

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning 7/01, 2009, and ending 6/30, 2010.

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

**2009**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization **KIDS INCLUDED TOGETHER  
SAN DIEGO, INC.**

Employer identification number  
**33-0731368**

Name and title of officer  
**JANICE GIACINTI** **CEO**

**Part I Tax 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 for which you are filing 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.

<b>1 a Form 990</b> check here . . . . .	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b> <u>654,243.</u>
<b>2 a Form 990-EZ</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> _____
<b>3 a Form 1120-POL</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a Form 990-PF</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b> _____
<b>5 a Form 8868</b> check here . . . . .	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5 b</b> _____

**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 2009 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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**

I authorize LEAF & COLE, LLP to enter my PIN 00711 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 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 2009 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 EFIN followed by your five-digit self-selected PIN. 33832892122  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 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 ▶ JULIE A. FIRL Date ▶ \_\_\_\_\_

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

**Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

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.

**Open to Public Inspection**

For the **2009** calendar year, or tax year beginning **7/01**, **2009**, and ending **6/30**, **2010**

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer Identification Number	<b>E</b> Telephone number	<b>G</b> Gross receipts \$
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions. <b>KIDS INCLUDED TOGETHER                  SAN DIEGO, INC.                  2820 ROOSEVELT ROAD #202                  SAN DIEGO, CA 92106</b>	33-0731368	858-225-5680	697,911.
<b>F</b> Name and address of principal officer:		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
SAME AS C ABOVE		<b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.KITONLINE.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of Formation: 1996	<b>M</b> State of legal domicile: CA	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>KIT'S MISSION IS TO PROVIDE LEARNING OPPORTUNITIES THAT SUPPORT RECREATION, CHILD DEVELOPMENT AND YOUTH ENRICHMENT PROGRAMS TO INCLUDE CHILDREN WITH AND WITHOUT DISABILITIES.</u>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		18
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		17
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>		8
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		45
<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
<b>9</b>	Program service revenue (Part VIII, line 2g)	335,195.	271,808.	
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448,670.	357,593.	
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,431.	1,036.	
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,450.	23,806.	
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	804,746.	654,243.	
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	445,273.	477,585.	
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 85,557.			
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	294,414.	261,595.	
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	739,687.	739,180.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	65,059.	-84,937.	
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>	
<b>21</b>	Total liabilities (Part X, line 26)	530,348.	467,418.	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	39,515.	61,522.	
		490,833.	405,896.	

**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 \_\_\_\_\_

▶ **JANICE GIACINTI** CEO  
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ <b>JULIE A. FIRL</b>	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) P00085551
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>LEAF &amp; COLE, LLP</b> ▶ <b>2810 CAMINO DEL RIO SOUTH, SUITE 200</b> ▶ <b>SAN DIEGO, CA 92108-3820</b>	EIN ▶ <b>95-2076568</b>	Phone no. ▶ <b>619.294.7200</b>	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
KIT'S MISSION IS TO PROVIDE LEARNING OPPORTUNITIES THAT SUPPORT RECREATION, CHILD DEVELOPMENT AND YOUTH ENRICHMENT PROGRAMS TO INCLUDE CHILDREN WITH AND WITHOUT DISABILITIES.

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 [X] 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 [X] No
If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 565,836. including grants of \$ ) (Revenue \$ 357,593.)

SEE SCHEDULE O

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 ▶ 565,836.

**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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		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? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i>		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? <i>If 'Yes,' complete Schedule F, Part II.</i>		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? <i>If 'Yes,' complete Schedule F, Part III.</i>		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? <i>If 'Yes,' complete Schedule G, Part I.</i>		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? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>b</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? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No		
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1 a</b>	16		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1 b</b>	0		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1 c</b>	X		
<b>2 a</b>	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 . . . . .	<b>2 a</b>	8		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2 b</b>	X		
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3 a</b>			X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O . . . . .	<b>3 b</b>			
<b>4 a</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)? . . . . .	<b>4 a</b>			X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5 a</b>			X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5 b</b>			X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5 c</b>			
<b>6 a</b>	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? . . . . .	<b>6 a</b>			X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . .	<b>6 b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>7 a</b>	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? . . . . .	<b>7 a</b>			X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7 b</b>			
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7 c</b>			X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .	<b>7 d</b>			
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7 e</b>			X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7 f</b>			X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7 g</b>			
<b>7 h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7 h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9 a</b>			
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . .	<b>9 b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10 a</b>			
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10 b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>11 a</b>	Gross income from other members or shareholders . . . . .	<b>11 a</b>			
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11 b</b>			
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12 a</b>			
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12 b</b>			

**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.

**Section A. Governing Body and Management**

		Yes	No
1 a	Enter the number of voting members of the governing body		
1 b	Enter the number of voting members that are independent		
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or 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.		X

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

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	X	
10 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	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?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	Other officers of key employees of the organization. SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

- 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
SARA COURON 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO CA 92106 858-225-5680

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

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

1 a 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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of 'key employees.'
- 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN TROTIER DIRECTOR	0.25	X						0.	0.	0.
DAN BLATTLER DIRECTOR	0.25	X						0.	0.	0.
STEVE CONNOLLY VICE PRESIDENT	0.25	X		X				0.	0.	0.
HEATHER N. STONE VICE PRESIDENT	0.25	X		X				0.	0.	0.
JENNIFER FIELDMAN DIRECTOR	0.25	X						0.	0.	0.
TRICIA LINK DIRECTOR	0.25	X						0.	0.	0.
RICHARD V. BAILEY TREASURER	0.25	X		X				0.	0.	0.
DEANIE MARIN LUCCHESI DIRECTOR	0.25	X						0.	0.	0.
GILDA CHAN SECRETARY	0.25	X		X				0.	0.	0.
ANDREA CUNNINGHAM DIRECTOR	0.25	X						0.	0.	0.
RAHUL DANGUI DIRECTOR	0.25	X						0.	0.	0.
PEYTON ROBERTSON DIRECTOR	0.25	X						0.	0.	0.
KELLY WOOD DIRECTOR	0.25	X						0.	0.	0.
JANE MCAULIFFE PRESIDENT	0.25	X		X				0.	0.	0.
GAYLE SLATE DIRECTOR	0.25	X						0.	0.	0.
KEVIN REISCH DIRECTOR	0.25	X						0.	0.	0.
REBECCA WARDLOW DIRECTOR	0.25	X						0.	0.	0.



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b>	271,808.				
	<b>g</b> Noncash contribns included in lns 1a-1f: ... \$						
<b>h Total.</b> Add lines 1a-1f .....			271,808.				
<b>PROGRAM SERVICE REVENUE</b>			<b>Business Code</b>				
	<b>2 a</b> FEES & CONTRACTS GOV AGENCIES	611710	230,009.	230,009.			
	<b>b</b> TRAINING REVENUE	611710	127,584.	127,584.			
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			357,593.				
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		1,036.			1,036.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	67,474.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	43,668.			
		<b>c</b> Net income or (loss) from fundraising events .....		23,806.			23,806.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> -----							
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			654,243.	357,593.	0.	24,842.	

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	86,519.	66,620.	10,382.	9,517.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	297,605.	229,254.	35,456.	32,895.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	60,995.	43,848.	7,339.	9,808.
10 Payroll taxes	32,466.	23,339.	3,907.	5,220.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	8,687.	3,714.	254.	4,719.
13 Office expenses	2,698.	2,604.	75.	19.
14 Information technology				
15 Royalties				
16 Occupancy	29,231.	24,652.	2,892.	1,687.
17 Travel	11,655.	11,367.	24.	264.
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	38,699.	31,734.	4,257.	2,708.
23 Insurance	10,229.	7,503.	1,581.	1,145.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PRINTING AND PUBLICATIONS</u>	42,006.	36,006.	408.	5,592.
b <u>CONSULTANTS</u>	34,837.	17,315.	12,000.	5,522.
c <u>TRAINING VIDEO/MATERIALS</u>	33,391.	33,391.		
d <u>UTILITIES</u>	9,114.	7,428.	951.	735.
e <u>TELEPHONE</u>	8,818.	7,209.	973.	636.
f All other expenses	32,230.	19,852.	7,288.	5,090.
25 Total functional expenses. Add lines 1 through 24f	739,180.	565,836.	87,787.	85,557.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
ASSETS	<b>1</b> Cash — non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	178,727.	<b>2</b>	268,282.
	<b>3</b> Pledges and grants receivable, net .....	113,862.	<b>3</b>	34,451.
	<b>4</b> Accounts receivable, net .....	4,752.	<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ..		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	25,766.	<b>9</b>	20,183.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. <b>10a</b> 264,168. Complete Part VI of Schedule D			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 119,666.		
	<b>11</b> Investments — publicly-traded securities .....		<b>11</b>	
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	27,667.	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	530,348.	<b>16</b>	467,418.	
LIABILITIES	<b>17</b> Accounts payable and accrued expenses .....	39,515.	<b>17</b>	48,037.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	13,485.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	39,515.	<b>26</b>	61,522.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	470,833.	<b>27</b>	405,896.
	<b>28</b> Temporarily restricted net assets .....	20,000.	<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	490,833.	<b>33</b>	405,896.	
<b>34</b> Total liabilities and net assets/fund balances .....	530,348.	<b>34</b>	467,418.	

BAA

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	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? .....	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? .....		X
<b>3b</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. ....		

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Form 990 (2009)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 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.						
4 <b>Total.</b> Add lines 1-through 3.						
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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
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.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 <b>First five years.</b> 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.						<input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>33-1/3 support test – 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test – 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	713,328.	905,712.	372,881.	335,195.	329,742.	2,656,858.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	103,118.	112,210.	171,844.	448,670.	357,593.	1,193,435.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>6 Total.</b> Add lines 1 through 5.	816,446.	1,017,922.	544,725.	783,865.	687,335.	3,850,293.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						3,850,293.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.	816,446.	1,017,922.	544,725.	783,865.	687,335.	3,850,293.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	667.	8,559.	8,885.	1,431.	1,036.	20,578.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
<b>c</b> Add lines 10a and 10b.	667.	8,559.	8,885.	1,431.	1,036.	20,578.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	131,461.	183,848.	90,383.	19,450.		425,142.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	7,087.	48,121.				55,208.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						4,351,221.

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	88.5 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	80.8 %

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	0.5 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.	<b>18</b>	0.4 %

**19a 33-1/3 support tests – 2009.** 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 – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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



9/29/10

03:40PM

**PART III, LINE 12 - OTHER INCOME**

NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER INCOME				48,121.	7,087.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 48,121.	\$ 7,087.

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization **KIDS INCLUDED TOGETHER  
SAN DIEGO, INC.**

Employer identification number  
**33-0731368**

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 –

- 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)/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, aggregate 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 aggregate 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 their Form 990, or check the box on line H of its Form 990-EZ, or on 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).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

KIDS INCLUDED TOGETHER

Employer identification number

33-0731368

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MITSUBISHI ELECTRIC AMERICA ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	QUALCOMM, INC. ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 34,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	THE SPECIAL HOPE FOUNDATION ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	DOUGLAS & MARIAN PARDEE FOUNDATION ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	THOMAS, MCNERNEY & PARTNERS MGT LLC ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	GUMPERT FOUNDATION ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization <b>KIDS INCLUDED TOGETHER</b>	Employer identification number <b>33-0731368</b>
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**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ISSA FAMILY FOUNDATION ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	STAY CLASSY FOUNDATION ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 32,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

KIDS INCLUDED TOGETHER

Employer identification number

33-0731368

**Part II** Noncash Property (see instructions.)

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

BAA

Name of organization: **KIDS INCLUDED TOGETHER** Employer identification number: **33-0731368**

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ **N/A**

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

(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, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

KIDS INCLUDED TOGETHER SAN DIEGO, INC.

Employer identification number

33-0731368

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, Held at the End of the Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question, Amount. Includes questions 1a, 1b, 2 regarding art and historical treasures.

**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 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 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 year end balance held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Term endowment \_\_\_\_\_ %

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

Description of investment	(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		119,419.	19,889.	99,530.
d Equipment		139,579.	96,465.	43,114.
e Other		5,170.	3,312.	1,858.

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 144,502.

BAA



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		654,243.
2	Total expenses (Form 990, Part IX, column (A), line 25)		739,180.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-84,937.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-84,937.

**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	697,911.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV) ... SEE PART XIV	2d	43,668.	
	e Add lines 2a through 2d	2e		43,668.
3	Subtract line 2e from line 1		3	654,243.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments 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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	654,243.

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

1	Total expenses and losses per audited financial statements		1	782,848.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV) ... SEE PART XIV	2d	43,668.	
	e Add lines 2a through 2d	2e		43,668.
3	Subtract line 2e from line 1		3	739,180.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments 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		
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		5	739,180.

**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.

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2009

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6**

CLIENT 00-117

KIDS INCLUDED TOGETHER  
SAN DIEGO, INC.

33-0731368

9/29/10

03:40PM

**SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

SPECIAL EVENTS EXPENSE .....	\$	43,668.
TOTAL	\$	<u>43,668.</u>

**SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

SPECIAL EVENT EXPENSE .....	\$	43,668.
TOTAL	\$	<u>43,668.</u>



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CONCERT (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts.....	67,474.			67,474.
2	Less: Charitable contributions.....				
3	Gross income (line 1 minus line 2).....	67,474.			67,474.
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....	33,856.		33,856.
	9	Other direct expenses.....	9,812.		9,812.
10	Direct expense summary. Add lines 4- through 9 in column (d).....				43,668.
11	Net income summary. Combine lines 3, column (d) and line 10.....				23,806.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(Add col. (a) through col. (c))			
1	Gross revenue.....				
DIRECT EXPENSES	2	Cash prizes.....			
	3	Non-cash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d).....				
8	Net gaming income summary. Combine lines 1, column (d) and line 7.....				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?.....	9a	
b If 'No,' explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....	10a	
b If 'Yes,' explain: -----		
11 Does the organization operate gaming activities with nonmembers?.....	11	
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?.....	12	

			YES	NO
<b>13</b> Indicate the percentage of gaming activity operated in:				
<b>a</b>	The organization's facility.....	<b>13a</b>	%	
<b>b</b>	An outside facility.....	<b>13b</b>	%	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name: ▶ -----				
Address: ▶ -----				
<b>15a</b> Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....		<b>15a</b>		
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.				
<b>c</b> If 'Yes,' enter name and address of the third party:				
Name: ▶ -----				
Address: ▶ -----				
<b>16</b> Gaming manager information				
Name: ▶ -----				
Gaming manager compensation ▶ \$ _____				
Description of services provided: ▶ -----				
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor				
<b>17</b> Mandatory distributions				
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....		<b>17a</b>		
<b>b</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: ▶ \$ _____				

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

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization KIDS INCLUDED TOGETHER  
SAN DIEGO, INC.

Employer identification number  
33-0731368

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

KIT AFFILIATES:

DURING FISCAL YEAR 2009-2010 KIT PROVIDED TRAINING, SUPPORT AND TECHNICAL ASSISTANCE TO 61 AFFILIATED ORGANIZATIONS REPRESENTING 299 RECREATION, CHILD AND YOUTH ENRICHMENT SITES. KIT AFFILIATES ARE A DIVERSE GROUP OF PROGRAMS WITHIN SAN DIEGO COUNTY, REPRESENTING YMCAS, BOYS & GIRLS CLUBS, PRESCHOOLS, CITY PARKS AND RECREATION DEPARTMENTS, DANCE AND THEATRE PROGRAMS. SINCE 1997, KIT AFFILIATED PROGRAMS HAVE SERVED 15,748 CHILDREN WITH DISABILITIES AND 218,162 CHILDREN WITHOUT DISABILITIES WERE CO-ENROLLED IN THESE INCLUSIVE PROGRAMS.

NATIONAL TRAINING CENTER ON INCLUSION:

IN THE SPRING OF 2007, KIT OPENED THE NATIONAL TRAINING CENTER ON INCLUSION (NTCI). NTCI OFFERS ELEARNING, A RESOURCE LIBRARY, TECHNICAL ASSISTANCE, AND TRAINING MATERIALS TO OUT-OF-SCHOOL TIME PROVIDERS INTERESTED IN LEARNING MORE ABOUT INCLUSION. THE PROGRAMS OF NTCI ENABLE KIT TO PROVIDE SERVICES TO AN INCREASED NUMBER OF YOUTH AND CHILD DEVELOPMENT PROVIDERS IN SAN DIEGO AS WELL AS THOSE ACROSS THE NATION. DURING THE YEAR ENDED JUNE 30, 2010, 2,399 PEOPLE ATTENDED ONE OF THE LIVE KIT TRAINING SESSIONS SPONSORED BY NTCI AND 3,279 ELEARNS COMPLETED KIT'S OPENING DOORS TO INCLUSIVE PROGRAMS ONLINE TRAINING SERIES. IN TOTAL 5,823 INDIVIDUALS HAVE COMPLETED KIT'S OPENING DOORS SERIES.

KIT NATIONAL AFFILIATES:

KIT CONTINUED WORK ON A MULTI-YEAR PROJECT WITH FUNDING FROM MITSUBISHI ELECTRIC AMERICA FOUNDATION (MEAF) TO SUPPORT TEN NATIONAL AFFILIATE PROGRAMS. PROGRAMS SELECTED INCLUDE CAMP FIRE U.S.A. - HEARTLAND COUNCIL, PRAIRIE VILLAGE, KANSAS; FAMILY YMCA OF BLACK HAWK COUNTY, WATERLOO, IA; IMAGINATION STAGE, BETHESDA, MD; THE

Name of the organization KIDS INCLUDED TOGETHER  
SAN DIEGO, INC.

Employer identification number  
33-0731368

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

AFTER-SCHOOL CORPORATION (TASC), NEW YORK, NY; BOYS & GIRLS CLUBS OF CYPRESS, ORANGE COUNTY, CA; BERNALILLO PARKS AND RECREATION, ALBUQUERQUE, NM; METROPOLITAN FAMILY SERVICE, PORTLAND, OR; MONTCLAIR YMCA, MONTCLAIR, NEW JERSEY; LEE'S SUMMIT KIDS COUNTRY, LEE'S SUMMIT, MO; AND THE YMCA OF THE TRIANGLE, RALEIGH, NORTH CAROLINA. REPRESENTATIVES FROM THE ORGANIZATIONS ATTENDED KIT'S 5TH NATIONAL CONFERENCE ON INCLUSION AND RECEIVED A SITE VISIT AND STRATEGIC PLANNING SESSION FROM KIT PROGRAM STAFF.

**KIT PARTNERS WITH US NAVY CHILD AND YOUTH PROGRAMS:**

DURING FISCAL YEAR 2009-2010, KIT BEGAN A MULTI-YEAR RELATIONSHIP WITH THE US NAVY CHILD AND YOUTH PROGRAMS (CYP). KIT PROVIDED TRAINING AND CONSULTATION SUPPORT TO ALL US NAVY CHILD AND YOUTH PROGRAMS ON THE TOPIC OF INCLUSION OF CHILDREN WITH DISABILITIES IN CHILD DEVELOPMENT CENTERS, CHILD DEVELOPMENT HOMES, SCHOOL AGE, YOUTH AND TEEN PROGRAMS. KEY FEATURES INCLUDED THE FACILITATION OF WORKING/FOCUS GROUP AND SURVEYS TO GATHER INFORMATION ON RESOURCES NEEDED; ACCESS TO SELF-PACED ONLINE MODULES FOR ALL STAFF; DEVELOPMENT AND PRESENTATION OF WEBINARS AND OTHER ON-LINE LEARNING OPPORTUNITIES; REVISION OF EXISTING OPERATIONAL DOCUMENTS RELATED TO CHILDREN WITH SPECIAL NEEDS; THE CREATION OF A GUIDEBOOK AND TRAINING MODULE TO COMPLEMENT THE OPERATIONS DOCUMENT; LIVE TRAINING THROUGH CONFERENCE PRESENTATIONS AND SITE VISITS; AND THE HOSTING OF A 1-800 HELPLINE AND E-MAIL SUPPORT TO ANSWER SPECIFIC QUESTIONS RELATED TO THE INCLUSION OF CHILDREN WITH DISABILITIES IN NAVY PROGRAMS.

**EXPANDED SUPPORT OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES:**

KIT RECEIVED A GRANT FROM THE SPECIAL HOPE FOUNDATION TO FUND A PROJECT DESIGNED TO SUPPORT INCLUSION OF CHILDREN WITH DEVELOPMENTAL DISABILITIES. THE OUTCOMES INCLUDED

Name of the organization KIDS INCLUDED TOGETHER  
SAN DIEGO, INC.

Employer identification number  
33-0731368

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

CREATING A 2-HOUR INTERACTIVE TRAINING MODULE CALLED ACCOMMODATIONS FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES; DEVELOPING A COMPLEMENTARY, DOWNLOADABLE AUDIO PODCAST; AND PRODUCING A RESOURCE GUIDE FOR PROVIDERS IN SUPPORTING CHILDREN WITH DEVELOPMENTAL DISABILITIES IN INCLUSIVE SETTINGS.

**FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS**

THE DRAFT OF THE 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD AND A COPY IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP M**

COMPENSATION IS REVIEWED AND COMPARED WITH OTHER OFFICERS OF SIMILAR ORGANIZATIONS AND THEN COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

EACH EMPLOYEE'S PERFORMANCE WILL BE REVIEWED ON A REGULAR BASIS BY THE CHIEF EXECUTIVE OFFICER OR EMPLOYEE'S IMMEDIATE SUPERVISOR. A FORMAL PERFORMANCE APPRAISAL WILL BE CONDUCTED ANNUALLY WITH PLANNING FOR THE PERFORMANCE REVIEW BEGINNING IN MAY. ANNUAL PERFORMANCE APPRAISALS, SIGNED BY BOTH EMPLOYEE AND SUPERVISOR, ARE PLACED IN THE EMPLOYEE'S PERSONNEL FILE. COMPENSATION IS REVIEWED ON AN ANNUAL BASIS BY THE BOARD'S FINANCE COMMITTEE. COMPENSATION IS THEN APPROVED BY THE BOARD OF DIRECTORS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS TO ANY PERSON WHO REQUESTS THIS INFORMATION IN WRITING. THIS INFORMATION CAN BE OBTAINED IN THE FORM OF PDF DOCUMENTS.



**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **KIDS INCLUDED TOGETHER  
SAN DIEGO, INC.**

Identifying number  
**33-0731368**

Business or activity to which this form relates

**FORM 990/990-PF**

**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 the instructions for a higher limit for certain businesses. . . . .	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$800,000.
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 <b>smaller</b> of line 5 or line 8. . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562. . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). . . . .	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 2010. 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.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions). . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS). . . . .	16	38,699.

**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 2009. . . . .	17	
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. . . . .	<input type="checkbox"/>	

**Section B – Assets Placed in Service During 2009 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 2009 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 instructions . . . . .	22	38,699.
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	

2009

California Exempt Organization Annual Information Return

199

Calendar year 2009 or fiscal year beginning month 07 day 01 year 2009, and ending month 06 day 30 year 2010

A First Return Filed? [X] No [ ] Yes B Type of organization Exempt under Section 23701... D (insert letter) CORP # 1904852

Corporation/Organization Name KIDS INCLUDED TOGETHER SAN DIEGO, INC. FEIN 33-0731368

Address 2820 ROOSEVELT ROAD #202 City SAN DIEGO, CA 92106 State ZIP Code

C Amended Return? [ ] Yes [X] No D Are you a subordinate/affiliate in a group exemption?... a Is this a group filing for affiliates? b If 'Yes,' enter the number of affiliates. c Are all affiliates included? d Is this a separate return filed by an organization covered by a group ruling? e Federal Group Exemption Number. f Is a roster of subordinates attached? E Final return? F Check the box if the organization filed the following federal forms or schedule: 1 [ ] 990T 2 [ ] 990PF 3 [ ] (Schedule H) 990 G 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. See General Instruction F. No filing fee is required. H Accounting method used... 1 [ ] Cash 2 [X] Accrual 3 [ ] Other I 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. J 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. K Is the organization exempt under R&TC Section 23701g? L Is the organization under audit by the IRS or has the IRS audited in a prior year? M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income?

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

Table with 5 columns: Description, Line Number, Amount, and two empty columns. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-15).

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: JULIE A. FIRL, CEO. Title: CEO. Date: [ ]. Telephone: 858-225-5680. Preparer's signature: JULIE A. FIRL. Date: [ ]. Check if self-employed: [X]. Firm's name: LEAF & COLE, LLP. Address: 2810 CAMINO DEL RIO SOUTH, SUITE 200, SAN DIEGO, CA 92108-3820. Telephone: 95-2076568. 619.294.7200.

May the FTB discuss this return with the preparer shown above? See instructions. [X] 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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	1,036.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	425,067.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	426,103.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members.	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	●	11	86,519.
	12	Other salaries and wages	●	12	297,605.
	13	Interest	●	13	
	14	Taxes	●	14	32,466.
	15	Rents	●	15	29,231.
	16	Depreciation and depletion (See Instructions)	●	16	38,699.
	17	Other. Attach schedule. SEE STATEMENT 3	●	17	298,328.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	782,848.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		178,727.	●	268,282.
2	Net accounts receivable		118,614.	●	34,451.
3	Net notes receivable. Attach schedule			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach sch.			●	
7	Investments in stock. Attach schedule			●	
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	
10a	Depreciable assets	260,541.		264,168.	
b	Less accumulated depreciation	80,967.	179,574.	119,666.	144,502.
11	Land			●	
12	Other assets. Attach schedule. STM. 4		53,433.	●	20,183.
13	<b>Total assets</b>		530,348.		467,418.
<b>Liabilities and net worth</b>					
14	Accounts payable		39,515.	●	48,037.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM. 5				13,485.
19	Capital stock or principle fund		490,833.	●	405,896.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		530,348.		467,418.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
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	●	-84,937.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5		-84,937.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		-84,937.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

Name of the organization <b>KIDS INCLUDED TOGETHER SAN DIEGO, INC.</b>	Employer identification number <b>33-0731368</b>
---	---

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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** –

- 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)/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, aggregate 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 aggregate 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 their Form 990, or check the box on line H of its Form 990-EZ, or on 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).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

KIDS INCLUDED TOGETHER

Employer identification number

33-0731368

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MITSUBISHI ELECTRIC AMERICA ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	QUALCOMM, INC. ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 34,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	THE SPECIAL HOPE FOUNDATION ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	DOUGLAS & MARIAN PARDEE FOUNDATION ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	THOMAS, MCNERNEY & PARTNERS MGT LLC ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	GUMPERT FOUNDATION ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

KIDS INCLUDED TOGETHER

33-0731368

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ISSA FAMILY FOUNDATION ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	STAY CLASSY FOUNDATION ----- 2820 ROOSEVELT ROAD, SUITE 220 ----- SAN DIEGO, CA 92106 -----	\$ 32,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

KIDS INCLUDED TOGETHER

Employer identification number

33-0731368

**Part II** Noncash Property (see instructions.)

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

BAA

Name of organization: **KIDS INCLUDED TOGETHER** Employer identification number: **33-0731368**

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ **N/A**

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

(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

# 2009 Corporation Depreciation and Amortization

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>KIDS INCLUDED TOGETHER SAN DIEGO, INC.</b>	California corporation number <b>1904852</b>
---	---

**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California.....	<b>1</b>	<b>\$25,000</b>
2 Total cost of Section 179 property placed in service.....	<b>2</b>	
3 Threshold cost of Section 179 property before reduction in limitation.....	<b>3</b>	<b>\$200,000</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected Section 179 cost).....	<b>7</b>	
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>	
10 Carryover of disallowed deduction from prior taxable years.....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>	
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>	
13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12.....	<b>13</b>	

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

14 (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	
FURNITURE	VARIOUS	5,170.	2,278.	S/L	5	1,034.		
EQUIPMENT	VARIOUS	135,952.	64,926.	S/L	5	31,176.		
LEASEHOLD IMPROV	VARIOUS	119,419.	13,763.	S/L	15	6,126.		
EQUIPMENT ADDITI	VARIOUS	3,627.		S/L	5	363.		
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).....							<b>15</b>	<b>38,699.</b>

**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).....	<b>16</b>	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
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.).....	<b>18</b>	

**Part IV Amortization**

19 (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 instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						<b>20</b>	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						<b>21</b>	
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.....						<b>22</b>	

9/29/10

03:41PM

**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

INCOME FROM SPECIAL EVENTS.....	\$	67,474.
PROGRAM SERVICE REVENUE.....		357,593.
TOTAL	\$	<u>425,067.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BRIAN TROTIER 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	\$ 0.	\$ 0.	0.
DAN BLATTLER 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	0.	0.	0.
STEVE CONNOLLY 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	VICE PRESIDENT 0.25	0.	0.	0.
HEATHER N. STONE 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	VICE PRESIDENT 0.25	0.	0.	0.
JENNIFER FIELDMAN 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	0.	0.	0.
TRICIA LINK 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	0.	0.	0.
RICHARD V. BAILEY 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	TREASURER 0.25	0.	0.	0.
DEANIE MARIN LUCCHESI 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	0.	0.	0.
GILDA CHAN 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	SECRETARY 0.25	0.	0.	0.

9/29/10

03:41PM

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ANDREA CUNNINGHAM 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	\$ 0.	\$ 0.	\$ 0.
RAHUL DANGUI 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	0.	0.	0.
PEYTON ROBERTSON 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	0.	0.	0.
KELLY WOOD 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	0.	0.	0.
JANE MCAULIFFE 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	PRESIDENT 0.25	0.	0.	0.
GAYLE SLATE 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	0.	0.	0.
KEVIN REISCH 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	0.	0.	0.
REBECCA WARDLOW 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	DIRECTOR 0.25	0.	0.	0.
JANICE R. GIACINTI 2820 ROOSEVELT ROAD SUITE 202 SAN DIEGO, CA 92106	CEO 40.00	86,519.	0.	0.
	TOTAL	\$ 86,519.	\$ 0.	\$ 0.

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$	8,687.
COMPUTER.....		6,745.
CONSULTANTS.....		34,837.
DUES AND SUBSCRIPTIONS.....		1,041.
FINANCIAL SERVICES.....		7,180.
INSURANCE.....		10,229.

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**STATEMENT 3 (CONTINUED)**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

MEETING EXPENSES.....	\$	1,537.
MERCHANT SERVICE FEE.....		2,568.
MILEAGE.....		1,393.
OFFICE EXPENSES.....		2,698.
OTHER EMPLOYEE BENEFIT.....		60,995.
POSTAGE AND SHIPPING.....		8,291.
PRINTING AND PUBLICATIONS.....		42,006.
REPAIRS & MAINTENANCE.....		1,045.
SPECIAL EVENT EXPENSES.....		43,668.
STAFF DEVELOPMENT.....		1,130.
TELEPHONE.....		8,818.
TRAINING VIDEO/MATERIALS.....		33,391.
TRAVEL.....		11,655.
UTILITIES.....		9,114.
VOLUNTEER EXPENSES.....		1,300.
	TOTAL \$	<u>298,328.</u>

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES.....		20,183.
	TOTAL \$	<u>20,183.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

DEFERRED REVENUE.....		13,485.
	TOTAL \$	<u>13,485.</u>

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

**WEBSITE 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.



<p><b>State Charity Registration Number</b> <u>105002</u></p> <p><b>KIDS INCLUDED TOGETHER          SAN DIEGO, INC.</b>  <small>Name of Organization</small></p> <p><b>2820 ROOSEVELT ROAD #202</b>  <small>Address (Number and Street)</small></p> <p><b>SAN DIEGO, CA 92106</b>  <small>City or Town State ZIP Code</small></p>	<p><b>Check if:</b></p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p><b>Corporate or Organization No.</b> <u>1904852</u></p> <p><b>Federal Employer ID No.</b> <u>33-0731368</u></p>
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**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 7/01/09 ending 6/30/10) list:  
 Gross annual revenue \$ 654,243. Total assets \$ 467,418.

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. <span style="float: right;"><b>SEE STATEMENT 1</b></span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 858-225-5680

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.**

<b>JANICE GIACINTI</b> <small>Signature of authorized officer</small>	<b>CEO</b> <small>Title</small>	
<small>Printed Name</small>	<small>Date</small>	

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**STATEMENT 1**  
**FORM RRF-1, PART B, LINE 6**  
**GOVERNMENT AGENCY THAT PROVIDED FUNDING**

COMMANDER NAVY INSTALLATIONS COMMAND  
CNIC MILLINGTON (N912)  
5720 INTEGRITY DRIVE  
MILLINGTON, TN 38055-6510  
DIANE BREWER  
(901) 830-6702

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 199										
FURNITURE AND FIXTURES										
1	FURNITURE	VARIOUS		5,170			2,278	S/L	5	1,034
TOTAL FURNITURE AND FIXTURE				5,170		0	2,278			1,034
IMPROVEMENTS										
3	LEASEHOLD IMPROVEMENTS	VARIOUS		119,419			13,763	S/L	15	6,126
TOTAL IMPROVEMENTS				119,419		0	13,763			6,126
MACHINERY AND EQUIPMENT										
2	EQUIPMENT	VARIOUS		135,952			64,926	S/L	5	31,176
4	EQUIPMENT ADDITIONS	VARIOUS		3,627				S/L	5	363
TOTAL MACHINERY AND EQUIPME				139,579		0	64,926			31,539
TOTAL DEPRECIATION				264,168		0	80,967			38,699
GRAND TOTAL DEPRECIATION				264,168		0	80,967			38,699

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