00		16	1,351.				1,351.			45.	45.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						102,564.				102,564.	47,199.		18,249.	65,448.
	* 990 PAGE 10 TOTAL -						102,564.				102,564.	47,199.		18,249.	65,448.
	FURNITURE & FIXTURES														
4	BOOKCASE	12/01/83	SL	5.00		16	55.				55.	55.		0.	55.
6	BOOKCASES	01/01/84	SL	5.00		16	750.				750.	750.		0.	750.
20	STORAGE CABINETS	12/01/90	SL	5.00		16	406.				406.	406.		0.	406.
54	6 OAK L-SHAPED DESKS	10/19/98	SL	5.00		16	2,600.				2,600.	2,600.		0.	2,600.
55	WALNUT L-SHAPED DESK	10/19/98	SL	5.00		16	396.				396.	396.		0.	396.
56	3 FOOT ROUND TABLE	10/19/98	SL	5.00		16	108.				108.	108.		0.	108.
57	2 2-DRAWER 36" LATERAL FILES	10/19/98	SL	5.00		16	290.				290.	290.		0.	290.
58	WALNUT END TABLE	10/19/98	SL	5.00		16	42.				42.	42.		0.	42.
61	60 CHAIRS	11/05/98	SL	5.00		16	2,044.				2,044.	2,044.		0.	2,044.
63	8 TABLES	11/05/98	SL	5.00		16	667.				667.	667.		0.	667.
67	4 TASK CHAIRS	01/13/99	SL	5.00		16	345.				345.	345.		0.	345.
69	4 FILING CABINETS	02/09/99	SL	5.00		16	465.				465.	465.		0.	465.

128111
05-01-11

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
78	OAK SECRETARY DESKS W/ RETURNS	12/15/99	SL	5.00		16	574.				574.	574.		0.	574.
80	CREDENZA	02/15/00	SL	5.00		16	98.				98.	98.		0.	98.
91	OAK DESKS	06/01/03	SL	5.00		16	551.				551.	551.		0.	551.
101	HERMAN MILLER DESK CHAIRS	06/22/06	SL	5.00		16	6,000.				6,000.	6,000.		0.	6,000.
105	BOOKCASE	04/05/07	SL	5.00		16	75.				75.	64.		11.	75.
106	OAK LEFT HAND L-DESK	04/05/07	SL	5.00		16	377.				377.	319.		58.	377.
107	OAK LEFT HAND L-DESK	04/05/07	SL	5.00		16	458.				458.	391.		67.	458.
108	OAK RIGHT HAND L-DESK	04/05/07	SL	5.00		16	458.				458.	391.		67.	458.
119	DISHWASHER	12/30/08	SL	7.00		16	945.				945.	338.		135.	473.
122	INTERIORS	12/01/08	SL	5.00		16	15,658.				15,658.	8,091.		3,132.	11,223.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						33,362.				33,362.	24,985.		3,470.	28,455.
	MACHINERY & EQUIPMENT														
62	DOLLY	11/05/98	SL	5.00		16	79.				79.	79.		0.	79.
64	REFRIGERATOR	11/19/98	SL	5.00		16	733.				733.	733.		0.	733.
79	BROTHER FAX MACHINES	02/15/00	SL	5.00		16	418.				418.	418.		0.	418.
82	PROJECTOR	01/24/01	SL	5.00		16	2,390.				2,390.	2,390.		0.	2,390.
83	PRINTER	11/30/01	SL	5.00		16	3,973.				3,973.	3,973.		0.	3,973.
84	PS BUSINESS INTERIO	11/30/01	SL	7.00		16	2,116.				2,116.	2,116.		0.	2,116.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
88	DELL SERVER	02/01/03	SL	5.00		16	4,487.				4,487.	4,487.		0.	4,487.
89	4200N PRINTERS	06/01/03	SL	5.00		16	3,144.				3,144.	3,144.		0.	3,144.
90	PHONE SYSTEM	06/01/03	SL	7.00		16	1,430.				1,430.	1,429.		0.	1,429.
92	SONY VIDEO CAMERA	06/01/03	SL	7.00		16	590.				590.	589.		0.	589.
93	SONIC FIREWALLS	06/01/03	SL	5.00		16	1,440.				1,440.	1,440.		0.	1,440.
98	DIGITAL IMAGING SERVICESS	12/02/03	SL	7.00		16	2,046.				2,046.	2,046.		0.	2,046.
120	EQUIPMENT	04/21/09	SL	5.00		16	1,445.				1,445.	626.		289.	915.
121	FLEPPER DOOR	01/15/09	SL	5.00		16	1,031.				1,031.	515.		206.	721.
123	SECURITY SYSTEM	12/05/08	SL	5.00		16	2,290.				2,290.	1,183.		458.	1,641.
124	SIGN INSTALLALTION	10/30/08	SL	7.00		16	2,581.				2,581.	984.		369.	1,353.
125	TEKWORKS	11/17/08	SL	5.00		16	1,540.				1,540.	796.		308.	1,104.
126	WORKSTATION SET	10/01/08	SL	7.00		16	140,926.				140,926.	55,363.		20,132.	75,495.
131	COPIER - TOSHIBA ESTUDIO 3530	04/27/10	SL	5.00		16	10,006.				10,006.	2,334.		2,001.	4,335.
132	LASERJET P4515 PRINTER	05/24/10	SL	5.00		16	1,675.				1,675.	363.		335.	698.
133	LASERJET P4515 PRINTER	05/24/10	SL	5.00		16	1,675.				1,675.	363.		335.	698.
134	PA SYSTEM - PORTABLE PEAVEY ESCORT 3000	06/07/10	SL	5.00		16	706.				706.	152.		141.	293.
135	ADOBE CREATIVE SUITE 4 SOFTWARE	06/28/10	SL	5.00		16	750.				750.	150.		150.	300.
136	SERVER	12/03/10	SL	5.00		16	7,961.				7,961.	929.		1,592.	2,521.

128111
05-01-11

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
137	TABLE AND CHAIR	12/14/10	SL	5.00		16	582.				582.	68.		116.	184.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						196,014.				196,014.	86,670.		26,432.	113,102.
	* 990 PAGE 10 TOTAL -						229,376.				229,376.	111,655.		29,902.	141,557.
	MACHINERY & EQUIPMENT														
127	TEKWORKS	12/02/08	SL	5.00		16	6,636.				6,636.	3,428.		1,328.	4,756.
128	TEKWORKS	12/16/08	SL	5.00		16	16,684.				16,684.	8,620.		3,338.	11,958.
129	TEKWORKS SPEAKERS	12/17/08	SL	5.00		16	1,907.				1,907.	953.		382.	1,335.
130	TELECOMUNICATION	09/24/08	SL	7.00		16	20,995.				20,995.	8,247.		3,000.	11,247.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						46,222.				46,222.	21,248.		8,048.	29,296.
	* 990 PAGE 10 TOTAL -						46,222.				46,222.	21,248.		8,048.	29,296.
	* GRAND TOTAL 990 PAGE 10 DEPR						378,162.				378,162.	180,102.		56,199.	236,301.

128111
05-01-11

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **4562** | **Depreciation and Amortization** 990 | OMB No. 1545-0172 **2011**

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99) ▶ **See separate instructions.** ▶ **Attach to your tax return.** Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
VOICES FOR CHILDREN	FORM 990 PAGE 10	95-3786047

Part I **Election To Expense Certain Property Under Section 179** **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	52,597.

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	3,602.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	56,199.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

116251 11-21-11 LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2011)

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	**(b)** Date placed in service	**(c)** Business/ investment use percentage	**(d)** Cost or other basis	**(e)** Basis for depreciation (business/investment use only)	**(f)** Recovery period	**(g)** Method/ Convention	**(h)** Depreciation deduction	**(i)** Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		**(b)** Vehicle		**(c)** Vehicle		**(d)** Vehicle		**(e)** Vehicle		**(f)** Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	**(b)** Date amortization begins	**(c)** Amortizable amount	**(d)** Code section	**(e)** Amortization period or percentage	**(f)** Amortization for this year
42 Amortization of costs that begins during your 2011 tax year:					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

● If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

● If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	VOICES FOR CHILDREN	[X] 95-3786047
	Number, street, and room or suite no. If a P.O. box, see instructions. 2851 MEADOW LARK DRIVE	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92123	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

● The books are in the care of ▶ JAMES SCOFFIN CPA CFO 2851 MEADOW LARK DRIVE - SAN DIEGO, CA 92123

Telephone No. ▶ (858) 569-2019 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 is for.

4 I request an additional 3-month extension of time until MAY 15, 2013 .

5 For calendar year ______ , or other tax year beginning JUL 1, 2011 , and ending JUN 30, 2012 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
INFORMATION NECESSARY TO COMPLETE THIS RETURN IS NOT AVAILABLE.
OMISSION OF THIS INFORMATION MAY CAUSE A MATERIAL MISSTATEMENT OF TAX INFORMATION

8a	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.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ TREASURER Date ▶

123842
01-06-12

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning JUL 1 , 2011, and ending JUN 30 ,20 12

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2011

Name of exempt organization: VOICES FOR CHILDREN

Employer identification number: 95-3786047

Name and title of officer:
ROCHELLE BOLD
TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	3264552
2a Form 990-EZ check here ▶		**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶		**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶		**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶		**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize CONSIDINE & CONSIDINE (ERO firm name) to enter my PIN 86047 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______________________ Date ▶ ______________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 33731394444 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ______________________ Date ▶ 04/23/13

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **8879-EO** (2011)

123051
12-01-11

- NEXT YEAR FEDERAL - VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT								
103	E-163 TOSHIBA	052207	SL	5.00	1,692.		1,692.	1,692.	0.
104	COMPUTER	061907	SL	5.00	7,015.		7,015.	7,015.	0.
109	COMPUTER	081307	SL	5.00	1,293.		1,293.	1,273.	20.
110	COMPUTER	030608	SL	5.00	1,294.		1,294.	1,122.	172.
111	COMPUTER	031708	SL	5.00	12,520.		12,520.	10,642.	1,878.
112	COMPUTER	061608	SL	5.00	5,137.		5,137.	4,108.	1,027.
113	SERVER	050108	SL	5.00	2,451.		2,451.	2,042.	409.
114	PRINTERS	031708	SL	5.00	3,424.		3,424.	2,911.	513.
115	COMPUTERS	070107	SL	5.00	18,018.		18,018.	18,018.	0.
116	BLACKBAUD	021709	SL	7.00	22,881.		22,881.	10,897.	3,269.
117	COMPUTER	081308	SL	5.00	907.		907.	709.	181.
118	COMPUTER	081308	SL	5.00	907.		907.	709.	181.
138	LASERJET P451	011111	SL	5.00	1,728.		1,728.	519.	346.
139	VOSTRO 3500	021811	SL	5.00	856.		856.	229.	171.
140	USED IT EQUIP	072811	SL	5.00	15,720.		15,720.	3,144.	3,144.
141	REFRIGERATOR	022412	SL	5.00	960.		960.	80.	192.
142	PERIMUTTER - PLASTIC CHARIS	022412	SL	5.00	524.		524.	44.	105.
143	BDR BACKUP	031512	SL	5.00	3,248.		3,248.	217.	650.
144	OFFICE FURNITURE - 2ND DESK JAMES	042712	SL	5.00	638.		638.	32.	128.
145	OFFICE FURNITURE & PHONES	042712	SL	5.00	1,351.		1,351.	45.	270.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				102,564.		102,564.	65,448.	12,656.
	* 990 PAGE 10 TOTAL -				102,564.		102,564.	65,448.	12,656.
	FURNITURE & FIXTURES								
4	BOOKCASE	120183	SL	5.00	55.		55.	55.	0.
6	BOOKCASES	010184	SL	5.00	750.		750.	750.	0.
20	STORAGE CABINETS	120190	SL	5.00	406.		406.	406.	0.
54	6 OAK L-SHAPED DESKS	101998	SL	5.00	2,600.		2,600.	2,600.	0.
55	WALNUT L-SHAPED DESK	101998	SL	5.00	396.		396.	396.	0.
56	3 FOOT ROUND TABLE	101998	SL	5.00	108.		108.	108.	0.
57	2 2-DRAWER 36" LATERAL FILES	101998	SL	5.00	290.		290.	290.	0.
58	WALNUT END TABLE	101998	SL	5.00	42.		42.	42.	0.
61	60 CHAIRS	110598	SL	5.00	2,044.		2,044.	2,044.	0.

(D) - Asset disposed * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
63	8 TABLES	110598	SL	5.00	667.		667.	667.	0.
67	4 TASK CHAIRS	011399	SL	5.00	345.		345.	345.	0.
69	4 FILING CABINETS	020999	SL	5.00	465.		465.	465.	0.
78	OAK SECRETARY DESKS W/ RETURNS	121599	SL	5.00	574.		574.	574.	0.
80	CREDENZA	021500	SL	5.00	98.		98.	98.	0.
91	OAK DESKS	060103	SL	5.00	551.		551.	551.	0.
101	HERMAN MILLER DESK CHAIRS	062206	SL	5.00	6,000.		6,000.	6,000.	0.
105	BOOKCASE	040507	SL	5.00	75.		75.	75.	0.
106	OAK LEFT HAND L-DESK	040507	SL	5.00	377.		377.	377.	0.
107	OAK LEFT HAND L-DESK	040507	SL	5.00	458.		458.	458.	0.
108	OAK RIGHT HAND L-DESK	040507	SL	5.00	458.		458.	458.	0.
119	DISHWASHER	123008	SL	7.00	945.		945.	473.	135.
122	INTERIORS	120108	SL	5.00	15,658.		15,658.	11,223.	3,132.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				33,362.		33,362.	28,455.	3,267.
	MACHINERY & EQUIPMENT								
62	DOLLY	110598	SL	5.00	79.		79.	79.	0.
64	REFRIGERATOR	111998	SL	5.00	733.		733.	733.	0.
79	BROTHER FAX MACHINES	021500	SL	5.00	418.		418.	418.	0.
82	PROJECTOR	012401	SL	5.00	2,390.		2,390.	2,390.	0.
83	PRINTER	113001	SL	5.00	3,973.		3,973.	3,973.	0.
84	PS BUSINESS INTERIO	113001	SL	7.00	2,116.		2,116.	2,116.	0.
88	DELL SERVER	020103	SL	5.00	4,487.		4,487.	4,487.	0.
89	4200N PRINTERS	060103	SL	5.00	3,144.		3,144.	3,144.	0.
90	PHONE SYSTEM	060103	SL	7.00	1,430.		1,430.	1,429.	0.
92	SONY VIDEO CAMERA	060103	SL	7.00	590.		590.	589.	0.
93	SONIC FIREWALLS	060103	SL	5.00	1,440.		1,440.	1,440.	0.
98	DIGITAL IMAGING SERVICESS	120203	SL	7.00	2,046.		2,046.	2,046.	0.
120	EQUIPMENT	042109	SL	5.00	1,445.		1,445.	915.	289.
121	FLEPPER DOOR	011509	SL	5.00	1,031.		1,031.	721.	206.
123	SECURITY SYSTEM	120508	SL	5.00	2,290.		2,290.	1,641.	458.
124	SIGN INSTALLALTION	103008	SL	7.00	2,581.		2,581.	1,353.	369.
125	TEKWORKS	111708	SL	5.00	1,540.		1,540.	1,104.	308.
126	WORKSTATION SET	100108	SL	7.00	140,926.		140,926.	75,495.	20,132.

(D) - Asset disposed * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL -   VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
131	COPIER - TOSHIBA ESTUDIO 3530	042710	SL	5.00	10,006.		10,006.	4,335.	2,001.
132	LASERJET P4515 PRINTER	052410	SL	5.00	1,675.		1,675.	698.	335.
133	LASERJET P4515 PRINTER	052410	SL	5.00	1,675.		1,675.	698.	335.
	PA SYSTEM - PORTABLE PEAVEY ESCORT								
134	3000	060710	SL	5.00	706.		706.	293.	141.
135	ADOBE CREATIVE SUITE 4 SOFTWARE	062810	SL	5.00	750.		750.	300.	150.
136	SERVER	120310	SL	5.00	7,961.		7,961.	2,521.	1,592.
137	TABLE AND CHAIR	121410	SL	5.00	582.		582.	184.	116.
	* 990 PAGE 10 TOTAL MACHINERY &								
	EQUIPMENT				196,014.		196,014.	113,102.	26,432.
	* 990 PAGE 10 TOTAL -				229,376.		229,376.	141,557.	29,699.
	MACHINERY & EQUIPMENT								
127	TEKWORKS	120208	SL	5.00	6,636.		6,636.	4,756.	1,327.
128	TEKWORKS	121608	SL	5.00	16,684.		16,684.	11,958.	3,337.
129	TEKWORKS SPEAKERS	121708	SL	5.00	1,907.		1,907.	1,335.	381.
130	TELECOMUNICATION	092408	SL	7.00	20,995.		20,995.	11,247.	2,999.
	* 990 PAGE 10 TOTAL MACHINERY &								
	EQUIPMENT				46,222.		46,222.	29,296.	8,044.
	* 990 PAGE 10 TOTAL -				46,222.		46,222.	29,296.	8,044.
	* GRAND TOTAL 990 PAGE 10 DEPR				378,162.		378,162.	236,301.	50,399.

(D) - Asset disposed   * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

TAXABLE YEAR **2011**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2011 or fiscal year beginning month JULY day 1 year 2011, and ending month JUNE day 30 year 2012.

Corporation/Organization name	California corporation number
VOICES FOR CHILDREN	1155526
Address (suite, room, or PMB no.) 2851 MEADOW LARK DRIVE	FEIN 95-3786047
City SAN DIEGO — State CA — ZIP Code 92123	

A First Return ☐ Yes ☒ No

B Amended Return ● ☐ Yes ☒ No

C IRC Section 4947(a)(1)trust ☐ Yes ☒ No

D Final Return ☐ Yes ☒ No

● ☐ Dissolved ● ☐ Surrendered (Withdrawn)

● ☐ Merged/Reorganized Enter date: ●

E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed? (1)● ☐ 990T (2)● ☐ 990(PF) (3)● ☐ Sch H (990)

G Is this a group filing for the subordinates/affiliates? ● ☐ Yes ☒ No
If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ● ☐ Yes ☒ No
If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ● ☐ Yes ☒ No
If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. ● ☒

M Is the organization a Limited Liability Company? ● ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

Part I **Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	414,961. 00
	2 Gross dues and assessments from members and affiliates ●		2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1 ●		3	3,503,416. 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $25,000, see General Instruction B ●		4	3,918,377. 00
	5 Cost of goods sold ●	5 00		
	6 Cost or other basis, and sales expenses of assets sold ●	6 250,394. 00		
	7 Total costs. Add line 5 and line 6		7	250,394. 00
	8 Total gross income. Subtract line 7 from line 4 ●		8	3,667,983. 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	3,688,137. 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	-20,154. 00
Filing Fee	11 Filing fee $10 or $25. See General Instruction F		11	N/A 00
	12 Total payments		12	00
	13 Penalties and Interest. See General Instruction J		13	00
	14 Use tax. See General Instruction K ●		14	00
	15 **Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result		15	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ | Title TREASURER | Date | ● Telephone

Paid Preparer's Use Only

Preparer's signature ▶ | Date 04/23/13 | Check if self-employed ▶ ☐ | ● PTIN P00238407

Firm's name (or yours, if self-employed) and address ▶ CONSIDINE & CONSIDINE
1501 FIFTH AVENUE, SUITE 400
SAN DIEGO, CA 92101-3297

● FEIN 95-2694444

● Telephone 619.231.1977

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

Part II **Organizations with gross receipts of more than $25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.** 128951 12-08-11

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions		1	157,905. 00
	2 Interest		2	1,644. 00
	3 Dividends		3	24,611. 00
	4 Gross rents		4	00
	5 Gross royalties		5	00
	6 Gross amount received from sale of assets (See Instructions)	STATEMENT 2	6	230,801. 00
	7 Other income		7	00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	414,961. 00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid	STATEMENT 3	9	45,040. 00
	10 Disbursements to or for members		10	00
	11 Compensation of officers, directors, and trustees	SEE STATEMENT 4	11	335,430. 00
	12 Other salaries and wages		12	1,754,339. 00
	13 Interest		13	00
	14 Taxes		14	162,824. 00
	15 Rents		15	340,158. 00
	16 Depreciation and depletion (See instructions)		16	56,200. 00
	17 Other Expenses and Disbursements	SEE STATEMENT 5	17	994,146. 00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	3,688,137. 00

Schedule L **Balance Sheets**

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		687,065.		454,818.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 6		941,039.		935,560.
10 a Depreciable assets	355,721.		378,162.	
b Less accumulated depreciation	(180,102.)	175,619.	(236,301.)	141,861.
11 Land				
12 Other assets STMT 7		197,034.		349,269.
13 Total assets		2,000,757.		1,881,508.
Liabilities and net worth				
14 Accounts payable		213,787.		255,541.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 8		374,746.		243,431.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1,412,224.		1,382,536.
22 Total liabilities and net worth		2,000,757.		1,881,508.

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $25,000

1 Net income per books	-20,153.	7 Income recorded on books this year not included in this return	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year		8 Deductions in this return not charged against book income this year STMT 9	1.
5 Expenses recorded on books this year not deducted in this return		9 Total. Add line 7 and line 8	1.
6 Total. Add line 1 through line 5	-20,153.	10 Net income per return. Subtract line 9 from line 6	-20,154.

FORM 199 CASH CONTRIBUTIONS OF $5000 OR MORE INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
LEICHTAG FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		360,500.
SUPERIOR COURTS OF CALIFORNIA	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		291,044.
PRICE FAMILY CHARITABLE FUND	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		254,827.
ANONYMOUS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		157,490.
QUALCOMM INCORPORATED	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		105,750.
QUALCOMM FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		100,000.
RIVERS OF HOPE FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		60,000.
JUDICIAL COUNCIL OF CALIFORNIA	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		55,700.
ANONYMOUS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		51,940.
KATIE SULLIVAN	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		45,115.
QUALCOMM MATCHING GIFT PROGRAM	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		44,075.
DAVID MARINO	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		31,682.
ROCHELLE BOLD	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		31,096.
FARRELL FAMILY FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		30,100.
LEE POSNOCK	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		28,100.
KENNETH WHALEN	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123		25,361.

THOMAS BOMBARDIER	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	25,100.
ANONYMOUS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	25,000.
WALTER J. AND BETTY C. ZABLE FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	25,000.
CHARLES E. WHITE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	25,000.
CLAIRE ELLISON	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	24,475.
JOAN WAITT	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	20,612.
BARNEY & BARNEY	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	20,000.
JOCELYN BAUER	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	20,000.
SALLY BUSBY	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	20,000.
SAMUEL & KATHERINE FRENCH FUND	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	20,000.
BECCA CRAIG	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	18,335.
IN-N-OUT BURGER FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	17,000.
GINA ELLIS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	16,110.
JEWELERS FOR CHILDREN	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	16,000.
SHRONTZ FAMILY FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	15,000.
MARIA HERMAN	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	14,110.
JULIE BRETZ	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	13,615.
MATT LANDA	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	12,750.

RANDY FINCH	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	12,665.
CENTER FOR CAR DONATIONS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	12,375.
JILL SKREZYNA	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	12,154.
DAY FOR CHANGE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	12,000.
SUE K. EDWARDS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	11,000.
WEINGART FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	11,000.
BRENT WOODS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,750.
STEVEN MOLLENKOPF	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,680.
ALEX ZIKAKIS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,500.
PATRICIA BRUTTEN	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,100.
ASSOCIATION OF LEGAL ADMINISTRATORS SAN DIEGO	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,082.
PROFLOWERS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,050.
BANK OF AMERICA CHARITABLE FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
BRIDGEPOINT EDUCATION, INC.	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
CHARLES AND RUTH BILLINGSLEY FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
GENENTECH	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
DOROTHY HELM	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
IRWIN JACOBS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.

JUNIOR SEAU FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
LARRY LAKS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
TIM O'CONNELL	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
SAHM FAMILY FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
SAN DIEGO COUNTY BOARD OF SUPERVISORS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
THE SETH SPRAGUE EDUCATIONAL & CHARITABLE FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	10,000.
UNITED WAY OF SAN DIEGO COUNTY	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	9,975.
AMY GEPPERT	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	9,285.
SARAH LIVERMORE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	9,250.
GREG BYRUM	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	9,000.
JAKE FIGI	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	8,750.
SHARON M. LAWRENCE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	8,549.
LARRY DODGE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	8,530.
ANN P. DYNES	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	8,525.
MARIE TUTHILL	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	8,500.
WILLIAM B. SAILER	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	8,350.
LYNNE DOYLE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	8,347.
BARBARA MESERVE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	8,336.

DICK PFISTER	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	8,270.
TOM KECK	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	7,975.
TIMOTHY RILEY	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	7,950.
CHRISTINE TRIMBLE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	7,950.
LAUREE SAHBA	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	7,905.
EDWARD CAPOZZOLI	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	7,500.
KEVIN HARRIS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	7,425.
MATTHEW OSBORNE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	7,300.
GENE RUMSEY	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	7,283.
GIGI CRAMER	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	7,160.
CONNIE UNGER	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	6,891.
STRATEGIC MEETINGS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	6,424.
BETH PLAVAN	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	6,224.
SHERYL SCARANO	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	6,175.
JULEZ BRYANT	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	6,108.
JERI KOLTUN	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	6,075.
THE SAN DIEGO FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	6,019.
C.J. & DOT STAFFORD MEMORIAL TRUST	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	6,000.

DE FALCO FAMILY FOUNDATION, INC.	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	6,000.
KIWANIS CLUB OF LA JOLLA	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	6,000.
CAROL CUATRECASAS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,810.
DAN RYAN	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,800.
LINDA LANG	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,785.
KATHY LONDON	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,760.
JOAN AMES	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,500.
ANONYMOUS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,497.
SHAWN COVELL	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,360.
SEMPRA ENERGY	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,270.
LISE WILSON	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,260.
ANTHONY FARWELL	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,225.
GABRIELA MANRIQUEZ	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,200.
JODYNE ROSEMAN	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,200.
ROBIN STARK	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,155.
CECILIA R. WOLFE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,100.
KATHRYN ASHWORTH	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,071.
JANEEN D'ANGELO	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,050.

MARY CLIFTON	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,020.
DAVID BIALIS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
ANNETTE BRADBURY	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
COVINGTON & BURLING LLP	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
COX COMMUNICATIONS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
JENNY CRAIG	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
DOWLING & YAHNKE, INC.	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
DR. SEUSS FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
THE FIELDSTONE FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
ANGELA FUKUMURA	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
LAURY GRAVES	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
THE HAY FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
HD SUPPLY	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
HELMSTETTER FAMILY FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
HERVEY FAMILY FUND	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
THE IRVING GROUP	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
JIMMY JANACEK	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
KAPPA ALPHA THETA FRATERNITY - ETA IOTA CHAPTER	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.

NANCY KOODISH	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
LARRY D. MARCUS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
MARCIA MARTIN	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
MONEY/ARENZ FOUNDATION, INC.	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
PACIFIC LIFE FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
PACIFIC VIEW FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
PAMPLEMOUSSE GRILLE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
SCOTT PETERS	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
JORI POTIKER	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
DUANE ROTH	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
THE SUSAN SCOTT FOUNDATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
SYCUAN BAND OF THE KUMEYAAY NATION	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
U.S. BANK	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
JIM UMPLEBY	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
UNION BANK	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
WELLS FARGO HOME MORTGAGE	2851 MEADOW LARK DRIVE SAN DIEGO, CA, 92123	5,000.
TOTAL INCLUDED ON LINE 3		2,774,337.

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT 2

DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
				PURCHASED

	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	250,394.	0.	0.	230,801.
TOTAL TO FORM 199, PAGE 2, LN 6	250,394.	0.	0.	230,801.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 3

ACTIVITY CLASSIFICATION: ASSISTANCE

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
VARIOUS	2851 MEADOW LARK DRIVE - SAN DIEGO, CA 92123	NONE	45,040.
	TOTAL FOR THIS ACTIVITY		45,040.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			45,040.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ROCHELLE BOLD 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	TREASURER 1.00	0.
VICKY CARLSON 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER 1.00	0.
TONY FARWELL 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER 1.00	0.
JILL SKREZYNA 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER 1.00	0.
MARINA MARRELLI 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	VICE CHAIR 1.00	0.
LAUREE SAHBA 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	CHAIR 1.00	0.
ROBIN STARK 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER 1.00	0.
ALAN TALBOTT 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER 1.00	0.
KEVIN HARRIS 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER 1.00	0.
ANN DYNES 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER 1.00	0.
BETH PLAVAN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER 1.00	0.

LISETTE FARRELL 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER	1.00	0.
SCOTT PETERS 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER	1.00	0.
DICK PFISTER 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER	1.00	0.
HAEYOUNG TANG 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER	1.00	0.
LISE WILSON 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	MEMBER	1.00	0.
SHARON LAWRENCE 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	PRESIDENT/CEO	40.00	154,527.
ANNE FARRELL 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	CPO	40.00	129,862.
JAMES SCOFFIN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	CFO	20.00	51,041.
TOTAL TO FORM 199, PART II, LINE 11			335,430.

FORM 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
MILEAGE & MEALS	94,302.
PRINTING	38,005.
FOOD & SITE RENTAL	28,209.
WORKERS' COMPENSATION	26,342.
DIRECT EXPENSES OF FUNDRAISING EVENTS	403,006.
DIRECT EXPENSES OF GAMING ACTIVITIES	425.
OTHER EMPLOYEE BENEFITS	159,966.
OTHER PROFESSIONAL FEES	95,618.
OFFICE EXPENSES	18,334.
INSURANCE	13,877.
ALL OTHER EXPENSES	116,062.
TOTAL TO FORM 199, PART II, LINE 17	994,146.

FORM 199	OTHER INVESTMENTS	STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MARKETABLE SECURITIES	941,039.	935,560.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	941,039.	935,560.

FORM 199	OTHER ASSETS	STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	139,543.	267,755.
PREPAID EXPENSES AND DEFERRED CHARGES	28,466.	52,489.
RENT DEPOSIT	29,025.	29,025.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	197,034.	349,269.

FORM 199	OTHER LIABILITIES	STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED RENT	104,475.	114,886.
DEFERRED REVENUE	270,271.	128,545.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	374,746.	243,431.

FORM 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT 9

DESCRIPTION	AMOUNT
DEPRECIATION	1.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8	1.

TAXABLE YEAR **2011**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199 FEIN 95-3786047

Corporation name	California corporation number
VOICES FOR CHILDREN	1155526

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected IRC Section 179 cost)	7	

8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	10	378,581.	180,520.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)					15	56,200.	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	56,200.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	56,199.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	1.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						

20 Total. Add the amounts in column (g)	20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22	

CA 3885 DEPRECIATION STATEMENT 10

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
4 BOOKCASE	12/01/83	55.	55.	SL	5.00	0.	
6 BOOKCASES	01/01/84	750.	750.	SL	5.00	0.	
20 STORAGE CABINETS	12/01/90	406.	406.	SL	5.00	0.	
54 6 OAK L-SHAPED DESKS	10/19/98	2,600.	2,600.	SL	5.00	0.	
55 WALNUT L-SHAPED DESK	10/19/98	396.	396.	SL	5.00	0.	
56 3 FOOT ROUND TABLE	10/19/98	108.	108.	SL	5.00	0.	
57 2 2-DRAWER 36" LATERAL FILES	10/19/98	290.	290.	SL	5.00	0.	
58 WALNUT END TABLE	10/19/98	42.	42.	SL	5.00	0.	
61 60 CHAIRS	11/05/98	2,044.	2,044.	SL	5.00	0.	
62 DOLLY	11/05/98	79.	79.	SL	5.00	0.	
63 8 TABLES	11/05/98	667.	667.	SL	5.00	0.	
64 REFRIGERATOR	11/19/98	733.	733.	SL	5.00	0.	
67 4 TASK CHAIRS	01/13/99	345.	345.	SL	5.00	0.	
69 4 FILING CABINETS	02/09/99	465.	465.	SL	5.00	0.	
78 OAK SECRETARY DESKS W/ RETURNS	12/15/99	574.	574.	SL	5.00	0.	
79 BROTHER FAX MACHINES	02/15/00	837.	837.	SL	5.00	0.	
80 CREDENZA	02/15/00	98.	98.	SL	5.00	0.	
82 PROJECTOR	01/24/01	2,390.	2,390.	SL	5.00	0.	
83 PRINTER	11/30/01	3,973.	3,973.	SL	5.00	0.	
84 PS BUSINESS INTERIO	11/30/01	2,116.	2,116.	SL	7.00	0.	
88 DELL SERVER	02/01/03	4,487.	4,487.	SL	5.00	0.	
89 4200N PRINTERS	06/01/03	3,144.	3,144.	SL	5.00	0.	
90 PHONE SYSTEM	06/01/03	1,430.	1,429.	SL	7.00	0.	

91	OAK DESKS					
	06/01/03	551.	551.	SL	5.00	0.
92	SONY VIDEO CAMERA					
	06/01/03	590.	589.	SL	7.00	0.
93	SONIC FIREWALLS					
	06/01/03	1,440.	1,440.	SL	5.00	0.
98	DIGITAL IMAGING SERVICESS					
	12/02/03	2,046.	2,046.	SL	7.00	0.
101	HERMAN MILLER DESK CHAIRS					
	06/22/06	6,000.	6,000.	SL	5.00	0.
103	E-163 TOSHIBA					
	05/22/07	1,692.	1,382.	SL	5.00	310.
104	COMPUTER					
	06/19/07	7,015.	5,612.	SL	5.00	1,403.
105	BOOKCASE					
	04/05/07	75.	64.	SL	5.00	11.
106	OAK LEFT HAND L-DESK					
	04/05/07	377.	319.	SL	5.00	58.
107	OAK LEFT HAND L-DESK					
	04/05/07	458.	391.	SL	5.00	67.
108	OAK RIGHT HAND L-DESK					
	04/05/07	458.	391.	SL	5.00	67.
109	COMPUTER					
	08/13/07	1,293.	1,014.	SL	5.00	259.
110	COMPUTER					
	03/06/08	1,294.	863.	SL	5.00	259.
111	COMPUTER					
	03/17/08	12,520.	8,138.	SL	5.00	2,504.
112	COMPUTER					
	06/16/08	5,137.	3,081.	SL	5.00	1,027.
113	SERVER					
	05/01/08	2,451.	1,552.	SL	5.00	490.
114	PRINTERS					
	03/17/08	3,424.	2,226.	SL	5.00	685.
115	COMPUTERS					
	07/01/07	18,018.	14,415.	SL	5.00	3,603.
116	BLACKBAUD					
	02/17/09	22,881.	7,628.	SL	7.00	3,269.
117	COMPUTER					
	08/13/08	907.	528.	SL	5.00	181.
118	COMPUTER					
	08/13/08	907.	528.	SL	5.00	181.
119	DISHWASHER					
	12/30/08	945.	338.	SL	7.00	135.
120	EQUIPMENT					
	04/21/09	1,445.	626.	SL	5.00	289.
121	FLEPPER DOOR					
	01/15/09	1,031.	515.	SL	5.00	206.
122	INTERIORS					
	12/01/08	15,658.	8,091.	SL	5.00	3,132.
123	SECURITY SYSTEM					
	12/05/08	2,290.	1,183.	SL	5.00	458.
124	SIGN INSTALLALTION					
	10/30/08	2,581.	984.	SL	7.00	369.

125 TEKWORKS							
	11/17/08	1,540.	796.	SL	5.00	308.	
126 WORKSTATION SET							
	10/01/08	140,926.	55,363.	SL	7.00	20,132.	
127 TEKWORKS							
	12/02/08	6,636.	3,428.	SL	5.00	1,328.	
128 TEKWORKS							
	12/16/08	16,684.	8,620.	SL	5.00	3,338.	
129 TEKWORKS SPEAKERS							
	12/17/08	1,907.	953.	SL	5.00	382.	
130 TELECOMUNICATION							
	09/24/08	20,995.	8,247.	SL	7.00	3,000.	
131 COPIER - TOSHIBA ESTUDIO 3530							
	04/27/10	10,006.	2,334.	SL	5.00	2,001.	
132 LASERJET P4515 PRINTER							
	05/24/10	1,675.	363.	SL	5.00	335.	
133 LASERJET P4515 PRINTER							
	05/24/10	1,675.	363.	SL	5.00	335.	
134 PA SYSTEM - PORTABLE PEAVEY ESCORT 3000							
	06/07/10	706.	152.	SL	5.00	141.	
135 ADOBE CREATIVE SUITE 4 SOFTWARE							
	06/28/10	750.	150.	SL	5.00	150.	
136 SERVER							
	12/03/10	7,961.	929.	SL	5.00	1,592.	
137 TABLE AND CHAIR							
	12/14/10	582.	68.	SL	5.00	116.	
138 LASERJET P451							
	01/11/11	1,728.	173.	SL	5.00	346.	
139 VOSTRO 3500							
	02/18/11	856.	58.	SL	5.00	171.	
140 USED IT EQUIP							
	07/28/11	15,720.		SL	5.00	3,144.	
141 REFRIGERATOR							
	02/24/12	960.		SL	5.00	80.	
142 PERIMUTTER - PLASTIC CHARIS							
	02/24/12	524.		SL	5.00	44.	
143 BDR BACKUP							
	03/15/12	3,248.		SL	5.00	217.	
144 OFFICE FURNITURE - 2ND DESK JAMES							
	04/27/12	638.		SL	5.00	32.	
145 OFFICE FURNITURE & PHONES							
	04/27/12	1,351.		SL	5.00	45.	
TOTAL DEPR TO FORM 3885		378,581.	180,520.			56,200.	

Date Accepted ____________________

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR 2011

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: VOICES FOR CHILDREN

Identifying number: 95-3786047

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	3,918,377 .00
2	Total gross income (Form 199, line 8)	2	3,667,983 .00
3	Total expenses and disbursements (Form 199, line 9)	3	3,688,137 .00

Part II Settle Your Account Electronically for Taxable Year 2011

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (MM/DD/YYYY)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number

6 Account number **7** Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2011 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here Signature of Officer ____ Date ____ Title: TREASURER

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345B, 2011 Business e-file Handbook for Authorized e-file Providers, and in FTB Pub. 1345, 2011 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature	Date	Check if also paid preparer	Check if self-employed	ERO's PTIN
	04/23/13	X	☐	P00238407

Firm's name (or yours if self-employed) and address: CONSIDINE & CONSIDINE, 1501 FIFTH AVENUE, SUITE 400, SAN DIEGO, CA

FEIN 95-2694444

ZIP Code 92101-3297

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature	Date	Check if self-employed	Paid preparer's PTIN
		☐	

Firm's name (or yours if self-employed) and address

FEIN

ZIP Code

For Privacy Notice, get form FTB 1131.

FTB 8453-EO 2011

129021
11-14-11

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:
http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 49662

VOICES FOR CHILDREN
Name of Organization

2851 MEADOW LARK DRIVE
Address (Number and Street)

SAN DIEGO, CA 92123
City or Town, State and ZIP Code

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. 1155526

Federal Employer I.D. No. 95-3786047

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than $25,000	0	Between $100,001 and $250,000	$50	Between $1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2011 ending 06/30/2012) list:
Gross annual revenue $ 3,264,552. Total assets $ 1,881,508.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5.	During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6.	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 11	X	
7.	During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 12	X	
8.	Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. STMT 13	X	
9.	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (858) 569-2019

Organization's e-mail address

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	Printed Name	Title	Date
	DAVID BIALIS	TREASURER	

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 11
PART B, LINE 6

JUDICIAL COUNCIL OF CALIFORNIA
ADMINISTRATIVE OFFICE OF THE COURTS
LORA COLLIER, CASA GRANTS MANAGER
455 GOLDEN GATE AVE.
SAN FRANCISCO, CA 94102
(415) 865-7576

SAN DIEGO SUPERIOR COURT
MIKE RODDY, EXECUTIVE OFFICER
330 BROADWAY
SAN DIEGO, CA 92101

FORM RRF-1 EXPLANATION OF CHARITABLE RAFFLES STATEMENT 12
PART B, LINE 7

THERE WERE A TOTAL OF FIVE RAFFLES HELD DURING THE FISCAL YEAR. THESE RAFFLES OCCURED ON THE FOLLOWING DATES: 9/24/2011, 12/1/2011, 4/30/2012, 5/12/2012, 6/30/2012.

FORM RRF-1 EXPLANATION OF VEHICLE DONATIONS STATEMENT 13
PART B, LINE 8

CENTER FOR CAR DONATIONS, LLC
1445 NW PORTLAND AVENUE
BEND, OR 97701