

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization San Diego Center for Children		D Employer identification number 95-1661089
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3002 Armstrong Street		E Telephone number (858) 277-9550
		City or town, state or country, and ZIP + 4 San Diego, CA 92111		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **www.centerforchildren.org**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **15,407,538.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	985,226.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d	6,693,766.	
	e Total (add lines 1a through 1d) (cash \$ 7,678,992. noncash \$)	1e		7,678,992.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		7,095,786.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		84,043.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a		
		8b		
	Less: cost or other basis and sales expenses	8c		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 95,369. of contributions reported on line 1b)	9a	122,795.	
	b Less: direct expenses other than fundraising expenses	9b	122,795.	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	See Statement 1	0.
10 a Gross sales of inventory, less returns and allowances		10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		425,922.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		15,284,743.	
Expenses	13 Program services (from line 44, column (B))	13	11,482,673.	
	14 Management and general (from line 44, column (C))	14	3,152,727.	
	15 Fundraising (from line 44, column (D))	15	523,735.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		15,159,135.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	125,608.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,015,989.	
	20 Other changes in net assets or fund balances (attach explanation)	20	See Statement 2	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		7,330,878.

CLIENT'S COPY

- 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. You must file original and one copy.

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization San Diego Center for Children	Employer identification number 95-1661089
	Number, street, and room or suite no. If a P.O. box, see instructions. 3002 Armstrong Street	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Diego, CA 92111	

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

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

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 **San Diego Center for Children**
Telephone No. **(858)277-9550** FAX No. **(858)279-2763**
- 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, 2008**.

5 For calendar year _____ , or other tax year beginning **JUL 1, 2006** , and ending **JUN 30, 2007**.

6 If this tax year 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
See Statement 13

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	\$	
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	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

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 **▶** **CFO** Date **▶** _____

Notice to Applicant. (To Be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Explanation

We are currently undergoing a certified audit of our financial statements and wish to await completion before filing. Tax returns will be filed as expeditiously as possible.

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) <u>Statement 5</u>	1,363,134.	1,363,134.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <u>Stmt 4</u>	332,200.	0.	332,200.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	8,280,554.	7,011,212.	1,058,766.	210,576.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	1,182,140.	972,783.	190,423.	18,934.
29 Payroll taxes	630,700.	518,931.	101,597.	10,172.
30 Professional fundraising fees				
31 Accounting fees	187,975.		187,975.	
32 Legal fees	104,408.		104,408.	
33 Supplies				
34 Telephone	62,365.	33,751.	28,614.	
35 Postage and shipping	27,812.	4,740.	16,109.	6,963.
36 Occupancy	316,435.	173,258.	143,177.	
37 Equipment rental and maintenance	284,528.	154,212.	130,220.	96.
38 Printing and publications	42,648.	3,980.	10,172.	28,496.
39 Travel	116,435.	85,040.	30,938.	457.
40 Conferences, conventions, and meetings	110,360.	99,180.	11,180.	
41 Interest	228,013.		228,013.	
42 Depreciation, depletion, etc. (attach schedule)	273,404.	240,454.	26,959.	5,991.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <u>See Statement 3</u>	1,616,024.	821,998.	551,976.	242,050.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	15,159,135.	11,482,673.	3,152,727.	523,735.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 if "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ▶ <u>See Statement 7</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>See Statement 6</u>	
	11,482,673.
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
b	
	11,482,673.
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c	
	11,482,673.
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d	
	11,482,673.
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	11,482,673.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	723,566.	45 477,593.
	46 Savings and temporary cash investments	676,564.	46 51,478.
	47 a Accounts receivable	47a 2,024,497.	47c 2,024,497.
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a 1,226,257.	48c 1,226,257.
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	155,673.	53 127,113.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
b Investments - other securities Stmt 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,362,387.	54b 2,336,021.	
55 a Investments - land, buildings, and equipment: basis	55a	55c	
b Less: accumulated depreciation	55b		
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 10,167,382.	57c 6,632,324.	
b Less: accumulated depreciation Stmt 8	57b 3,535,058.		
58 Other assets, including program-related investments (describe ▶		58 2,750.	
59 Total assets (must equal line 74). Add lines 45 through 58	12,460,406.	59 12,875,283.	
Liabilities	60 Accounts payable and accrued expenses	1,260,166.	60 1,695,372.
	61 Grants payable		61
	62 Deferred revenue	19,119.	62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	3,726,820.	64b 3,249,033.
	65 Other liabilities (describe ▶ <u>Line of credit</u>	438,312.	65 600,000.
66 Total liabilities. Add lines 60 through 65	5,444,417.	66 5,544,405.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	5,078,105.	67 4,177,223.
	68 Temporarily restricted	328,676.	68 1,540,876.
	69 Permanently restricted	1,609,208.	69 1,612,779.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	7,015,989.	73 7,330,878.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	12,460,406.	74 12,875,283.

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b 20,558.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
89e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90 a List the states with which a copy of this return is filed CA
90b Number of employees employed in the pay period that includes March 12, 2006 245
91 a The books are in care of San Diego Center for Children Telephone no. (858) 277-9550
Located at 3002 Armstrong Street, San Diego, CA ZIP + 4 92111
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a Program fees					7,095,786.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	84,043.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a Other related revenue					241,895.
b Miscellaneous					184,027.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		84,043.	7,521,708.
105 Total (add line 104, columns (B), (D), and (E))					7,605,751.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93 a All program fees and government revenues are received as a result of services performed in the process of carrying out the organization's primary tax exempt purpose as stated in Part III.

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

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

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

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

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

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

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

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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

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.

Please Sign Here

Signature of officer: **Rick Roark, CFO** Date: _____

Type or print name and title: **Rick Roark, CFO**

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: **4/22/08** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **Hawington Group, CPAs, LLP
2670 Mission Street, Suite 200
San Marino, CA 91108**

Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____

Phone no.: **(626) 403-6801**

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

San Diego Center for Children

Employer identification number

95 1661089

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

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Fomaca Frank 3002 Armstrong Street, San Diego, CA	Market/IT Dir 40.00	81,940.	0.	0.
Rivers Lindia 3002 Armstrong Street, San Diego, CA	HR Director 40.00	78,247.	0.	0.
Giffin Marty 3002 Armstrong Street, San Diego, CA	Operations-Chief Off 40.00	185,080.	13,281.	6,000.
Bolettieri Dorothy 3002 Armstrong Street, San Diego, CA	Development-Vice Pre 40.00	95,730.	8,438.	2,500.
Engelman Celia L 3002 Armstrong Street, San Diego, CA	Dir.-Campus Program 40.00	84,308.	3,552.	0.
Total number of other employees paid over \$50,000 ▶	17			

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Higgs Fletcher & Mack 401 West A Street#2600, San Diego, CA 92101	Consultant	82,373.
World Wide Research 1007 Los Alisos North, Fall Brook, CA 92028	Contractor	74,310.
Aneitha Rashford 5402 Balboa Arms Dr. #343, San Diego, CA 92117	Contractor	71,623.
Greg Johnson 112 Bon Bluff Drive, Fox Island, WA 98333	Contractor	70,800.
J.H. Cohn LLP 4180 Ruffin Rd. # 235, San Diego, CA 92123	Consultant	69,289.
Total number of others receiving over \$50,000 for professional services ▶	1	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	<p>1</p>		<p>X</p>
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	<p>2a</p>		<p>X</p>
<p>b Lending of money or other extension of credit?</p>	<p>2b</p>		<p>X</p>
<p>c Furnishing of goods, services, or facilities?</p>	<p>2c</p>		<p>X</p>
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Statement 11</p>	<p>2d</p>	<p>X</p>	
<p>e Transfer of any part of its income or assets?</p>	<p>2e</p>		<p>X</p>
<p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	<p>3a</p>		<p>X</p>
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	<p>3b</p>	<p>X</p>	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	<p>3c</p>		<p>X</p>
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<p>3d</p>		<p>X</p>
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	<p>4a</p>		<p>X</p>
<p>b Did the organization make any taxable distributions under section 4966? N/A</p>	<p>4b</p>		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person? N/A</p>	<p>4c</p>		
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>	<p>N/A</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>	<p>N/A</p>		
<p>f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>	<p>0.</p>		
<p>g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year</p>	<p>0.</p>		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	788,967.	1,196,143.	1,562,450.	1,598,309.	5,145,869.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	12,069,860.	11,029,766.	9,393,351.	9,458,329.	41,951,306.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	56,033.	37,796.	13,478.	7,636.	114,943.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	310,131.		See Statement 12		310,131.
23 Total of lines 15 through 22	13,224,991.	12,263,705.	10,969,279.	11,064,274.	47,522,249.
24 Line 23 minus line 17	1,155,131.	1,233,939.	1,575,928.	1,605,945.	5,570,943.
25 Enter 1% of line 23	132,250.	122,637.	109,693.	110,643.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 111,419.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 5,570,943.
d Add: Amounts from column (e) for lines: 18 <u>114,943.</u> 19 _____ 22 <u>310,131.</u> 26b _____					26d 425,074.
e Public support (line 26c minus line 26d total)					26e 5,145,869.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.3698%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Form 990	Special Events and Activities	Statement	1
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Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
Therapeutic and educational services	218,164.	95,369.	122,795.	122,795.	0.
To Fm 990, Part I, line 9	218,164.	95,369.	122,795.	122,795.	0.

Form 990	Other Changes in Net Assets or Fund Balances	Statement	2
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Description	Amount
Unrealized gain on investments	191,281.
Change on discount of pledges receivable	-2,000.
Total to Form 990, Part I, line 20	189,281.

Form 990	Other Expenses	Statement	3
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Description	(A)	(B)	(C)	(D)
	Total	Program Services	Management and General	Fundraising
Other professional fees	504,692.	219,185.	170,571.	114,936.
Insurance	222,820.	190,564.	32,256.	
Food	160,114.	160,114.		
Recruitment	110,035.	78,587.	30,599.	849.
Office expense	103,036.	69,720.	31,082.	2,234.
Equipment and auto lease	96,206.	39,891.	55,921.	394.
Dues and subscriptions	41,513.	710.	40,407.	396.
Licenses and taxes	34,450.	11,503.	12,158.	10,789.
Miscellaneous	343,158.	51,724.	178,982.	112,452.
Total to Fm 990, ln 43	1,616,024.	821,998.	551,976.	242,050.

Form 990	Officer Compensation Allocation Part II, Line 25a	Statement 4
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Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
Edwin Kofler	224,231.	6,121.	6,000.	236,352.
A. Program Services				
B. Management and General	224,231.			224,231.
C. Fundraising				

Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
Rick Roark	107,969.	8,714.		116,683.
A. Program Services				
B. Management and General	107,969.			107,969.
C. Fundraising				

Total Program Services				
Total Management and General				332,200.
Total Fundraising				
Total Officer, etc., Compensation Included on Part II, Line 25a				332,200.

Form 990	Specific Assistance to Individuals	Statement 5
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Description	Amount
Children related expenses	1,363,134.
Total to Form 990, Part II, line 23	1,363,134.

Form 990	Statement of Program Service Accomplishments	Statement	6
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Description of Program Service One

The San Diego Center For Children offers a fully integrated program of therapeutic and educational services. Services located on the SDCC campus benefit children by providing intensive treatment and behavioral/academic interventions. Treatment teams integrate therapeutic and behavioral goals with the individual education plan to assure success.

SDCC offers an array of service designed to strengthen the child and family in their home and community. SDCC also collaborates with educational and public health leaders to support and advance children's mental health at the county, state and national levels.

	Grants	Expenses
To Form 990, Part III, line a		11,482,673.

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	7
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Explanation

To promote the well-being of children, adolescents, families and communities by providing an array of proven and effective mental health, educational, and social services.

Form 990	Depreciation of Assets Not Held for Investment	Statement	8
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Property and Equipment	10,167,382.	3,535,058.	6,632,324.
Total to Form 990, Part IV, ln 57	10,167,382.	3,535,058.	6,632,324.

Form 990	Other Securities	Statement	9
<u>Security Description</u>	<u>Cost/FMV</u>	<u>Other Securities</u>	
Other investments	FMV	2,061,021.	
Investments held by trustee	FMV	275,000.	
To Form 990, line 54b, Col B		<u>2,336,021.</u>	

Form 990	Part V-A - List of Current Officers, Directors, Trustees and Key Employees	Statement	10
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<u>Name and Address</u>	<u>Title and Avrg Hrs/Wk</u>	<u>Compensation</u>	<u>Employee</u>	
			<u>Ben Plan Contrib</u>	<u>Expense Account</u>
Edwin Kofler 3002 Armstrong Street San Diego, CA 92111	CEO 40.00	224,231.	6,121.	6,000.
Rick Roark 3002 Armstrong Street San Diego, CA 92111	CFO 40.00	107,969.	8,714.	0.
David Ball 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Craig Hunsaker 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Peter Kane 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Edwin Kofler 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Marianne Endriss 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.

San Diego Center for Children

95-1661089

Ellen James 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Craig Kishaba 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Ollie Landsman 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Barbara Malone 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Jean Pohl 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Steven Sparta 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Dave McCaslin 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.
Moroton Shaevitz 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.	0.	0.

Totals Included on Form 990, Part V-A

<u>332,200.</u>	<u>14,835.</u>	<u>6,000.</u>
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Schedule A

Explanation of Transactions
Part III, Line 2d

Statement 11

The organization makes compensation payments to officers in amounts greater than \$1,000.

Schedule A	Other Income			Statement 12
Description	2005 Amount	2004 Amount	2003 Amount	2002 Amount
Miscellaneous	310,131.	0.	0.	0.
Total to Schedule A, line 22	310,131.	0.	0.	0.

YEAR
2006

California Exempt Organization Annual Information Return

199

MONTH July	DAY 1	YEAR 2006	MONTH June	DAY 30	YEAR 2007
For calendar or fiscal year beginning July 1 2006 and ending June 30 2007 .					
IMPORTANT: Your number is required.					
California corporation number 0027916			Federal employer identification number (FEIN) 95-1661089		
Corporation/Organization name San Diego Center for Children					
Address including Suite, Room, or PMB no. 3002 Armstrong Street					
City San Diego, CA		State CA		ZIP Code 92111	
A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date					
B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120					
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input checked="" type="checkbox"/>					
D Is this a group filing? See General Instruction N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
E Accounting method used Accrual					
F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 d (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust					

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

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	7,728,546.
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions Stmt 1	3	7,678,992.
	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 C	4	15,407,538.
	5	Cost of goods sold	5	
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	15,407,538.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	15,281,930.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	125,608.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A
	12	Penalty for failure to file on time. See General Instruction L	12	
	13	Use tax. See "General Instruction M"	13	
	14	Balance due. Add line 11, line 12, and line 13	14	

- 15** 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)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
- 16** 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? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ _____
- 19** The financial records are in care of **San Diego Center for Children** Daytime telephone **(858)277-9550**

located at **3002 Armstrong Street, San Diego, CA 92111**

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Date 4/22/08	Title CFO	Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature 	Date 4/22/08	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN or PTIN
	Firm's name (or yours, if self-employed) and address Harrington Group, CPAs, LLP 2670 Mission Street, Suite 200 San Marino, CA 91108	FEIN 95-4557617	Daytime telephone (626) 403-6801	

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	122,795.
	2	Interest	2	84,043.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income See Statement 2	7	7,521,708.
	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	7,728,546.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees See Statement 3	11	332,200.
	12	Other salaries and wages	12	8,280,554.
	13	Interest	13	228,013.
	14	Taxes	14	630,700.
	15	Rents	15	600,963.
	16	Depreciation and depletion	16	273,404.
	17	Other See Statement 4	17	4,936,096.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	15,281,930.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,400,130.		529,071.
2	Net accounts receivable		1,758,465.		2,024,497.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans (number of loans _____)				
9	Other investments Stmt 5		1,362,387.		2,336,021.
10 a	Depreciable assets	10,088,849.		10,167,382.	
b	Less accumulated depreciation	(3,332,599.)	6,756,250.	(3,535,058.)	6,632,324.
11	Land				
12	Other assets Stmt 6		1,183,174.		1,353,370.
13	Total assets		12,460,406.		12,875,283.
Liabilities and net worth					
14	Accounts payable		1,260,166.		1,695,372.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable Stmt 7				111,993.
17	Mortgages payable		3,726,820.		3,137,040.
18	Other liabilities Stmt 8		457,431.		600,000.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		7,015,989.		7,330,878.
22	Total liabilities and net worth		12,460,406.		12,875,283.

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	125,608.	
2	Federal income tax		7
3	Excess of capital losses over capital gains		Income recorded on books this year not included in this return
4	Income not recorded on books this year		
5	Expenses recorded on books this year not deducted in this return		8
6	Total.		Deductions in this return not charged against book income this year
Add line 1 through line 5		125,608.	9
			Total. Add line 7 and line 8
			10
			Net income per return.
			Subtract line 9 from line 6
			125,608.

Sidney Stern Memorial Trust	PO Box 893 Pacific Palisides, CA 90272	7,000.
God's Gift	PO Box 890515 Temecula, CA 92589	32,000.
Hollis Foundation	1693 Grey Rock Rd Midland, CA 31820	5,000.
Iris Auxiliary	3804 Wildwood Rd San Diego, CA 92107	18,015.
Total Included on Line 3		<u>255,477.</u>

Form 199	Other Income	Statement	2
Description		Amount	
Other related revenue		241,895.	
Miscellaneous		184,027.	
Program fees		7,095,786.	
Total to Form 199, Part II, line 7		<u>7,521,708.</u>	

Form 199 Compensation of Officers, Directors and Trustees Statement 3

Name and Address	Title and Average Hrs Worked/Wk	Compensation
Edwin Kofler 3002 Armstrong Street San Diego, CA 92111	CEO 40.00	224,231.
Rick Roark 3002 Armstrong Street San Diego, CA 92111	CFO 40.00	107,969.
David Ball 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Craig Hunsaker 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Peter Kane 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Edwin Kofler 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Marianne Endriss 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Ellen James 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Craig Kishaba 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Ollie Landsman 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Barbara Malone 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.

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Jean Pohl 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Steven Sparta 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Dave McCaslin 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Moroton Shaewitz 3002 Armstrong Street San Diego, CA 92111	Board member 0.00	0.
Total to Form 199, Part II, line 11		<u>332,200.</u>

Form 199	Other Expenses	Statement	4
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<u>Description</u>	<u>Amount</u>
Other professional fees	504,692.
Insurance	222,820.
Food	160,114.
Recruitment	110,035.
Office expense	103,036.
Equipment and auto lease	96,206.
Dues and subscriptions	41,513.
Licenses and taxes	34,450.
Miscellaneous	343,158.
Direct expenses of fundraising events	122,795.
Specific assistance to individuals	1,363,134.
Other employee benefits	1,182,140.
Accounting fees	187,975.
Legal fees	104,408.
Telephone	62,365.
Postage and shipping	27,812.
Printing and publications	42,648.
Travel	116,435.
Conferences, conventions and meetings	110,360.
Total to Form 199, Part II, line 17	<u>4,936,096.</u>

Form 199	Other Investments	Statement	5
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Other investments		1,171,984.	2,061,021.
Investments held by trustee		190,403.	275,000.
Total to Form 199, Schedule L, line 9		<u>1,362,387.</u>	<u>2,336,021.</u>

Form 199	Other Assets	Statement	6
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Pledges Receivable		1,024,751.	1,226,257.
Prepaid Expenses and Deferred Charges		155,673.	127,113.
Other Assets		2,750.	0.
Total to Form 199, Schedule L, line 12		<u>1,183,174.</u>	<u>1,353,370.</u>

Form 199	Bonds and Notes Payable	Statement	7
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Other Notes Payable		0.	111,993.
Total to Form 199, Schedule L, line 16		<u>0.</u>	<u>111,993.</u>

Form 199	Other Liabilities	Statement	8
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Line of credit		0.	600,000.
Due to affiliates		65,142.	0.
Due to third party payors		373,170.	0.
Deferred Revenue		19,119.	0.
Total to Form 199, Schedule L, line 18		<u>457,431.</u>	<u>600,000.</u>

Form 199	Fund Balances	Statement	9
Description	Beg. of Year	End of Year	
Unrestricted Assets	5,078,105.	4,177,223.	
Temporarily Restricted Assets	328,676.	1,540,876.	
Permanently Restricted Assets	1,609,208.	1,612,779.	
Total to Form 199, Schedule L, line 21	7,015,989.	7,330,878.	

Attach to Form 100 or Form 100W.

Form 199

FEIN 95-1661089

Corporation name

California corporation number

San Diego Center for Children

0027916

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under Section 179 for California	1	\$25,000
2	Total cost of Section 179 property placed in service	2	
3	Threshold cost of 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 tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected Section 179 cost)	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 prior years	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 2007. Add lines 9 and 10, less line 12	13	

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

(a) Description of 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 11 Property and Equipment	Various	10,167,382.	3,261,654.		.000	273,404.	
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	273,404.

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	273,404.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	273,404.
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	0.

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	(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	

The San Diego Center for Children

The mission of the San Diego Center for Children (SDCC) is to promote the well-being of children, adolescents, families, and communities by providing an array of proven and effective mental health, educational, and social services.

Founded in 1887, SDCC is San Diego's oldest accredited nonprofit organization. Today, the SDCC has become a leader in providing mental health services to children, adolescents, and families within our community. We offer a variety of programs to children and adolescents facing behavioral, emotional, social, and/or educational challenges.

SDCC programs support Individualized Education Programs (IEPs) and re-establish the learning process while meeting the specific mental health needs of the children and adolescents in our care.

SDCC programs include:

- Five Day Treatment Programs, located throughout San Diego County, serving both children and adolescents
- An Intensive Outpatient Program in South County
- Two Outpatient Programs in East County
- A School Readiness Program that serves children ages 0 to 5 (Building Bridges)
- A Foster Family Agency (Special Families)
- A Counseling Center
- Two Private Schools serving children and adolescents, located on our Kearny Mesa campus (Children's Learning Academy, K-8, and Creative Learning Academy, grades 9-12)
- Two Residential Treatment Programs, RCL 12 and RCL 14, for children ages 6 to 13, located on our Kearny Mesa campus
- One Adolescent Program located on our Kearny Mesa campus that serves adolescents ages 13 to 17 (Clark Adolescent Treatment Program)
- A Wraparound program that ensures each child and adolescent returning to their community is successful; and families have the tools they need to support their child/adolescent in this success

SDCC has taken a lead in San Diego County in focusing on the use of evidence-based practices within our programs. Our trained staff consists of caring and dedicated professionals who focus on positive behavioral support, based on positive reinforcement, praise and skill building.

We are passionate about providing children and adolescents with the ability to adjust, adapt, and change their behavior so they can succeed at home, in school, and in the world. We never compromise in our effort to help children, adolescents, and families succeed.