

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 20

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
**BALANCE4Kids**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4500 Soquel Drive**

City or town, state or country, and ZIP + 4  
**Soquel CA 95073**

D Employer identification number  
**75-2994317**

E Telephone number  
**(831) 464-8669**

F Acctg. method:  Cash  Accrual  
 Other (specify) ▶

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

H & I are not applicable to sec. 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No

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

I Group Exemption Number ▶ **0000**

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

G Website: ▶ **N/A**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,625,773**

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

1 Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	<b>33,284</b>	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d	<b>491,998</b>	
e	Total (add lines 1a through 1d) (cash \$ <b>525,282</b> noncash \$ <b>0</b> )	1e		<b>525,282</b>
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		<b>2,087,390</b>
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		<b>1,636</b>
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
7	Other investment income (describe ▶ )	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less: cost or other basis & sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
8d	Net gain or (loss)	8d		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	<b>11,465</b>	<b>#1</b>
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		<b>11,465</b>
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		<b>2,625,773</b>
13	Program services (from line 44, column (B))	13		<b>2,269,469</b>
14	Management and general (from line 44, column (C))	14		<b>232,076</b>
15	Fundraising (from line 44, column (D))	15		<b>3,384</b>
16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 16 and 44, column (A)	17		<b>2,505,229</b>
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		<b>120,544</b>
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		<b>-13,339</b>
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		<b>107,205</b>

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach sch.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) <b>#2</b> (cash \$ <b>52,099</b> noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22b	<b>52,099</b>	<b>52,099</b>	
23	Specific assistance to individuals (attach schedule) .....	23			
24	Benefits paid to or for members (attach schedule) ..	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V- A. ....	25a			
b	Compensation of former officers, directors, key employees, etc. listed in Part V- B. ....	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c .....	26	<b>1,941,469</b>	<b>1,817,595</b>	<b>123,874</b>
27	Pension plan contributions not included on lines 25a, b, and c .....	27			
28	Employee benefits not included on lines 25a - 27. . .	28	<b>14,371</b>	<b>14,371</b>	
29	Payroll taxes .....	29	<b>183,657</b>	<b>171,939</b>	<b>11,718</b>
30	Professional fundraising fees .....	30			
31	Accounting fees .....	31	<b>5,078</b>	<b>5,078</b>	
32	Legal fees .....	32			
33	Supplies .....	33			
34	Telephone .....	34	<b>13,626</b>	<b>1,537</b>	<b>12,089</b>
35	Postage and shipping .....	35			
36	Occupancy .....	36	<b>58,520</b>	<b>37,035</b>	<b>20,283</b>
37	Equipment rental and maintenance .....	37			
38	Printing and publications .....	38	<b>1,192</b>	<b>1,192</b>	
39	Travel .....	39	<b>24,307</b>	<b>23,658</b>	<b>349</b>
40	Conferences, conventions, and meetings .....	40			
41	Interest .....	41			
42	Depreciation, depletion, etc. (attach schedule) .....	42	<b>1,580</b>	<b>1,580</b>	
43	Other expenses not covered above (itemize):				
a	<b>See attachment #3</b>	43a	<b>209,330</b>	<b>150,043</b>	<b>57,105</b>
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	_____	43e			
f	_____	43f			
g	_____	43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) .....	44	<b>2,505,229</b>	<b>2,269,469</b>	<b>232,076</b>
					<b>3,384</b>

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

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

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

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

What is the organization's primary exempt purpose? <b>► See attachment #4</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <b>See attachment #5</b>       (Grants and allocations \$ <b>403,299</b> ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	<b>398,523</b>
b       (Grants and allocations \$ <b>88,699</b> ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	<b>89,728</b>
c       (Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	<b>1,781,218</b>
d       (Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ►</b>	<b>2,269,469</b>

**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
A S S E T S	45	Cash -- non-interest-bearing	-19,567	45	26,763
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
		b Less: allowance for doubtful accounts			
	47a	69,755			
	47b		38,779	47c	69,755
	48a	Pledges receivable			
		b Less: allowance for doubtful accounts			
	48a			48c	
	48b				
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule) #6			
		b Less: allowance for doubtful accounts			
51a	650		51c	650	
51b					
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges	5,017	53	9,624	
54a	Investments -- publicly-traded securities		54a		
	Cost <input type="checkbox"/> FMV <input checked="" type="checkbox"/>				
b	Investments -- other securities (attach schedule)		54b		
	Cost <input type="checkbox"/> FMV <input type="checkbox"/>				
55a	Investments -- land, buildings, and equipment: basis				
	b Less: accumulated depreciation (attach schedule)				
55a			55c		
55b					
56	Investments -- other (attach schedule)		56		
57a	Land, buildings, and equipment: basis #7				
	b Less: accumulated depreciation (attach schedule)				
57a	7,900				
57b	7,487	1,993	57c	413	
58	Other assets, including program-related investments (describe)		58		
59	Total assets (must equal line 74). Add lines 45 through 58	26,222	59	107,205	
L I A B I L I T I E S	60	Accounts payable and accrued expenses	39,561	60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe)		65	
	66	Total liabilities. Add lines 60 through 65	39,561	66	0
N E T A S S E T S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	-13,339	67	107,205
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	-13,339	73	107,205
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	26,222	74	107,205

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

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

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

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

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<b>See attachment #8</b>				

<b>Part V-A</b> Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... <b>7</b>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .....	75b	<b>X</b>
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ..... If "Yes," attach a statement that includes the information described in the instructions.	75c	<b>X</b>
d	Does the organization have a written conflict of interest policy? .....	75d	<b>X</b>

**Part V-B** Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

<b>Part VI</b> Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change .....	76	<b>X</b>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? ..... If "Yes," attach a conformed copy of the changes.	77	<b>X</b>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ...	78a	<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year? .....	78b	<b>X</b>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ..	79	<b>X</b>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....	80a	<b>X</b>
b	If "Yes," enter the name of the organization ► <b>See attachment #9</b>		
	_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) .....	81a	<b>N/A</b>
b	Did the organization file Form 1120-POL for this year? .....	81b	<b>X</b>

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....		<b>X</b>
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) ..... <span style="float: right;">82b <u>                    </u> <b>N/A</b></span>			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>X</b>	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....		<b>X</b>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? .....		<b>X</b>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....			<b>X</b>
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....		<b>X</b>
b Did the organization make only in- house lobbying expenditures of \$2,000 or less? .....			<b>X</b>
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members .....		85c	<b>N/A</b>
d Section 162(e) lobbying and political expenditures .....		85d	<b>N/A</b>
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....		85e	<b>N/A</b>
f Taxable amount of lobbying and political expenditures (line 85d less 85e) .....		85f	<b>N/A</b>
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		85g	<b>X</b>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....		85h	<b>X</b>
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 .....		86a	<b>N/A</b>
b Gross receipts, included on line 12, for public use of club facilities .....		86b	<b>N/A</b>
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders .....		87a	<b>N/A</b>
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		87b	<b>N/A</b>
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701- 2 and 301.7701- 3? If "Yes," complete Part IX .....		<b>X</b>
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....			<b>X</b>
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>                    </u> <b>N/A</b> ; section 4912 ▶ <u>                    </u> <b>N/A</b> ; section 4955 ▶ <u>                    </u> <b>N/A</b>			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....		89b	<b>X</b>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....			<b>N/A</b>
d Enter: Amount of tax on line 89c, above, reimbursed by the organization .....			<b>N/A</b>
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....		89e	<b>X</b>
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		89f	<b>X</b>
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		89g	<b>X</b>
90a List the states with which a copy of this return is filed ▶ <b>CA</b>			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) .....		90b	<b>135</b>
91a The books are in care of ▶ <b>See attachment #10</b> Telephone no. ▶ .....			
Located at ▶ .....		ZIP + 4 ▶ .....	
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)? .....		91b	<b>X</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.			

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country \_\_\_\_\_  
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl. code	(D) Amount	
93 Program service revenue:					
a <b>See attachment #11</b>					<b>57,686</b>
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					<b>2,029,704</b>
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					<b>1,636</b>
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					<b>11,465</b>
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>0</b>	<b>2,100,491</b>
105 Total (add line 104, columns (B), (D), and (E))					<b>2,100,491</b>

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	<b>See attachment #12</b>

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

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

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

(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



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

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

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

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

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

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

Please Sign Here

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

Signature of officer: **Victoria George** Date: **Secretary**

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	<b>David Packard</b>	Date	<b>05-23-2008</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>M. David Packard, CPA</b>		<b>25431 Cabot Rd #101</b>		<b>Laguna Hills CA 92653</b>
						EIN
						Phone no.
						<b>949-581-4338</b>

Organization Exempt Under Section 501(c)(3)

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

2007

Department of the Treasury  
Internal Revenue Service

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

Supplementary Information -- (See separate instructions.)

Name of the organization <b>BALANCE4Kids</b>	Employer identification number <b>75-2994317</b>
---	---

**Part I** Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
<b>See attachment #13</b>				

Total number of other employees paid over \$50,000 ▶ **1**

**Part II-A** Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ **0**

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ **0**

<b>Part III</b> Statements About Activities (See the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		<b>X</b>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) <b>#14</b>		
a	Sale, exchange, or leasing of property? . . . . .	<b>X</b>	
b	Lending of money or other extension of credit? . . . . .		<b>X</b>
c	Furnishing of goods, services, or facilities? . . . . .		<b>X</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000) <b>See Form 990</b> . . . . .	<b>X</b>	
e	Transfer of any part of its income or assets? . . . . .		<b>X</b>
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .		<b>X</b>
b	Did the organization have a section 403(b) annuity plan for its employees? . . . . .		<b>X</b>
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .		<b>X</b>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		<b>X</b>
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .		<b>X</b>
b	Did the organization make any taxable distributions under section 4966? . . . . .		
c	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
d	Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ _____		<b>0</b>
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ▶ _____		<b>0</b>

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

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

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

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

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

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	423,971	281,574	35,858	21,785	763,188
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,689,092	1,728,919	1,173,484	755,550	5,347,045
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	379				379
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,113,442	2,010,493	1,209,342	777,335	6,110,612
24 Line 23 minus line 17	424,350	281,574	35,858	21,785	763,567
25 Enter 1% of line 23	21,134	20,105	12,093	7,773	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					15,271
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					763,567
d Add: Amounts from column (e) for lines: 18 379 19 22 26b					379
e Public support (line 26c minus line 26d total)					763,188
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.95 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					
d Add: Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See the instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV) **N/A**

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

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

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

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

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

**4- Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4- Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)) . . . . .					
47 Total lobbying expenditures . . . . .					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e)) . . . . .					
50 Grassroots lobbying expenditures . . . . .					

**Part VI-B** Lobbying Activity by Nonelecting Public Charities  
 (For reporting only by organizations that did not complete Part VI- A) (See the instructions.) **N/A**

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

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

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash .....		<input checked="" type="checkbox"/>
(ii) Other assets .....		<input checked="" type="checkbox"/>
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization .....		<input checked="" type="checkbox"/>
(ii) Purchases of assets from a noncharitable exempt organization .....		<input checked="" type="checkbox"/>
(iii) Rental of facilities, equipment, or other assets .....		<input checked="" type="checkbox"/>
(iv) Reimbursement arrangements .....		<input checked="" type="checkbox"/>
(v) Loans or loan guarantees .....		<input checked="" type="checkbox"/>
(vi) Performance of services or membership or fundraising solicitations .....		<input checked="" type="checkbox"/>
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....		<input checked="" type="checkbox"/>

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
<b>N/A</b>			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>N/A</b>		



# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return <b>BALANCE4Kids</b>	Business or activity to which this form relates <b>FOR FORM 990</b>	Identifying number <b>75-2994317</b>
--	--	---

**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	<b>108,000</b>
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation . . . . .	3	<b>430,000</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter - 0- . . . . .	4	<b>0</b>
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	<b>108,000</b>
<b>6 (a) Description of property (b) Cost (busn. use only) (c) Elected cost</b>		
7 Listed property. Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 . . . . .	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	<b>108,000</b>
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 2008. 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 allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant 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	

**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 2007 . . . . .	17	<b>1,580</b>
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 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (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	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C -- Assets Placed in Service During 2007 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	<b>1,580</b>
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	

For Paperwork Reduction Act Notice, see separate instructions.

**SCHEDULE OF SPECIAL EVENTS AND ACTIVITIES**

**Attachment 1: page 1 - 990, Page 1, Part I, line 9**

**Open to Public  
Inspection**

For Calendar year 2007, or tax year period beginning

and ending

Name of Organization

**BALANCE4Kids**

Employer Identification Number

**75-2994317**

Event Name or Description	Nbr. of Occasions	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
<b>Various Fundraising Activities</b>	<b>1</b>	<b>11,465</b>		<b>11,465</b>		<b>11,465</b>
	<b>Total</b>	<b>11,465</b>		<b>11,465</b>		<b>11,465</b>

**SCHEDULE CASH GRANTS AND ALLOCATIONS**

**Attachment 2: page 1 - 990 Page 2, Part II, Line 22b**

<b>Open to Public Inspection</b>	For Calendar year 2007, or tax year period beginning	and ending
----------------------------------	--	------------

Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
---	---

Class of Activity	Donee's Name and Address	Amount Given	Relationship/Organizational Status
<b>Educational Institutions</b>	<b>Various School Districts</b>	<b>52,099</b>	<b>None</b>

Total	<b>52,099</b>
-------	---------------

**SCHEDULE OF OTHER EXPENSES**

**Attachment 3: page 1 - 990 Page 2, Part II, Line 43**

Open to Public Inspection For calendar year 2007 or tax period beginning , and ending .

Name of Organization **BALANCE4Kids** Employer Identification Number **75-2994317**

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Advertising	5,869	3,040	2,829	
Respite Direct Expenses	13,162	13,162		
Training/Screening	14,396	14,396		
Workers Comp Insurance	36,630	36,630		
General Liability Insurance	27,252	27,252		
Program Director	37,772	37,772		
Special Programs	5,408	5,408		
Fundraising Expenses	2,182			2,182
Dues and Subscriptions	378		378	
Directors Insurance	11,612		11,612	
Miscellaneous	-5,856		-5,856	
Other Fees	2,117		2,117	
Office Expenses	57,807	11,782	46,025	
Taxes	601	601		
<b>Total</b>	<b>209,330</b>	<b>150,043</b>	<b>57,105</b>	<b>2,182</b>

PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning _____, and ending _____
Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>

Primary Purpose

Funding of one on one assistants in school districts for special needs children.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning , and ending .
---------------------------	--

Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
---	---

Part III - Statement of Program Service Accomplishments

Grants and allocations	<b>403,299</b>	Amount includes foreign grants	Program service expenses	<b>398,523</b>
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Exempt Purpose Achievements

**Staffing of respite services for special needs children.**

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 2 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning , and ending .
---------------------------	--

Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
---	---

Part III - Statement of Program Service Accomplishments

Grants and allocations	<b>88,699</b>	Amount includes foreign grants	Program service expenses	<b>89,728</b>
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Exempt Purpose Achievements

**Providing activities for special needs children.**

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 3 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2007, or tax period beginning , and ending .
---------------------------	--

Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
---	---

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	<b>1,781,218</b>
Exempt Purpose Achievements			

**Funding of one on one assistants in school districts for special needs children.**



SHORT SCHEDULE OF OTHER NOTES AND LOANS RECEIVABLE

Attachment 6: page 1 990 Page 4, Part IV, Line 51

Open to Public Inspection For calendar year 2007 or tax period beginning , and ending .

Name of Organization **BALANCE4Kids** Employer Identification Number **75-2994317**

Description of Other Expenses	Amount
<b>Employee advance</b>	650
Total	650

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

**Attachment 7: page 1 - 990 Page 4, Part IV, Line 57**

<b>Open to Public Inspection</b>	For Calendar year 2007, or tax year period beginning	and ending
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Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
---	---

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990- PF Only)
<b>Computer Software</b>	<b>7,900</b>	<b>7,487</b>	<b>413</b>	
<b>Total</b>	<b>7,900</b>	<b>7,487</b>	<b>413</b>	

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

**Attachment 8: page 1 - 990 Page 5, Part V-A**

<b>Open to Public Inspection</b>	For calendar year 2007, or tax period beginning _____, and ending _____.
----------------------------------	--

Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
---	---

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Mary Willis 5 Chicory Lane San Carlos, CA 94070	<b>President</b>	0	0	0
Shannon Crane PO Box 1059 Felton, CA 95018	<b>Treasurer</b>	0	0	0
Victoria George 4500 Soquel Drive Soquel, CA 95073	<b>Secretary</b>	0	0	0

RELATED ORGANIZATION

Attachment 9: page 1 - 990 Page 6, Part VI, Line 80

Open to Public Inspection For calendar year 2007 or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
---	---

Business Name of Organization <b>BALANCE4Kids of Monterey</b>	Exempt <b>Exempt</b>
--	-------------------------

BOOKS ARE IN CARE OF

Attachment 10 - 990 Page 7, Part VI, Line 91a

For calendar year 2007 or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
---	---

Part VI - Line 91a

Individual Name ..... Victoria George  
or  
Business Name: \_\_\_\_\_

Street Address ..... 4500 Soquel Drive

U.S. Address:

Zip code 95073 City Soquel State CA

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (831) 464-8669

Fax Number .....

**PART VII - ANALYSIS OF INCOME-PRODUCING ACTIVITIES**

**Attachment 11: page 1 - 990 Page 8, Part VII, Line 93**

**Open to Public Inspection** For calendar year 2007, or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_.

Name of Organization **BALANCE4Kids** Employer Identification Number **75-2994317**

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
<b>a</b>	<b>Under-reported prior year contract income</b>					<b>48,019</b>
<b>b</b>	<b>Kids Quest Private Pay</b>					<b>9,115</b>
<b>c</b>	<b>Returns returned</b>					<b>552</b>
		<b>Totals</b>				<b>57,686</b>

**SCHEDULE OF RELATIONSHIP OF ACTIVITIES  
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

**Attachment 12: page 1 990 Page 8, Part VIII**

<b>Open to Public Inspection</b>	For calendar year 2007 or tax period beginning _____, and ending _____.
<b>Name of Organization</b> <b>BALANCE4Kids</b>	
<b>Employer Identification Number</b> <b>75-2994317</b>	

Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
<b>93(a)</b>	<b>Contains under reported government contract income from prior years and income from program services rendered.</b>
<b>93(g)</b>	<b>Pays costs related to supplying assistants in special education.</b>

**COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES**

**Attachment 13: page 1 Schedule A Page 1, Part I**

<b>Open to Public Inspection</b>	For calendar year 2007 or tax period beginning _____, and ending _____.
----------------------------------	---

Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
<b>James Hughes</b> 24 Coulson Avenue Santa Cruz, CA 95060	<b>Program Director</b> 40.00	38,240	0	0
<b>Ivan Chan</b> 343 Soquel Avenue Santa Cruz, CA 95062	<b>Interpreter</b> 30.00	36,761	0	0
<b>Nichole Griffin</b> 1712 Delaware Ave Santa Cruz, CA 95060	<b>Assistant Director</b> 40.00	42,048	0	0
<b>Victoria George</b> 4500 Soquel Drive Soquel, CA 95073	<b>Executive Director</b> 60.00	94,500	0	0
<b>Colleen Russell</b> 224 Coulson Avenue Santa Cruz, CA 95062	<b>Director Kids Quest</b> 40.00	46,748	0	0



SELF DEALING STATEMENT

Attachment 14: page 1 Sch A Page 2, Part III, Line 2, Self-Dealing Statemen

Open to Public Inspection	For calendar year 2007 or tax period beginning , and ending .
Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
Line number from Schedule A, page 2, line 2a to 2e .....	<b>2a</b>

Statement Regarding Transaction

Victoria George owns the property that the organization rents for offices. The amount paid is the fair market value for the area.

SELF DEALING STATEMENT

Attachment 14: page 2 Sch A Page 2, Part III, Line 2, Self-Dealing Statemen

Open to Public Inspection	For calendar year 2007 or tax period beginning , and ending .
Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
Line number from Schedule A, page 2, line 2a to 2e .....	<b>2d</b>

Statement Regarding Transaction

Victoria George sits on the board as well as working for the organization.

## 2007 Federal Depreciation Schedule

BALANCE4Kids  
75-2994317

05-21-2008

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
Computer Systems										
Computer Software	03-01-03	S/LHY	5	7,900	0	0	0	7,900	5,907	1,580
1 Asset			Subtotals:	7,900	0	0	0	7,900	5,907	1,580
1 Asset			Totals:	7,900	0	0	0	7,900	5,907	1,580
1 Asset			Grand Totals:	7,900	0	0	0	7,900	5,907	1,580

\* Asset disposed this year  
 -C Carryover basis in like-kind exchange transaction  
 -B Excess basis in like-kind exchange transaction

## 2007 AMT Depreciation Schedule

BALANCE4Kids  
75-2994317

05-21-2008

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust	
Form 990									
Computer Systems									
Computer Software	03-01-03	S/LHY	5	7,900	4,740	1,580	1,580	0	
1 Asset				Subtotals:	7,900	4,740	1,580	1,580	0
1 Asset				Totals:	7,900	4,740	1,580	1,580	0
1 Asset				Grand Totals:	7,900	4,740	1,580	1,580	0

\* Asset disposed this year  
 ~C Carryover basis in like-kind exchange transaction  
 ~B Excess basis in like-kind exchange transaction

For calendar year 2007 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.	
<b>IMPORTANT: Your number is required.</b>	
California corporation number <b>2400502</b>	Federal employer identification number (FEIN) <b>75-2994317</b>
Corporation/Organization name <b>BALANCE4Kids</b>	
Address (including suite, room, or PMB no.) <b>4500 Soquel Drive</b>	
City <b>Soquel</b>	State <b>CA</b>
ZIP Code <b>95073</b>	
A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____	
B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required _____ • <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D Is this a group filing? See General Instruction N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E Accounting method used <b>Accrual</b>	
F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <b>d</b> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

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

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	●	1	2,100,491
	2	Gross dues and assessments from members and affiliates	●	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions	●	3	525,282
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C.	●	4	2,625,773
	5	Cost of goods sold		5	
	6	Cost or other basis, and sales expenses of assets sold		6	
	7	Total costs. Add line 5 and line 6		7	
	8	Total gross income. Subtract line 7 from line 4		8	2,625,773
Ex-penses	9	Total expenses and disbursements. From Side 2, Part II, line 18		9	2,505,229
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	120,544
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F		11	25
	12	Penalty for failure to file on time. See General Instruction L		12	
	13	Use tax. See "General Instruction M"	●	13	
	14	Balance due. Add line 11, line 12, and line 13		14	25

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents  Yes  No
- 17 Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter amount of gross receipts from nonmember sources \$ \_\_\_\_\_
- 18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income?  Yes  No  
 If "Yes," enter amount of total income reported \$ \_\_\_\_\_

19 The financial records are in care of **Victoria George** Daytime telephone **(831) 464-8669**  
 located at **4500 Soquel Drive** **Soquel** **CA 95073**

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's SSN or PTIN
	Firm's name (or yours, if self-employed) and address			FEIN

**Secretary** • **(831) 464-8669**  
**M. David Packard, CPA**  
**25431 Cabot Rd #101**  
**Laguna Hills CA 92653** • Daytime telephone **949-581-4338**  
**05-23-2008** • **P00448448**

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	2,098,855
	2	Interest	2	1,636
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	2,100,491
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	52,099
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	
	12	Other salaries and wages	12	1,941,469
	13	Interest	13	
	14	Taxes	14	184,258
	15	Rents	15	58,520
	16	Depreciation and depletion	16	1,580
	17	Other. Attach schedule	17	267,303
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,505,229

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		-19,567		26,763
2	Net accounts receivable		38,779		69,755
3	Net notes receivable. Attach schedule				650
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans _____)				
9	Other investments. Attach schedule				
10	a Depreciable assets				
	b Less accumulated depreciation	( )	( )		
11	Land				
12	Other assets. Attach schedule				
13	Total assets		19,212		97,168
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax	8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains	9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule	10	Net income per return.
5	Expenses recorded on books this year not deducted in this return. Attach schedule		Subtract line 9 from line 6
6	Total. Add line 1 through line 5		

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

## 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.

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

State Charity Registration Number <b>122751</b> <hr/> Name of Organization <b>BALANCE4Kids</b> Address (Number and Street) <b>4500 Soquel Drive</b> City or Town, State and ZIP Code <b>Soquel CA 95073</b>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> Corporate or Organization No. <b>2400502</b> <hr/> Federal Employer I.D. No. <b>75-2994317</b>
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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 \_\_\_\_\_ ending \_\_\_\_\_ ) list:  
 Gross annual revenue \$ **2,625,773** Total assets \$ **97,168**

**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?	<b>X</b>	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		<b>X</b>
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.		<b>X</b>
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.		<b>X</b>
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.	<b>X</b>	
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.		<b>X</b>
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.		<b>X</b>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		<b>X</b>

Organization's area code and telephone number **(831) 464-8669**  
 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.

**Secretary**

\_\_\_\_\_  
 Signature of authorized officer Printed Name Title Date

## 2007 California Depreciation Schedule

BALANCE4Kids  
75-2994317

05-21-2008

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
Computer Systems										
Computer Software	03-01-03	S/LHY	5	7,900	0	0	0	7,900	5,907	1,580
1 Asset			Subtotals:	7,900	0	0	0	7,900	5,907	1,580
1 Asset			Totals:	7,900	0	0	0	7,900	5,907	1,580
1 Asset			Grand Totals:	7,900	0	0	0	7,900	5,907	1,580

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction



FUNDED GOVERNMENT AGENCY

For calendar year 2007 or tax period beginning , and ending .

Name of Organization <b>BALANCE4Kids</b>	Employer Identification Number <b>75-2994317</b>
---	---

Name and Address of Government Agency	Contact Person	Telephone no.
<b>Various School Districts</b>		