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SCANNED MAR 1 9 2012

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection

<u>A</u>	For th	= 2010 calendar year, or tax year beginning $JUL 1$ , $2010$ and	ending <sub>t</sub>	<u>JUN 30, 20</u>	)11	
В	Check if applicab	C Name of organization		D Employer ide	entificatio	on number
	Addre	• ST. GERMAINE CHILDREN S CHARITY		_		
	Name chang	Doing Business As		20	0-523	7325
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite			
	Termi	· · · · · · · · · · · · · · · · · · ·		(8	358)4	54-1211
┌	Amen	ded O		G Gross receipts \$		252,563.
$\vdash$	Applie			H(a) Is this a gro	nun return	
	pend	F Name and address of principal officer SHEILA SCARAMELLA		for affiliates	-	Yes X No
		SAME AS C ABOVE		H(b) Are all affilia		
	Tayay	empt status: X 501(c)(3)	or 52	<b>-</b>		(see instructions)
		te: NWW.STGERMAINECHILDRENSCHARITY.ORG	01 32	<b>-</b> 1		•
		organization: X Corporation	I Van	H(c) Group exer		
	art I	Summary	L TEa	oriorniation. 200	JO M SIA	te of legal domicile: CA
_	1		DITEDO	CE AND OD	TECMT	VEC OF
Activities & Governance	1 -	Briefly describe the organization's mission or most significant activities. THE				
ШĘ		ST. GERMAINE ARE TO WORK TO STOP CHILD A				
Şe.		Check this box I if the organization discontinued its operations or dispos	sed of moi	e than 25% of its i	1 1	
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)			3	10
∘ర		Number of independent voting members of the governing body (Part VI, line 1b)			4	10
ties		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5	0
Ę		Total number of volunteers (estimate if necessary)			6	300
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34			_ 7b	0.
	_		<u> </u>	Prior Year		Current Year
Ģ		Contributions and grants (Part VIII, line 1h)	<u> </u>	127,98		205,918.
Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>		0.	0.
Ŗ		Investment income (Part VIII) column (A), lines 3, 4, and 7d)	<u> </u>		53.	72.
		Other rexenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,01		<u>25,797.</u>
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		152,05		231,787.
		Grants and similar amounts paid (Part & column (A), lines 1-3)	_	129,30	<del></del>	141,875.
		Benefits paid to or for members (Part) (A), line 4)	ļ		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	<u> </u>
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_		0.	0.
X	_ b	Total fundraising expenses (Part IX, column (D), line 25)	0.	······································		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ļ <u> </u>		36.	12,663.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>		36.	154,538.
_ (	19	Revenue less expenses. Subtract line 18 from line 12		11,01		77,249.
SO			В	eginning of Current		End of Year
Sset	20	Total assets (Part X, line 16)		102,54	11.	<u>168,935.</u>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		11,41		560.
쫉	22	Net assets or fund balances. Subtract line 21 from line 20		91,12	<u> </u>	<u>168,375.</u>
	art li	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedule:				wledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge		
		Shulo Scaranulle Signature of officer			<u>- 23. 3.</u>	12
Sig				Date		
Her	e	SHEILA SCARAMELLA, PRESIDENT Type or print name and title				
			· 1	Dota	<del>4</del>	DTIN
n		Print/Type preparer's name Preparer's signature		Date Che		PTIN
Paid		LISA M. BETYAR Kisa 11. Styau	COA		employed	
	parer	Firm's name LINDSAY & BROWNELL, LLP		Firm's Ell	1	
use	Only	Firm's address 4225 EXECUTIVE SQUARE, SUITE 11	50		<u> </u>	FF00000
		LA JOLLA, CA 92037		Phone no	858	5589200
		RS discuss this return with the preparer shown above? (see instructions)				X Yes No
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.			Form <b>990</b> (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

61/1

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ļ	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		İ	
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		l .	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	<u> </u>
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? If "Yes," complete Schedule D, Part I	6	L	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	1		
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		L
		Form	<b>990</b> (	2010)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	]		
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			7.7
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	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? If "Yes," complete Schedule L, Part III			v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		X
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	000		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		21
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2	2010)

Form 990 (2010) ST. GERMAINE CHILDREN'S CHARITY

Part V Statements Regarding Other IRS Filings and Tax Compliance

Is Enter the number reported in Box 3 of Form 1006. Enter 0: finot applicable be their the number of Porms W 25 included in the 1s. Enter 0: if not applicable 0.0 be their the number of Porms W 25 included in the 1s. Enter 0: if not applicable 0.0 be the regimensization conceived with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners?  25. Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, filed for the celeridary sex ending with or within the year covered by this returns?  26. It is least one is reported on line 2a, did the organization the all required to defer demployment tax returns?  37. Note, if the sum of lines 1 and 62 as greater than 425, you may be required to defer (see instructions)  38. Did the organization and as in greater than 425, you may be required to defer (see instructions)  39. Did the organization have unrelated business gross incore of \$1,000 or more during the year?  40. 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 accounts?  40. If "Yes," and in the name of the foreign country, be seen structions for filing requirements for Form TD F 30-22.1, Report of Foreign Bank and Financial Accounts  40. If "Yes," and the party most the organization that was or is a party to a princhibed tax sheller transaction?  40. If "Yes," and the same of the foreign country, be a princhibed tax sheller transaction?  41. If "Yes," a file the Said Sb, did the organization file Form 8888.7?  42. If "Yes," a file the signal party notify the organization file Form 8888.7?  43. If "Yes," a file the organization have sent that was or is a party to a princhibed tax sheller transaction?  43. If "Yes," a file the organization shell was or is a party to a princhibed tax sheller transaction?  44. If "Yes," a file the organization shel		Check if Schedule O contains a response to any question in this Part V			
18 Enter the number reported in Box 3 of Form 1096, Enter -0* not applicable   19 0	-			Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  8 If all least one is reported on fine 22, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  8 Did the organization have unrelated business greas income of \$1,000 or more dumpt the year?  8 If Ves, *has it filed a Form 990-T for the year? If *No.* provide an explanation in Schedule O  8 At any time duming the calendar year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country.  8 If *Yes,* are the relation of the foreign country.  9 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5 Was the organization have anothered that was or is a party to a prohibited tax shelter transaction?  9 Did any taxibib party notify the organization that in value or is a party to a prohibited tax shelter transaction?  9 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5 Was the organization and party to a prohibited tax where the same of the organization solicit any contributions that were not tax deductible?  10 If *Yes,* are the organization that were not tax deductible?  11 If *Yes,* are the comparization in the comparization that may receive deductible contributions under section 170(c).  12 If *Yes,* are included the very solicitation an express a brain and party for goods and services provided to the payor?  13 If *Yes,* are included to organization include with every solicitation an express provided?  14 If *Yes,* are included to the organization included the payor?  15 If *Yes,* are	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
See a structure to the calendar year ending with or within the year covered by this return  Field for the calendar year ending with or within the year covered by this return  Field for the calendar year ending with or within the year covered by this return  Field for the calendar year ending with or within the year covered by this return  Field for the calendar year ending with or within the year covered by this return  Field for the calendar year ending with or within the year covered by this return  Field for the calendar year did the organization in leading the year of the search of the year covered by this return  Field for the calendar year did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, accountes account, or other financial account)?  Field for the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account)?  Field for the calendar year, did the organization into the such account, securities account, or other financial accounts?  Field for the calendar year, did the organization into the way or is a party to a prohibited tax shelter transaction at any time during the tax year?  Field for the calendar year, did the organization into the way or is a party to a prohibited tax shelter transaction at the year or is a party to a prohibited tax shelter transaction at year the tax year.  Field for the calendar year, did the organization into the way of the properties that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductible?  Field for great year than \$100,000, and did the organization solicit any contribution and year year than \$100,000, and did the organization shelt may receive deductible contribution and year than \$100,000, and did the organization shelt way are than \$100,000, and did the organization she	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W-3. Transmutator Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2 as in greater than 250, up may be required to e-file. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary 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 Accounts in 11 february and the foreign country.  3b If "Yes," enter the name of the foreign country.  5c Was the organization and foreign country (such as a bank account, securities account, or other financial Accounts are sufficiently only the organization that it was or is a party to a prohibited tax shelter transaction?  5c Was the organization have aimural gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," to line the organization receive a complete that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6d If "Yes," indicate the number of the value of the goods or services provided?  6d If "Yes," indicate the number of Forms 8222 feed during the year  6d If the organization received a contribution of qualified intellectual property, for which it was required to the Form 8292?  6d If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  77 If If the organization received a contribution of a sposenging organization, have excess bissness holdings	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Filed for the calendar year ending with or within the year covered by this return    Filed for the calendar year ending with or within the year covered by this return?		(gambling) winnings to prize winners?	1c		
b If all least one is reported on line 2a, dut the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, *has it filed a Form 990-T for this year? If *No. *provide an explanation in Schedule O  4a At any time during the calendary 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)?  5b If Yes, *to line 5a or 5b, dot the foreign country. ►  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts  5c Union 5a or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, *to line 5a or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, *to line 5a or 5b, dot the organization file Form 8896.17?  6c If Yes, *to line 5a or 5b, dot the organization inductive with every solicitation an express statement that such contributions or gifts were not tax deductable?  6c Obd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  6d If Yes, *to line 5a or 5b, dot the organization include with every solicitation and partly for goods and services provided to the payor?  6d If Yes, *to line 5a or 5b, dot the organization more applies to the experiment of the value of the goods or services provided?  6d If Yes, *to line 5a or 5b, dots, directly or indirectly or indirectly or a personal benefit contract?  7d If Yes, *to line forms 8282?  8d If the organization received a contribution of qualified intellectual property, of the organization file a Form 1098-C?  8ponesoring organizations maintaining door advised funds.  9d If the organization	<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note, if the sum of thesia and 2a is greater than 250, you may be required to e-tile. (see instructions) 3  Did the organization have unrelated business gross income of \$1,000 or more during the year? 4  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, or other financial account)? 5  Was the organization country (such as a bank account, or other financial account)? 5  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5  Was 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? 6  Was 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? 7  Organizations that may receive deductible contributions under section 170(c). 8  Was the did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7  Organizations that may receive deductible contributions under section 170(c). 8  Was the organization shall may receive deductible contributions under section 170(c). 9  Was the organization shall may receive deductible contributions under section 170(c). 9  Was the organization shall may receive deductible contributions under section 170(c). 9  Was the organization shall may receive deductible contributions under section 170(c). 9  Was the organization shall may receive deductible contributions under section 170(c). 9  Was the organization shall may receive deductible contributions under section 470 (c) to the organization flee form 8282? 9  Was the organization received an contribution of qualeted intellectual property, did the organization receive		filed for the calendar year ending with or within the year covered by this return			
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b if "Yes," enter the name of the foreign country. ▶ See instructions for filling requirements for Form TD F90.22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5c Did 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?  5c Did the organization that may receive deductible contributions under section 170(c).  5d Did the organization shart may receive deductible contributions under section 170(c).  5d Did the organization shart may receive deductible contributions under section 170(c).  5d Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  5d Did the organization notify the donor of the value of the goods or services provided?  5d Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization neceived a contribution of qualified intellectual property (did the organization file Form 8899 as required?)  6d If the organization received a contribution of carls, boats, amplanes, or other vehicles, did the organizations. Did the supporting N/A  7g N/A	4a				
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor?  9 If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 In the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 6282?  11 If "Yes," indicate the number of Forms 8282 filed during the year  12 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 If the organization receive any funds, directly or indirectly, or a personal benefit contract?  14 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  15 Sponsoring organizations maintaining denor advised funds and section 509(a)(3) supporting organizations file a Form 1098-C?  16 If "Yes," and a donor advised fund maintained by a sponsoring organization in file a Form 1098-C?  17 If In In Intelligent the organization make a distribution under section 4966?  18 Sponsoring organizations make a distribution to a donor, donor advisor, or related person?  19 Sponsoring organizations. Enter:  10 If "Yes," enter the amount of tax-exempt interest received or accused during the year  11 If "Yes," enter the amount of reserves the organization in the organization filing Form 990 in lieu of Form 1041?  11 If "Yes," enter	_				••
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  f If the organization mace and intellectual property, did the organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  b Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  b Did the organization make a distribution to a donor, donor advisor, or related person?  N/A  b Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  N/A  12a	b				
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Form 990 (2010) ST. GERMAINE CHILDREN'S CHARITY 20-5237325 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a 10 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Ye<u>s</u> Νo 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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 LX Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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<u>LINDSAY & BROWNELL, LLP - (858)558-9200</u>

4225 EXECUTIVE SQUARE, SUITE 1150, LA JOLLA,

92037

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)		rganization compensate (C)					(D)	(E)	(F)
Name and Title	Average	١.,		Pos				Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	institutional trustee			Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SHEILA SCARAMELLA		i								
PRESIDENT	35.00	X		Х				0.	0.	0.
SUE KALISH								]	_	_
1ST VICE PRESIDENT	2.00	X		X		_		0.	0.	0.
MARYL WEIGHTMAN		l								
1ST VICE PRESIDENT	2.00	X		X	-			0.	0.	0.
PAULA TAYLOR	15 00								_	
2ND VICE PRESIDENT	15.00	X	├-	X				0.	0.	0.
DEBORAH REYNOLDS	2.00	<b>.</b>		x				0.	0.	_
ASSISTANT VICE PRESIDENT JOANNE FOX	2.00	^	-	Λ		-		<u> </u>	<u></u>	0.
3RD VICE PRESIDENT	2.00	v		Х				0.	0.	0.
MARCIA STARCHER	2.00	1	-		-		-	<del></del>		<u> </u>
4TH VICE PRESIDENT	2.00	x		X				0.	0.	0.
LISA BETYAR				-						
TREASURER	0.50	X	į	x				0.	0.	0.
JAMIE ZEBROWSKI										
SECRETARY	2.00	X		X				0.	0.	0.
TORRIE SCHILLER		1								
CORRESPONDING SECRETARY	1.00	X		Х				0.	0.	0.
	<del>                                     </del>		-	-	-					

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, aı	nd t	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)	[		(C	>)			(D)	(E)		(F)	
Name and title	Average			Posi				Reportable	Reportable		Estimat	
	hours per week (describe hours for related	<u> </u>		all t		app		compensation from the organization	compensation from related organizations (W-2/1099-MIS		amount other compens from the	ation ne
	organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organiza	ted
											-	
							_					
										1		<del></del>
1b Sub-total	<u> </u>		L		<u> </u>	<b></b>	ــــــــــــــــــــــــــــــــــــــ	0.		0.		0.
c Total from continuation sheets to Part V	l, Section A							0.		0.		0.
d Total (add lines 1b and 1c)			14-			<u> </u>		0.		0.		0.
2 Total number of individuals (including but n compensation from the organization	ot ilmited to tr	1050	IISTE	ed ai	oove	e) wr	no re	eceived more than \$100	,000 in reportable	•		0
oomportuation now are enganization.			_					· · · · · · · · · · · · · · · · · · ·			Yes	_
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, ke	y em	plo	yee,	or h	nighest compensated er	mployee on		3	Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization		4	x
5 Did any person listed on line 1a receive or a									dual for services	Ţ		
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J 1	or s	ıch	oers	son		<del></del>			5	<u> </u>
Complete this table for your five highest co the organization.     NONE	mpensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	ation from	
(A) Name and business	address			_				(B) Description of s	services	C	(C) ompensati	on
							1	·		<u>.</u>		<del></del>
Total number of independent contractors (i \$100,000 in compensation from the organic		ot li	mite	d to		se lis	sted	above) who received n	nore than			
											Form <b>990</b>	(2010)

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 19,225 Membership dues 1b 108,170 1c c Fundraising events d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 78,523 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 205,918 Total, Add lines 1a-1f **Business Code** f All other program service revenue Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and 72. other similar amounts) 72. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses Rental income or (loss) Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 108,170. of contributions reported on line 1c). See 46,573 Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 25,797. 25,797. 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 231,787. 25,869. 12 Total revenue. See instructions. Form 990 (2010)

## Form 990 (2010) ST. GERMAINE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

Grants and other assistance to governments and organizations in the U.S. See Part IV, Inne 21   141,875.   141,875.   141,875.   341,875.		All other organizations must con				
organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 23 Grants and other assistance to governments, organizations, and individuals outsade the U.S. See Part IV, lines 15 and 16 Benefits pad to or for members Compensation of current officers, directors, trustees, and two profits of trustees and wappes Compensation and included above, to disqualified persons (as defined under section 4580(f)(1) and persons described in section 4580(f)(3) and persons described in section 401(k) and section 403(b) employer contributions)  Penson plan contributions (include section 401(k) and section 403(b) employer contributions)  Penson plan contributions (include section 401(k) and section 403(b) employer contributions)  Penson plan contributions (include section 401(k) and section 403(b) employer contributions)  Penson plan contributions (include section 401(k) and section 403(b) employer contributions)  Penson plan contributions (include section 401(k) and section 403(b) employer contributions)  Penson plan contributions (include section 401(k) and section 403(b) employer contributions)  Penson plan contributions (include section 401(k) and persons described and section 403(b) employer contributions)  Penson plan contributions (include section 401(k) and section 403(b) employer contributions)  Differ depletion, described and section 401(k) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributio			(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
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Joint costs. Check here   if following SOP  98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising						<del></del>
98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising			154,538.	151,908.	2,630.	0.
	26	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				

032010 12-21-10

			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		102,541.	1	168,935.
2	Savings and temporary cash investments		· · · · ·	2	
3	Pledges and grants receivable, net	•	- "	3	. "-
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors	trustees key	<del></del>	•	
3	employees, and highest compensated employees Cor				
	of Schedule L	inplete i ait ii		5	
	Receivables from other disqualified persons (as defined	t under coetion			· · · · · · · · · · · · · · · · · · ·
6					
	4958(f)(1)), persons described in section 4958(c)(3)(B),				
	employers and sponsoring organizations of section 50				
	employees' beneficiary organizations (see instructions)			6	
7	Notes and loans receivable, net		7		
8	Inventories for sale or use			8	·
9	Prepaid expenses and deferred charges			9	<del></del>
10a	Land, buildings, and equipment cost or other				
	basis. Complete Part VI of Schedule D . 10a				
b	Less: accumulated depreciation 10b		10c		
11	Investments · publicly traded securities .			11	
12	Investments - other securities. See Part IV, line 11		12		
13	Investments - program-related. See Part IV, line 11		13	•	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 3	34)	102,541.	16	168,935
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue		11,415.	19	560
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
22	Payables to current and former officers, directors, trus	ees, key employees,			
	highest compensated employees, and disqualified pers	sons. Complete Part II			
	of Schedule L	·		22	
23	Secured mortgages and notes payable to unrelated the	rd parties		23	
24	Unsecured notes and loans payable to unrelated third	parties		24	
25	Other liabilities. Complete Part X of Schedule D			25	
26	Total liabilities, Add lines 17 through 25		11,415.	26	560
	Organizations that follow SFAS 117, check here	and complete			
	lines 27 through 29, and lines 33 and 34.	·			
27	Unrestricted net assets			27	
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117, check h	ere ▶ X and			
İ	complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds		0.	30	0
31	Paid-in or capital surplus, or land, building, or equipme	nt fund	0.	31	0
32	Retained earnings, endowment, accumulated income,		91,126.	32	168,375
33	Total net assets or fund balances	or other funds	91,126.	33	168,375
	rotal not assets of fund balances		71,140.	_ <del></del>	<u> </u>

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

**2010** 

Open to Public Inspection

Name of the organization

ST. GERMAINE CHILDREN'S CHARITY

20-5237325

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

The	organ	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	ox.)					
1			•	s, or association of churc	-		-						
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3				tal service organization (		n section	170(b)(1)	(A)(iii).					
4		•	•	_					(b)(1)(A)(ii	ii). Enter th	ne hospital	s nam	e,
·		city, and state	=			with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
5		•		benefit of a college or ur	niversity ov	wned or op	perated by	a governi	nental uni	t describe	d ın		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II )									
6		A federal, sta	ite, or local governm	ent or governmental uni	t described	d ın sectio	n 170(b)(	1)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	r from the	general p	ublic desc	ribed ir	n
		section 170(	b)(1)(A)(vi). (Comple	te Part II)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	$\mathbf{X}$	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, an	d gross red	eipts f	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	invest	ment
		income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	fter June 3	0, 197	5.
		See section	<b>509(a)(2).</b> (Complete	Part III.)									
10		An organizati	on organized and op	erated exclusively to te	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	<b>I</b> ).				
11		An organizati	on organized and op	erated exclusively for th	ne benefit d	of, to perfo	orm the fui	nctions of,	or to carr	y out the p	ourposes o	f one d	or
		more publicly	supported organiza	itions described in section	on 509(a)(1	1) or section	on 509(a)(2	2). See <b>se</b> c	tion 509(	a)(3). Che	ck the box	that	
		describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
		a Type i	b	Type II c	; 🔲 Тур	e III - Func	tionally int	tegrated		d 🔲	Type III - C	)ther	
е		By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	r more dis	qualified p	ersons oth	er tha	n
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2)	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	iis box									
g		Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
		(i) A person	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and (	(III) below,		Yes	No
		the gove	erning body of the su	apported organization?							11g(i)		
		(ii) A family	member of a persor	described in (i) above?							11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) of	or (II) above	∍?					11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganızatıon	(s).							
						·	,						
(i)	Name	of supported	(ii) EIN	(iii) Type of		rganization			(vi) Is	s the	(vii) Am	ount o	f
•		anization	` '	organization (described on lines 1-9		sted in your		ion in col.	organizáti (i) organiz	ed in the		port	
				above or IRC section	governing	aocument?	(i) of you	r support?	U.S	5.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>								
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Pá	Support Schedule for (Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I o	or if the organization					n
<u></u>	fails to qualify under the tests ction A. Public Support	isted below, plea	ise complete Part	111.)					
		4 > 2000	4 > 0007	(-) 0000	(-t) 0000	T .	\ 0010	/O Tota	
	endar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e	) 2010	<b>(f)</b> Tota	u
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								_
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
5	Total. Add lines 1 through 3 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)								
_	Public support. Subtract line 5 from line 4	<u></u>		<u> </u>					
<u>Se</u>	ction B. Total Support								
	endar year (or fiscal year beginning in)   Amounts from line 4	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e	2010	(f) Tota	al
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								
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
	Total support. Add lines 7 through 10		<u> </u>		1	+ +			
	Gross receipts from related activities.  First five years. If the Form 990 is fo	•	•	rd, fourth, or fifth t	ax year as a secti	12 on 501(	 c)(3)		
	organization, check this box and stor					_			· 🔲
Se	ction C. Computation of Publ	ic Support Pe	rcentage					·	
	Public support percentage for 2010 ( Public support percentage from 2009		•	column (f))		14			<u>%</u>
	a 33 1/3% support test - 2010. If the c			n line 12 and line	14 10 22 1/20/ 07 1		acek this ho		70
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n				<b>•</b>	-
ı	o 33 1/3% support test - 2009. If the c	-			I line 15 is 33 1/3%	6 or mo	re, check th	is box	
17:	and stop here. The organization qua a 10% -facts-and-circumstances tes and if the organization meets the "fac	st - 2010.If the orgonstar	anization did not onces" test, check t	check a box on line this box and stop	here. Explain in P				
ı	meets the "facts-and-circumstances" b 10% -facts-and-circumstances tes	_			-	17a. an	d line 15 is 1	10% or	• []

Schedule A (Form 990 or 990-EZ) 2010

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2010 ST. GERMAINE CHILDREN'S CHARITY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009_	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	74,770.	56,285.	115,145.	127,983.	205,918.	580,101.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	65,591.	93,923.	42,326.	52,502.	46,573.	300,915.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		9	1			
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					!	
6	Total. Add lines 1 through 5	140,361.	150,208.	157,471.	180,485.	252,491.	881,016.
78	a Amounts included on lines 1, 2, and				-	•	
	3 received from disqualified persons					77,468.	77,468.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					•	•
	amount on line 13 for the year	6,000.	8,500.	5,000.			19,500.
(	Add lines 7a and 7b	6,000.	8,500.	5,000.		77,468.	96,968.
_8_	Public support (Subtract line 7c from line 6)					•	784,048.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	140,361.	150,208.	157,471.	180,485.	252,491.	881,016.
10a	gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,665.	840.	53.	72.	2,630.
Ł	Unrelated business taxable income				001		2/0001
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b		1,665.	840.	53.	72.	2,630.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)	140,361.	151,873.	158,311.	180,538.	252,563.	883,646.
14	First five years. If the Form 990 is for						
	check this box and stop here	<u> </u>	··				<b>►</b> X
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2010 (I	ıne 8, column (f) dı	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2009					16	%
<u>Se</u>	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	10 (line 10c, colum	nn (f) divided by lin	ie 13, column (f))		17	%
18	Investment income percentage from 2	2009 Schedule A, F	Part III, line 17			18	%
198	a 33 1/3% support tests - 2010. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
Ł	more than 33 1/3%, check this box as 33 1/3% support tests - 2009. If the	·-	•	•	• • •	•	. <b>▶</b> □
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organizatio					_	<b>▶</b> □

#### SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2010

Open To Public Inspection

Internal Revenue Service

Name of the organization **Employer identification number** GERMAINE CHILDREN'S CHARITY 20-5237325 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants C Phone solicitations Special fundraising events d in-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or l No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

032081 01-13-11

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

Schedule G (Form 990 or 990-EZ) 2010

Yes

Schedule G (Form 990 or 990-EZ) 2010

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain.

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010 ST. GERMAINE CHILDREN'S CHARITY	20-5237325 Page 3
11 Does the organization operate gaming activities with nonmembers?	. Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for	ormed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	and records:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	I the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address ►	
16 Gaming manager information:	
To Saming Managor Internation.	
Name	
Gaming manager compensation ▶ \$	
<del> </del>	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the
organization's own exempt activities during the tax year ▶ \$	
<b>Part IV</b> Supplemental Information. Complete this part to provide the explanations required by Part I, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any add	
	• 11.
032083 01-13-11 S	ichedule G (Form 990 or 990-EZ) 2010

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-004/	2010	Open to Public
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Inspection

**2** Employer identification number 20-5237325 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection GERMAINE CHILDREN'S CHARITY General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part

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

7

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	United States. Co	omplete if the orga	nization answered "	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no	55,000. Check this	box if no one recipien	t received more th	an \$5,000. Part II	can be duplicated if	one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	·
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE WEEKLY ART
A REASON TO SURVIVE (ARTS)				•			THERAPY CLASSES FOR
2820 ROOSEVELT RD STE 106							ABUSED AND AT-RISK
SAN DIEGO CA 92106	33-0963135	501(C)(3)	8,000.	0.	i		CHILDREN AGES 6 - 18.
ł							TO SUPPORT THE
CASA DE AMPARO							THERAPEUTIC ACTIVITIES
3355 MISSION AVE, SUITE 238			•				PROGRAM IN THE EMERGENCY
OCEANSIDE CA 92058	95-3315571	501(C)(3)	12,000.	0			RESIDENTIAL CHILDRENS
							TO EXPAND CHILD ABUSE
THE CHILDREN'S INITIATIVE							AWARENESS, ABUSE
4438 INGRAHAM STREET				-			PREVENTION, AND PARENT
SAN DIEGO, CA 92109	77-0587835	501(C)(3)	10,000.	0.			EDUCATION PROGRAMS
1							TO PROVIDE AIR
CENTER FOR COMMUNITY SOLUTIONS							CONDITIONING UNITS FOR
4508 MISSION BAY DRIVE						WINDOW AIR	THE DOMESTIC VIOLENCE
SAN DIEGO, CA 92109	95-6379598	501(C)(3)	0	1,000.	FMV	CONDITIONERS	SHELTER IN EAST COUNTY
							TO PROVIDE SPECIALIZED
WOMEN'S RESOURCE CENTER							COUNSELING SERVICES TO
1963 APPLE STREET		_					GIRLS WHO HAVE WITNESSED
OCEANSIDE CA 92054	95-2932237	501(C)(3)	8,000	0			DOMESTIC VIOLENCE AND TO
			•			<u>!</u>	TO PROVIDE CRIME
STAR/PAL							PREVENTION PROGRAMS AND
4110 54TH STREET				_			AFTER-SCHOOL ACTIVITIES
SAN DIEGO, CA 92105	33-0363138 501(C)(3)	501(C)(3)	8 000	0			WITH LAW ENFORCEMENT
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations	:				<b>A</b>
3 Enter total number of other organizations	·			į			•
l							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

Page 1

Schedule I (Form 990) ST. GERMAINE CHILDREN'S CHARITY
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) ST. GERMAINE CHILDREN'S CHARITY

	No on policies V		וולמנוטווט ווו נווס סו	וופח סופופס וחסווו	Ind of gamizations in the Office States (or leader () of 1 550/, Fait II.	11.11.7	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTERS OF SAN DIEGO							TO IMPLEMENT AND EVALUATE A COMMINITY PROGRAM FOR
							THE PREVENTION OF
SAN DIEGO, CA 92102	95-2833205	501(C)(3)	16,000.	0			INCEST/CHILD SEXUAL
							TO PROVIDE EARLY
TARIQ KHAMISA FOUNDATION							INTERVENTION PROGRAMS FOR
泛							MIDDLE SCHOOL CHILDREN TO
SAN DIEGO, CA 92111	33-0688465	501(C)(3)	8,000.	300.	FMV	GIFT CARDS	REDIRECT DESTRUCTIVE
			•				TO PROMOTE FAMILY
SAN DIEGO ARMED SERVICES YMCA							STRENGTHENING AND HEALTHY
3293 SANTO ROAD							HOMES THROUGH COUNSELING,
SAN DIEGO, CA 92124	95-1679710	501(C)(3)	10,000.	0			SUPPORTIVE THERAPEUTIC
							TO SUPPORT A PROFESSIONAL
HEALTHY START MILITARY FAMILY							PARENT EDUCATOR WHO WILL
RESOURCE CENTER - 3487 SANTO ROAD							CAPITALIZE ON AND EXPAND
- SAN DIEGO, CA 92124	23-7107958	501(C)(3)	12,025,	300.	FMV	GIFT CARDS	AGENCY LINKAGES WITH
							TO PROVIDE COUNSELING,
COMMUNITY RESOURCE CENTER							GROUP THERAPY, AND
650 SECOND STREET			•			GIFT CARDS AND	THERAPEUTIC ACTIVITIES
ENCINITAS, CA 92024	95-3497926	501(C)(3)	6,000.	950.	FMV	GAS STOVE	EXCLUSIVELY FOR CHILD
			1				
ASELTINE SCHOOL							TO PROVIDE A CONFLICT
4027 NORMAL STREET							RESOLUTION PROGRAM FOR
SAN DIEGO, CA 92103	95-2552382	501(C)(3)	8,000.	300.	FMV	GIFT CARDS	HIGH-RISK YOUTH,
							TO PROVIDE SPECIFIC
YWCA OF SAN DIEGO COUNTY							TRAINING TO YWCA
1012 C STREET							THERAPISTS AND CHILDRENS
SAN DIEGO, CA 92101	95-1661119	501(C)(3)	9,000.	0.			ACTIVITIES COUNSELORS ON
							TO PROVIDE FREE
SOUTH BAY COMMUNITY SERVICES							THERAPEUTIC PRESCHOOL FOR
1124 BAY BLVD., STE. D							CHILDREN AGES 3 - 5 WHO
CHULA VISTA, CA 91911	95-2693142	501(C)(3)	12,000.	0			HAVE BEEN TRAUMATIZED BY
							TO PROVIDE FOSTER AND
WALDEN FAMILY SERVICES							ADOPTION SUPPORT SERVICES
6150 MISSION GORGE RD STE 210							TO TREATMENT LEVEL AND
SAN DIEGO CA 92120	94-2358632	501(C)(3)	12,000.	0.			SPECIAL NEEDS ABUSED AND
ГНА							Schedule I (Form 990)

Schedule	Schedule I (Form 990) (2010)	ST.	GERMAINE CHILDREN'S CHARITY	20-5
Part	Part III Grants and Other Assistanc	tance to	nce to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 additional space is needed.	

(f) Description of non-cash assistance (book, FMV, appraisal, other)			nformation required in Part I, line 2, and any other additional information.			ırc	ELTER.	
(d) Amount of non- cash assistance			, line 2, and any o			THERAPEUTIC	DRENS SH	
(c) Amount of cash grant			required in Part I		3 AMPARO		NTIAL CHII	
(b) Number of recipients					: CASA DI	TO SUP	Y RESIDE	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the	PART II, LINE 1, COLUMN (H):	NAME OF ORGANIZATION OR GOVERNMENT: CASA DE AMPARO	(H) PURPOSE OF GRANT OR ASSISTANCE:	ACTIVITIES PROGRAM IN THE EMERGENCY RESIDENTIAL CHILDRENS SHELTER.	

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND CHILD ABUSE AWARENESS,

ABUSE PREVENTION, AND PARENT EDUCATION PROGRAMS SPECIFICALLY FOR

AFTER-SCHOOL PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR COMMUNITY SOLUTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE AIR CONDITIONING UNITS

FOR THE DOMESTIC VIOLENCE SHELTER IN EAST COUNTY, SAN DIEGO.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SPECIALIZED COUNSELING

SERVICES TO GIRLS WHO HAVE WITNESSED DOMESTIC VIOLENCE AND TO BREAK THE

CYCLE OF VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT: STAR/PAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CRIME PREVENTION PROGRAMS

AND AFTER-SCHOOL ACTIVITIES WITH LAW ENFORCEMENT OFFICERS FOR YOUTH AGES

10 - 14.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HEALTH CENTERS OF SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT AND EVALUATE A

COMMUNITY PROGRAM FOR THE PREVENTION OF INCEST/CHILD SEXUAL VIOLENCE IN

THE BARRIO LOGAN AREA.

NAME OF ORGANIZATION OR GOVERNMENT: TARIO KHAMISA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EARLY INTERVENTION

PROGRAMS FOR MIDDLE SCHOOL CHILDREN TO REDIRECT DESTRUCTIVE BEHAVIORS TO

ELIMINATE VIOLENCE.

NAME OF ORGANIZATION OR GOVERNMENT: SAN DIEGO ARMED SERVICES YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE FAMILY STRENGTHENING AND

HEALTHY HOMES THROUGH COUNSELING, SUPPORTIVE THERAPEUTIC INTERVENTIONS,

Schedule I (Form 990) 2010

SUPPORT SERVICES TO TREATMENT LEVEL AND SPECIAL NEEDS ABUSED AND NEGLECTED CHILDREN WHO ARE ADMITTED TO THE FOSTER CARE SYSTEM.	Schedule I (Form 9 Part IV Sup	90) 2010 plemental in	ST. GE	RMAINE C	HILDREN'S	CHARITY	20-5237	325 Page 2
				NT LEVEL	AND SPEC	TAL NEEDS	ABUSED AND	
NEGLECTED CHILDREN WHO ARE ADMITTED TO THE FUSTER CARE SYSTEM.								
	NEGLECTED	CHILDRE	N WHO ARE	ADMITTED	TO THE F	OSTER CARE	SYSTEM.	
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Schedule I (Form 990) 2010

### SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

ST. GERMAINE CHILDREN'S CHARITY

Employer identification number 20 – 5237325

DI. GERMATINE CHIEDREN & CHARTII
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BASED ORGANIZATIONS BY PROVIDING FINANCIAL SUPPORT, IN-KIND DONATIONS,
AND HANDS-ON VOLUNTEERS.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS DISTRIBUTED TO ALL
MEMBERS OF THE BOARD OF DIRECTORS AND REVIEWED AT A BOARD MEETING BEFORE
BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS ON THE GRANTS
COMMITTEE ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM EACH YEAR.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.