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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Form **990** (2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning J	UL 1, 2013 and	ending	<u>JUN 30,</u>	2014				
В	Check if applicable	C Name of organization			D Employer	identifica	ation number			
	Addres	CHILDREN'S HOME OF STO	CKTON FOUNDATIO	N			2272			
<u>_</u>	∏Name ∐changi ∏Initial					94-2788793				
	return Termin ated	1.0. DON 201000	ivered to street address)	Room/sur	(209)941-1521					
L	Ameno	City, or town, state or province, country, and	ZIP or foreign postal code		G Gross receipt	is \$	2,241,205.			
	Applic tion pendir	BIOCKION, CA JULUI	113 317 1117		H(a) Is this a					
		F Name and address of principal officer U 111	HANLEY			ordinates?				
_		same as C above		or 5'	H(b) Are all sub					
		mpt status X 501(c)(3) 501(c) () e: ► N/A		01 34	27 If "No," H(c) Group e		st (see instructions)			
			sociation Other	I Ve			State of legal domicile: CA			
	art I	Summary	0000000	[100	1 01 1011111411011 1	3 C T 141	State of legal dofficie. C11			
		Briefly describe the organization's mission or most	significant activities TO P	ROVID	E FINANC	IAL S	UPPORT FOR			
Activities & Governance		CHILDREN'S HOME OF STOCKT								
ī.			ntinued its operations or dispo	sed of mo	ore than 25% of	its net ass	ets			
Ve	1	Number of voting members of the governing body				3	8			
Ğ	1	Number of independent voting members of the go				4	8			
Se	5	Total number of individuals employed in calendar y	ear 2013 (Part V, line 2a)			5	0			
viţi	6	Fotal number of volunteers (estimate if necessary)				6	0			
\cti	7 a	Fotal unrelated business revenue from Part VIII, co	olumn (C), line 12			7a	0.			
_	ь	Net unrelated business taxable income from Form	990-T, line 34			7b	0.			
				L	Prior Yea		Current Year			
ě	8	Contributions and grants (Part VIII, line 1h)		<u> </u>	0.43	0.	395,719.			
Revenue	1	Program service revenue (Part VIII, line 2g)		L		124.	781,200.			
Rev	1	nvestment income (Part VIII, column (A), lines 3, 4		<u> </u>	184,	592.	372,730.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c		-	1,027,	716	$\frac{1,160.}{1,550,809.}$			
_		Total revenue - add lines 8 through 11 (must equal				504.	819,504.			
- 1	13	Signissand similar amounts paid (Part IX, column (A), lines 1-3)	⊢	013,	0.	0.			
L	- ا	ements paid to outbr members (Part IX, column (A	N), line 4)	⊢		0.	0.			
80		Salaries, other compensation, employee benefits (⊢		0.	0.			
Ę.		Profes ទូ ០ក្ខុំឧរ ៊ូហ្គ្រីខ្មែ raisin ្តប្រទ ុទ (Part IX, column (A), i Total fundraising expenses (Part IX, column (D), lin		o. h						
ŭ		नियक्त क्रांत्वां का प्रवास (A), lines 11a-11d		<u> </u>	291,	637.	301,053.			
		etal expenses Add lines i 3-17 (must equal Part l		Ī	1,111,		1,120,557.			
	19	Revenue less expenses Subtract line 18 from line			<83,	425.>	430,252.			
Net Assets or Fund Balances					Beginning of Curr	ent Year	End of Year			
sets	20	Total assets (Part X, line 16)			10,170,		10,635,713.			
t As	21	Total liabilities (Part X, line 26)		L		0.	0.			
컐	22	Net assets or fund balances Subtract line 21 from	line 20		10,170,	440.	10,635,713.			
	art II	Signature Block					 			
	-	Ities of perjury, I declare that I have examined this return,					knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	nich prepa	rer has any knowle		21. 2015			
_		Signature of officer			Date	 -	26-2015			
Sig		JIM HANLEY, PRESIDENT			54.0	•				
Hei	re	Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check X	PTIN			
Pai	d		ropaici s signatuic			ıf	_ 			
	parer	Firm's name DAVID E. VAUGHN,	CPA	<u>-</u>	Fırm'	self-employed s EIN ▶	F 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	Only	Firm's address 4540 GNEKOW DR.								
	,	STOCKTON, CA 952	12-1370		Phon	e no.				
Ma	v the II	RS discuss this return with the preparer shown abo					Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

rai		nent of Program Service Accomplishments Schedule O contains a response or note to any line in the		
1		e the organization's mission None	iist arein	
2	Did the organ	zation undertake any significant program services during	the year which were not listed on	
		990 or 990-EZ?		Yes X No
3		ribe these new services on Schedule O. zation cease conducting, or make significant changes in	how it conducts, any program services?	Yes X No
J	-	ribe these changes on Schedule O	now it conducts, any program services:	162 (<u>**</u> 140
4	Describe the	organization's program service accomplishments for each		
)(3) and 501(c)(4) organizations are required to report the r, for each program service reported	amount of grants and allocations to others, the	total expenses, and
4a	(Code) (Expenses \$ 853,365. including grants		781,200.)
	CASH DO	NATIONS TO CHILDREN'S HOME O	F STOCKTON, INC.	
	 			
				
				
4b	(Code) (Expenses \$ 237,202. including grants		314,725.
	PAYMENT	OF EXPENSES OF CHILDREN'S H	OME OF STOCKTON, INC.	
	-			,
				
4c	(Code) (Expenses \$ including grants	s of \$) (Revenue \$)
				
			 	
	-			
		(2)		
4d	Other program (Expenses \$	n services (Describe in Schedule O.) including grants of \$) (Revenue \$)
4e		service expenses \(\) 1,090,567.	, , , , , , , , , , , , , , , , , , , ,	
				Form 990 (2013)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			1
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	x	
.	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	· · · ·		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If Yes, complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		١,,
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2013)
		rorm	ココリ	//////////////////////////////////////

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Form 990 (2013) CHILDREN'S HOME OF STOCKTON FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or 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		х
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 25a	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			٠,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A current or officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? In 163, complete some 2, rearry An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	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		Х
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			l
	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, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	as:		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	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 tracted as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
20		_37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	Hotel Air John 550 hiers are required to complete donedate o	3		L

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 82827 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 10a a Initiation fees, and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Form 990 (2013) 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 or note to any line in this Part VI						X					
<u>Sec</u>	tion A. Governing Body and Management											
				_		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8			İ					
	If there are material differences in voting rights among members of the governing body, or if the governing			i			:					
	body delegated, broad authority to an executive committee or similar committee, explain in Schedule O.	1										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		8								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	l.								
	officer, director, trustee, or key employee?				2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	ļ	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		L	5		X					
6	6 Did the organization have members or stockholders?											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or	- 1								
	more members of the governing body?			L	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or									
	persons other than the governing body?			L	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ie following;									
а	The governing body?			į	8a	X						
b	Each committee with authority to act on behalf of the governing body?				8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the	ŀ								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)									
						Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?				10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form	12	11a	X	<u> </u>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.]					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			- 1	12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	ıflıcts?	l	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes, " a	lescribe									
	ın Schedule Ö how this was done				12c							
13	Did the organization have a written whistleblower policy?			ļ	13		Х					
14	Did the organization have a written document retention and destruction policy?			ļ	14		Х					
15	Did the process for determining compensation of the following persons include a review and approx	val by ı	ndependent	l			ł					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		ļ								
а	The organization's CEO, Executive Director, or top management official			ļ	15a		X					
b	Other officers or key employees of the organization]	15b		Х					
	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 arrange	ement	with a									
	taxable entity during the year?			1	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation	- 1								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatı	n's	1								
	exempt status with respect to such arrangements?				16b		<u> </u>					
<u>Sec</u>	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ►CA				_							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	·T (Sec	tion 501(c)(3)s o	nly) a	vailab	le						
	for public inspection. Indicate how you made these available Check all that apply											
	Own website Another's website		-									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy	, and	d finar	ncial						
	statements available to the public during the tax year											
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ords of the orga	ınızat	ion: 🕨							
	DAVID E. VAUGHN, CPA - (209) 957-8806											
	4540 GNEKOW DRIVE, STOCKTON, CA 95212											

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CHILDREN'S HOME OF STOCKTON FOUNDATION

94-2788793

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

Check if Schedule O contains a response or note to any line 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

X Check this box if neither the organization n	or any related	orga	nıza	ation	ı coı	mper	nsat	ed any current officer, o	director, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(40	Position (do not check more than one			1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	ıs bot	h an	compensation	compensation	amount of
	week	-	cer an	dad	Irecto	or/trus	tee)	from	from related	other
	(list any	ector	l					the	organizations	compensation
	hours for	p o	, g			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trusti		l e	bens		(W-2/1099-MISC)		organization and related
	organizations below	ra Ta	lonal		l g	t con				organizations
1	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JIM HANLEY	2.00	=	=	٦	Ť	I S	-			
PRESIDENT		X						0.	0.	0.
(2) ANNE KOLBER	2.00				T					
DIRECTOR		X			1			0.	0.	0.
(3) FRED LEE	2.00				T			-		
DIRECTOR		X						0.	0.	0.
(4) SHARON BENSCH	2.00									
DIRECTOR		X						0.	0.	0.
(5) MARK CROCE	2.00]								
TREASURER		X				į	_	0.	0.	0.
(6) JOHN MCKINLEY	2.00							_	_	_
SECRETARY		X						0.	0.	0.
(7) MARK PLOVNICK	2.00	1						_	_	_
DIRECTOR		X	L	<u> </u>				0.	0.	0.
(8) EARL TAYLOR	2.00	ļ	l							
DIRECTOR	ļ	X	╙	L	<u> </u>	1		0.	0.	0.
			1							
				L	┡	↓_	_			
				1	1					
	ļ	┝	┢	⊢	╁	╁	-			
		┨								
<u> </u>	 	┢	\vdash	\vdash	\vdash	+	\vdash			
	-	┨	İ		l					
	<u> </u>	t	H		T	t		 		
		1								
		1								
<u> </u>		$oxed{oxed}$	$oxed{oxed}$	丄	\perp	$oxed{oxed}$				
		ļ		l						
	ļ	<u> </u>	<u> </u>	1	<u> </u>	_	_			
	<u></u>									

94-2788793

	VII Section A. Officers, Directors, Trus (A) Name and title		(do box offi	(C) Position (do not check more th box, unless person is officer and a director/				one h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization (W-2/1099-MIS	on am ed c ns comp		(F) cimated ount of other densation om the
		hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2) 1055-10110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	orga and	anization I related nizations
										-			
			_				_						
	1												
	ontinuation sheets to Part V	II, Section A	1	L		<u> </u>	<u> </u>	<u> </u>	0.		0.		0 .
	r of individuals (including but r of from the organization	not limited to th	nose	liste	ed al	bov	e) wl	ho r	<u> </u>	l),000 of reportab			(
-	 nization list any former officer, es, " complete Schedule J for s			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		3	Yes No
and related o	dual listed on line 1a, is the si lorganizations greater than \$15 on listed on line 1a receive or	0,000? If "Yes	, " cc	mpl	ete S	Sch	edul	e J	for such individual			4	Х
rendered to t	the organization? If "Yes," con endent Contractors							Ciai	led Organization of indiv	idual foi services	•	5	X
•	s table for your five highest con tion Report compensation for (A)	•									npens	sation f	_
	Name and business	address	N	ON	E				Description of s	services	C		nsation
													,
										-			
			-										· · · · · ·
	r of independent contractors (compensation from the organ	-	not I	ımıte	ed to		ose li O	sted	d above) who received r	nore than			
												Form 5	990 (2013

Form 990 (2013) CHILDRE
Part VIII Statement of Revenue

			Check if Schedule O cont	ains a response i	or note to any line	e in this Part VIII			
			Gricon ii odrieddio O dorn	unis <u>u response</u> v	or note to dry m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इइ	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b			ļ		
عَ ق			Fundraising events	1c					
# Z			•	1d	395,719.				
اَةٍ'ك			Related organizations	<u> </u>					
Sign			Government grants (contribut						•
후		f	All other contributions, gifts, gran	i 1	Ì				
들튀			similar amounts not included above	ve 1f					
<u> </u>		g	Noncash contributions included in lines	1a-1f \$			i		
<u>0 g</u>		h	Total. Add lines 1a-1f		_	395,719.			
					Business Code				
9	2	а	RENTAL INCOME		531120	781,200.	781,200.		
Program Service Revenue		b							
S E		С		<u> </u>					
ewe		d							
ρœ		e							
P		f	All other program service reve	nue -					
				inac	•	781 200.			
\dashv	3	g	Investment income (including	dividende intere					
	3			dividends, intere	sst, and	59,165.			59,165.
			other similar amounts)	u avammt hand n	vannada .				1 ,
	4		Income from investment of ta	x-exempt bond p	proceeds				
	5		Royalties	<u> </u>					
				(i) Real	(II) Personal				
	6		Gross rents]		
			Less. rental expenses]		
1		С	Rental income or (loss)		<u> </u>				
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(ı) Securities	(II) Other				
			assets other than inventory	1,003,961.					
		b	Less cost or other basis						
			and sales expenses	690,396.					
		Ç	Gain or (loss)	313,565.					
		đ	Net gain or (loss)		•	313,565.	313,565.		
•	8		Gross income from fundraisin	g events (not			·		
nue		-	including \$	of]
eve.			contributions reported on line	 					1
Other Reve			Part IV, line 18	а					
hei		h	Less: direct expenses	_ b					
δ			Net income or (loss) from fund						
	0		Gross income from gaming ac						
	9	a							
		L	Part IV, line 19	a b					
			Less direct expenses	-					·
			Net income or (loss) from gar						
	10	а	Gross sales of inventory, less	returns					
			and allowances	а	<u> </u>				
			Less cost of goods sold	b	L				
		С	Net income or (loss) from sale		_				
			Miscellaneous Revenu	ie	Business Code				ļ
	11	а	MISCELLANEOUS		623990	1,160.	1,160.		
		b							
		С							
	1	d	All other revenue						
		е	Total. Add lines 11a-11d			1,160.			
	12		Total revenue. See instructions.		▶	1,550,809.	1,095,925.	0.	59,165.
33200 10-29			1						Form 990 (2013)

Form 990 (2013)

rai	t ix Statement of Functional Expense		 		
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	······································
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	819,504.	819,504.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States, See Part IV, lines 15 and 16				
4	Benefits paid to or for members	,		· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		·		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
þ	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	393.		393.	
13	Office expenses	333.		333.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	236,109.	236,109.		
23	Insurance	200,200	200,2001		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) REIMBURSED EXPENSES	33,861.	33,861.	<u></u>	
a	AGENCY FEES	29,597.		29,597.	
0	PROPERTY TAXES	1,093.	1,093.	20,0074	-
ر س		1,000.	1,000.		
d	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,120,557.	1,090,567.	29,990.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,,,	_, , , , , , , , ,		
20	reported in column (B) joint costs from a combined			i	
	educational campaign and fundraising solicitation				

Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to ar	v line in this Part X					
		1	<u> </u>	,	(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing				1			
	2	Savings and temporary cash investments			96,153.	2	332,174.		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Loans and other receivables from current and fo	rmer c	fficers, directors,					
		trustees, key employees, and highest compensation	ited er	nployees Complete					
		Part II of Schedule L			•	5			
	6	Loans and other receivables from other disquali	ied pe	rsons (as defined under					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of sect							
ţs		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6			
Assets	7	Notes and loans receivable, net				7			
Ä	8	Inventories for sale or use				8			
	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment cost or other	1						
		basis Complete Part VI of Schedule D	10a	11,351,749.					
	ь	Less accumulated depreciation	10b	3,538,414.	7,671,961.	10c	7,813,335. 2,490,204.		
	11	Investments - publicly traded securities			2,402,326.	11	2,490,204.		
	12	Investments - other securities See Part IV, line 1		12					
	13	Investments - program-related See Part IV, line		13					
	14	Intangıble assets		14					
:	15	Other assets See Part IV, line 11	ļ	10 170 440	15	10 625 712			
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	10,170,440.	16	10,635,713.		
	17	Accounts payable and accrued expenses	}		17				
	18	Grants payable		}		18			
	19	Deferred revenue		}		19			
	20	Tax-exempt bond liabilities	3 a . a . 1) /	at Cabadula D		20			
	21	Escrow or custodial account liability Complete				21			
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees							
ΞĘ		Complete Part II of Schedule L	5, and	disqualified persons		22			
Ξ	22	Secured mortgages and notes payable to unrela	tod th	rd narties		23			
	23 24	Unsecured notes and loans payable to unrelate				24			
	25	Other liabilities (including federal income tax, pa		•					
		parties, and other liabilities not included on lines							
		Schedule D		,,		25			
	26	Total liabilities. Add lines 17 through 25			0.	26	0.		
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨 🐰 and					
S		complete lines 27 through 29, and lines 33 an	d 34.						
Š	27	Unrestricted net assets			9,994,860.	27	10,451,017.		
3al;	28	Temporarily restricted net assets	emporarily restricted net assets						
Ā	29	Permanently restricted net assets			175,580.	29	184,696.		
Ξ		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶└──					
Net Assets or Fund Balances		and complete lines 30 through 34.							
sets	30	Capital stock or trust principal, or current funds			30				
As	31	Paid in or capital surplus, or land, building, or ed				31			
že į	32	Retaine'd earnings, endowment, accumulated in	come,	or other funds	10 170 440	32	10 625 712		
_	33	Total net assets or fund balances			10,170,440.	33	10,635,713.		
	34	Total liabilities and net assets/fund balances			10,170,440.	34	10,635,713.		

Form	990 (2013)	CHILDREN'S HOME OF STOCKTON FOUNDATION	94-	27887	93	Pag	ge 12	
Par	ť XI Reco	nciliation of Net Assets						
	Check	f Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total expense Revenue less Net assets or Net unrealize Donated serv Investment et Prior period a Other change	djustments s in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	1, 1,	120 430 170	0,8 0,5 0,2 0,4 5,0	57. 52. 40.	
10	Net assets or column (B))	fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10	10,	635	5.7	13.	
Pai		cial Statements and Reporting						
		f Schedule O contains a response or note to any line in this Part XII						
			•			Yes	No	
1		ethod used to prepare the Form 990	• •		ı			
		ation changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a		anization's financial statements compiled or reviewed by an independent accountant?		<u> </u>	2a		X	
	separate bas	k a box below to indicate whether the financial statements for the year were compiled or reviewed is, consolidated basis, or both: te basis Consolidated basis Both consolidated and separate basis	d on a					
b	Were the org	anization's financial statements audited by an independent accountant?		L	2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis							
С		e 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the priviletion of its financial statements and selection of an independent accountant?	e auuit	' -	2c		-	
		mpliation of its financial statements and selection of an independent accountant? ation changed either its oversight process or selection process during the tax year, explain in Sch	edule C	, 	20		+	
20		a federal award, was the organization required to undergo an audit or audits as set forth in the Sil						
Jä		a receital award, was the organization required to difference and addition addition as set forth in the only 6, Circular A-133?	.g.c / tu	~" -	3a		X	
b		he organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			\Box	
_		plain why in Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2013)

SCHEDULE A

Department of the Treasury

(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.

OMB No 1545-0047

Open to Public . Inspection

Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs qov/form990

CHILDREN'S HOME OF STOCKTON FOUNDATION Reason for Public Charity Status (All organizations must complete this part) See instructions

Employer identification number

94-2788793

The organ			·	because it is (For lines 1							
1 📙	A church	, cor	vention of churches	s, or association of churc	hes descr	ibed in se	ction 170(b)(1)(A)(i).	•		
2 🖳	A school	desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	nedule E.)						
3 🖳				tal service organization d							
4	A medica	al res	earch organization of	operated in conjunction v	with a hosp	oital descr	ibed in se	ction 170((b)(1)(A)(iii	i). Enter	the hospital's name,
	city, and										
5	An organ	izatio	on operated for the	benefit of a college or un	iversity ov	ned or op	erated by	a governr	nental unit	t describ	ed in
	section	170((b)(1)(A)(iv). (Comple	ete Part II.)							
6 🗀	A federa	, sta	te, or local governm	ent or governmental unit	described	l in section	n 170(b)(1)(A)(v).			
7 🔲	An organ	ızatı	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public described in
	section	170(1	b)(1)(A)(vi). (Comple	te Part II.)							
8 🔲		1 -		ection 170(b)(1)(A)(vi). (Complete	Part II)					
9	1			eives (1) more than 33 1			om contril	outions, m	embershi	o fees, a	nd gross receipts from
• —				nctions - subject to certa							
				axable income (less secti							
			509(a)(2). (Complete			.,			,		
40				perated exclusively to tes	et for publi	c safety S	ee sectio	n 509(a)(4	ı)		
10 L				perated exclusively for th						out the	nurnoses of one or
11 🔼				ations described in section							
). See se t	, tion 509(a	a)(3). On	eck tile box tilat
				organization and comple				_	. T	a III. Na	n-functionally integrated
	a L T				pe III - Fur	-	-				
e 📖				at the organization is not							
				han one or more publicly						(a)(1) or	section 509(a)(2)
f				tten determination from t	ne IRS tha	ititisaiy	pe I, Type	II, or Type	9 111		
		_	rganization, check th							_	
g				organization accepted an							[[
•	(i) A p	erso	n who directly or ind	lirectly controls, either ale	one or tog	ether with	persons d	lescribed i	ın (ıı) and (ı	III) below	1 1
	the	gove	erning body of the s	upported organization?							11g(i) X
	(ii) A fa	mily	member of a person	n described in (i) above?							11g(II) X
	(iii) A3	5% c	controlled entity of a	ı person described in (i) c	or (II) above	?					11g(iiı) X
h	Provide :	the f	ollowing information	about the supported org	ganızatıon	(s)					
						-					
(i) Name	of support	ted	(ii) EIN			rganızatıon		notify the	(vi) Is organizatio		(vii) Amount of monetary
	anization		, ,	(000011000 011 111100 1 0	in col. (i) lis				l (i) organiz	ed in the	support
		}		above or IRC section (see instructions))	governing	ocument?	(i) of your	support	`′ °U.S	.7	
		<u> </u>		(see manuchons))	Yes	No	Yes	No	Yes	No	<u> </u>
	OREN'S	1		11A	x		х		x		819,504.
HOME	Or Di	1				-					013,001.
		!		İ							
		:					ļ. ——				
					Ì						
		<u> </u>			 			-	 		
											1
		<u> </u>			ļ		<u> </u>	ļ	-	 	
		<u> </u>		ļ				 		 	
							1	1			010 504
Total	1	1	l	L		į	l	l	L		819,504.
LUA CALL	Danamuar	L Da	duction Act Notice	eas the Instructions for	Or				Schodul	a A (Ear	m 000 or 000-E7\ 2012

Schedule A (Form 990 or 990-EZ) 2013 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) The organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III.

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				:		
	include any "unusual grants ")						
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						1
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				1		
	governmental unit or publicly						j
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fisçal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					<u> </u>	
8	Gross income from interest,			1			
	dividends, payments received on	1					
	securities loans, rents, royalties		ŀ		1		
	and income from similar sources		<u> </u>				<u> </u>
9	Net income from unrelated business				1		
	activities, whether or not the						
	business is regularly carried on		<u> </u>				ļ
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						<u> </u>
	Total support! Add lines 7 through 10	<u> </u>	<u></u>			1	<u>l</u>
	Gross receipts from related activities	•	•			12	
13	First five years. If the Form 990 is fo	•	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publ		ercentage				
_	Public support percentage for 2013 (column (fl)		14	0/
	Public support percentage from 2012			Column (i))		15	%
	33 1/3% support test - 2013. If the			on line 13, and line	14 is 33 1/3% or	L	
·Ja	stop here. The organization qualifies	-					▶
ь	33 1/3% support test - 2012. If the		•		d line 15 is 33 1/39	% or more, check t	rhis box
-	and stop here. The organization qual	_					▶ □
17a	10% -facts-and-circumstances tes	•			ne 13, 16a. or 16b.	and line 14 is 10%	or more.
	and if the organization meets the "fac		-				•
	meets the "facts-and-circumstances"			•	·	gu	▶□
ь	10% -facts-and-circumstances tes	-	•		-	17a, and line 15 is	10% or
_	more, and if the organization meets t		=				
	organization meets the "facts-and-cire				-		ightharpoons
18	Private foundation. If the organization		-				ns 🕨
						edule A (Form 99	
							•

Schedule A (Form 990 or 990-EZ) 2013 Partilla 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

Section A. Public Support	ow, please com	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and		\-/=	(6)	1 (4/=3.1	(3/25/5	1.7
membership fees received (Do not		1				
include any "unusual grants ")						
		 		-		
2 Gross receipts, from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						i
organization's tax-exempt purpose				ļ		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513				ļ <u>.</u>		
4 Tax revenues levied for the organ-			1			
ization's benefit and either paid to			•			
or expended on its behalf			1			
5 The value of services or facilities				<u> </u>		
furnished by a governmental unit to						
the organization without charge					}	
, , , , , , , , , , , , , , , , , , ,					 	
6 Total. Add lines 1 through 5			-			
7a Amounts included on lines 1, 2, and					1	
3 received from disqualified persons				<u> </u>	 	
b Amounts included on lines 2 and 3 received from other than disqualified persons that			1			
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					ļ	
c Add lines 7a and 7b			1			
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources			į.			
b Unrelated business taxable income						
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975						
				 		
c Add lines 10a and 10b 11 Net income from unrelated business				 		
activities not included in line 10b,					İ	
whether or not the business is		!				
regularly carried on		ļ		ļ		
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)		l	<u> </u>	<u> </u>	1	
14 First five year's. If the Form 990 is for t	he organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						▶ 🗔
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2013 (lin	ie 8, column (f) d	livided by line 13,	column (f))		15	9
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	9
Section D. Computation of Invest	tment Incom	e Percentage				
17 Investment income percentage for 201	3 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 20)12 Schedule A,	Part III, line 17			18	9
10 a 22 1/2% support to to - 2012 If the s	raansation did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
19a 33 1/3% support tests - 2013. If the c	irganization did i					
more than 33 1/3%, check this box and	_		lifies as a publicly	supported organi	zation	▶□
more than 33 1/3%, check this box and	d stop here. The	e organization qua	•	• • •		▶ ☐
	d stop here. The organization did r	e organization qua not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	▶ □

Schedule A (Form 9	990 or 990-EZ) 20	13 CHILDR	EN'S HO	ME OF S	TOCKTON	FOUNDAT	ON 94-	2788793 Page 4
Part V Sup	elemental info	ormation. Pro	ovide the expla	nations requir	ed by Part II, III	ne 10, Part II, line	e 17a or 17b, an	d Part III, line 12
Also c	complete this part	for any addition	ial information.	(See instructi	ons).			
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332024 09-25-13	1					Sc	chedule A (Fori	n 990 or 990-EZ) 2013

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

Open to Public Inspection

Name of the organization

CHILDREN'S HOME OF STOCKTON FOUNDATION

Employer identification number 94-2788793

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	ımpermissible private benefit?		Yes No
Par			t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histo	rically important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		[
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
р	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	1	after 8/17/06, and not on a historic structure	
_	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the d	organization during the tax
4	year ▶ Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	_	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

Par		N S HOME O							88 / 93	
Ь										
3	Using the organization's acquisition, accessi	on, and other record	is, check	cany of the	following tha	at are a s	significant u	se of its	collection	items
	(check all that apply)									
a	Public exhibition	C			hange progr	ams				
b	Scholarly research	€	• 🗀 (Other						
C	Preservation for future generations									
4	Provide a description of the organization's c	•		-	_			se in Pari	XIII.	
5	During the year, did the organization solicit of					er sımıla	ır assets		٦.,	□
Do.	to be sold to raise funds rather than to be m					837 - 8 4 -	F 000	<u></u>	Yes	<u> </u>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the	organizatio	n answered	"Yes" to	Form 990,	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets no	t included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina t	table						
_									Amount	
c	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIII			n has been	provided in	Part XIII				
Par										
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four	ears back
1a	Beginning of year balance			•						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c short	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for	the organiza	ation	_	
	by.								\	res No
	(ı) unrelated organizations								3a(i)	
	(II) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	dule R?					Зь	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VIːːː Land, Buildings, and Equipn									
	Complete if the organization answere	· 1 · · · ·				1				
	Description of property	(a) Cost or o			t or other		Accumulated	[,]	(d) Book	value
		basis (investi	ment)		(other)		preciation		1 600	016
	Land				6,916.				$\frac{1,696}{6}$	
b	Buildings			9,02	22,272.	۷,	993,38	<u> </u>	6,028	<u>,891.</u>
С	Leasehold improvements									
	Equipment				2 = 21		<u> </u>	-	0.7	E20
	Other				2,561.	l	545,03			,528.
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	t X, colur	nn (B), line	10(c))				7,813	,335.

Schedule D	(Form 990) 2013	CHILDREN'S	HOME OF	STOCK	MOT	FOUNDA	TION	94-	2788793	Page 3
Part VII	Investments -	Other Securities.		_						
	Complete if the orga	anization answered "Yes"	to Form 990,	Part IV, line	11b. Se	e Form 990, F	Part X, line 12			
(a) Descript		Ofy (including name of security)	(b) Book				aluation. Cost	or end-o	f-year market	value
(1) Financia	il derivatives									
	held equity interests									
(3) Other	, , , , , , , , , , , , , , , , , , , ,									
(A)										
(B)	1							-		
(C)										
(D)	i									
(E)										•
(F)	İ									
(G)	1							-		
(H)	i									
) must equal Form 990), Part X, col. (B) line 12.)								
		Program Related.								
	, ,	anization answered "Yes"	to Form 990.	Part IV. line	11c. Se	e Form 990. F	Part X. line 13			
	(a) Description of		(b) Book		(c) Method of v	aluation. Cost	or end-o	f-year market	value
(1)					<u> </u>			-		
(2)										
(3)					<u> </u>					
(4)	<u> </u>									
(5)					<u> </u>					
(6)										
(7)	<u> </u>				 	·				
(8)	· · · · · · · · · · · · · · · · · · ·		_	-						
(9)	i									
	n) must equal Form 990), Part X, col. (B) line 13.)			 					
Part IX	Other Assets.	,, . c. <u></u>	·							
	1	anızatıon answered "Yes"	to Form 990.	Part IV. line	11d. Se	e Form 990, I	Part X, line 15.			
			Description			<u>.</u>			(b) Book v	alue
(1)	- 1				•					
(2)	i									
(3)	i									
(4)	I									
(5)	1									
(6)	1	· · 								•••
(7)										
(8)										
(9)									_	
Total. (Colu	mn (b) must equal Fo	orm 990, Part X, col (B) lin	e 15)					▶		
Part X	Other Liabilitie	es.								
	Complete if the org	anization answered "Yes"	to Form 990,	Part IV, line	11e or	11f See Form	990, Part X, I	ne 25.		
1.	(a) De	escription of liability			(b) Boo	k value	•			
(1) Fed	eral income taxes									
(2)										
(3)										
(4)										
(5)										
(6)	·									
(7)										
(8)										
(9)										
	mn (b) must equal Fo	orm 990, Part X, col (B) lin	e 25)							
0 1 1-1-1-1-1	for unportain toy no	outrope In Part VIII. provide	the tout of th	o footpoto t	a +ba a	annization's f	manajal atataa		-4	-

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2013 CHILDREN'S HOME OF STOC	KTON FOUNDATION	94-27887	93 Page 4
Part 2	XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue per		
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a		
1 To	otal revenue, gains, and other support per audited financial statements		1	
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12			
a N	et unrealized gains on investments	2a		
b D	onated services and use of facilities	2b	٠	
c R	ecoveries of prior year grants	2c		
d 0	ther (Describe in Part XIII)	2d		
e A	dd lines 2a through 2d		2e	
3 S	ubtract line 2e from line 1		3	
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1.		1	
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a		
b O	ther (Describe in Part XIII.)	4b		
	dd lines 4a and 4b		4c	
	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Part	XII Reconciliation of Expenses per Audited Financial St		er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a		
	otal expenses and losses per audited financial statements		1	
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a D	onated services and use of facilities	2a	_	
bР	rior year adjustments	2b	_	
c 0	ther losses '	2c	_	
d O	ther (Describe in Part XIII)	2d	_	
e A	dd lines 2a through 2d		2e	
3 S	ubtract line 2e from line 1		3	
	mounts included on Form 990, Part IX, line 25, but not on line 1			
a In	ivestment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b O	Other (Describe in Part XIII)	4b		
	dd lines 4a and 4b		4c	
	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	
	XIII Supplemental Information.			
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		ne 4, Part X, line 2,	Part XI,
lines 2d	d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide a	ny additional information.		
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09-25-13	1		Schedule D (Fo	rm 990) 2013

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule I (Form 990) and its instructions is at www us gov/form990.

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Open to Public Inspection

% ⊠ -Employer-identification number 94-2788793 (h) Purpose of grant or assistance ___ 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) o. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed STOCKTON FOUNDATION 819,504. (d) Amount of cash grant (c) IRC section if applicable CHILDREN'S HOME OF General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Narr.e and address of organization CHILDREN'S HOME OF STOCKTON, INC. or government Name of the crganization -STOCKTON, CA 95205 430 N. PILGRAM Part I Part II

332101

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

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

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

Schedule I (Form 990) (2013)

94-2788793 (Form 990) (2013) CHILDREN'S HOME OF STOCKTON FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed Schedule I (Form 990) (2013)
Part III Grants and Other

Page 2

(f) Description of non-cash assistance						
(e) Method of valuation (book, FMV, appraisal, other)			dditional information.			
(d) Amount of non- cash assistance			(b), and any other a			
(c) Amount of cash grant			e 2, Part III, column			: :
(b) Number of recipients			uired in Part I, lind			
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.			

SCHEDULE O

(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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at will be a light of the second of the

Inspection **Employer identification number**

	CH	ILDREN'S	HOI	ME OF	STO	CKTO	N FC	UNDAT	ION	9	94 - 278	8793	3
Form 990,	Part VI,	Section	В,	line	11:								
Explanatio	n: THE F	INANCIAL	COI	MPILA'	rion	ıs	THE	BASIS	FOR	THE	FORM	990	WHICH
IS REVIEWE	D AND AP	PROVED B	Y TI	HE BOZ	ARD.								
	i												
Form 990,	Part VI,	Section	С,	Line	19:								<u></u>
Explanatio	n: UPON	REQUEST											
	• •	<u> </u>											
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2013 DEPRECHATION AND AMORTIZATION REPORT Form 990 Page $10\,$

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Asset	Description	Date Acquired M	Method	Life	So Cin	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	PILGRAM BUILDING &	VariesSL		.000	16	214,241.			214,241.	190,910.		0.
17	7PILGRAM REMODEL	120781SL		25.001	9	34,376.			34,376.	34,061.		0.
18	8PILGRAM REMODEL	051584SL		20.001		5,025.	-		5,025.	5,000.		0.
1.9	19PILGRAM PARKING LOT	гот1109935г		15.001	91	15,283.			15,283.	15,283.		0.
20	20PILGRAM LAND	010271L		-		41,995.			41,995.			0.
36	ADMINISTRATION 3 ORENOVATION	020198SL		40.0016	9	1487823.			1487823.	572,572.		37,196.
38	ADMINISTRATION 38CENTER IMPROVEMENTS1231	3123199SL		15.0016	91	5,180.			5,180.	4,658.		345.
46	46LANDSCAPING	060401SL		15.001	91	10,232.			10,232.	8,241.		682.
47	7SIGNAGE	060401SL		15.001	91	2,021.			2,021.	1,631.		135.
52	52ADMINISTRATION GATE	GATE021904SL		40.001	91	4,861.			4,861.	1,139.		122.
67	67A/C REPLACEMENT	083106SL		15.001	91	2,455.			2,455.	1,120.		164.
71	71A/C REPLACEMENT	102009SL		15.001	91	12,345.			12,345.	3,018.		823.
72	72TELEPHONE SYSTEM	070610SL		15.001	91	18,047.			18,047.	3,609.		1,203.
	* 990 Page 10 Total -					1853884.		0.	1853884.	841,242.	0.	40,670.
	LINDSAY BUILDING	18876090		50.001	91	423,535.			423,535.	297,186.		8,471.
2	LINDSAY LIMPROVEMENTS	VariesSL		10.001	91	39,034.			39,034.	39,034.		0.
(*)	3LINDSAY LAND	1876090				56,002.			56,002.			0.
24	24LINDSAY REMODEL	0501985		40.0016	91	273,980.			273,980.	103,892.		6,850.

8102 -01-13

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT FORm 990 Page $10\,$

990

LINDSAY LINDSAY RESIDENCE LINDSAY RESIDENCE LINDSAY RESIDENCE * 990 Page 10 Total	Method		9	7	- 2	,		A postulation	+001110	Current Vear
0119 DENCE 1108 0 Total	!	Life	20	Cost Or Basis	Excl	Basis	Depreciation	Depreciation	Sec 179	Deduction
DENCE 1108 0 Total	1999SL	15.001	16	20,406.			20,406.	19,607.		794.
10 Total	1S66	15.001	16	13,052.			13,052.	11,890.		870.
				826,009.		0	826,009.	471,609.	0	16,985.
4EUCLID BUILDING 073173SL	73SL	20.00	016	34,168.			34,168.	34,168.		0.
SEUCLID IMPROVEMENTS120180SL	30SL	10.0016	16	940.			940.	940.		0
6EUCLID LAND 073173L	73도			6,000.			6,000.			0
FLOOR IGS	1886	5.00	16	2,319.			2,319.	2,319.		0
EUCLID RESIDENCE 050400SL	1SOC	15.001	16	4,530.			4,530.	3,976.		302.
53EUCLID IMPROVEMENTS071003SL)3SL	15.00	16	12,707.			12,707.	8,470.		847.
60EUCLID IMPROVEMENTS032006SL	1 89 0	15.001	16	7,913.			7,913.	3,828.		528.
EUCLID / REDWOOD 011007SL	18/C	5.00	16	2,922.			2,922.	2,922.		0
EUCLID / REDWOOD 102708SL	188C	15.001	16	31,842.			31,842.	9,907.		2,123.
990 Page 10 Total				103,341.		0	103,341.	66,530.	0	3,800.
21EDUCATION BUILDING 030197SL	97SL	40.001	16	3338873.			3338873.	1363165.		83,472.
28SWIMMING POOL 070197SL	97SL	20.001	16	47,110.			47,110.	37,696.		2,356.
EDUCATION BLDG. 012604SL	04SL	15.00	16	15,840.			15,840.	9,944.		1,056.
L BUILDING TS	08SL	5.00	16	4,386.			4,386.	3,947.		439
990 Page 10 Total			1	3406209.		0	3406209.	1414752.	0.	87,323.

328102 05-01-13

(D) - Asset disposed

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT Form 990 Page $10\,$

990

Asset No	Description	Date Acquired	Method	Lıfe	No No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
29	PILGRAM LOT	030197L			-	62,067.			62,067.			0
50	AINTENANCE SHOP	122200SL		40.00	16	248,060.			248,060.	77,525.		6,202.
	* 990 Page 10 Total -					310,127.		0	310,127.	77,525.	0	6,202.
22	22COMPUTER EQUIPMENT	030197SL		5.00	16	21,698.			21,698.	21,698.		0.
49	49COMPUTERS & RELATED081600SL	0816008		5.00	16	38,861.			38,861.	38,861.		0.
61	COPIER SCHOOL	082905SL		5.00	16	11,340.			11,340.	11,340.		0
	Ø	_				71,899.		0.	71,899.	71,899.	0	0.
42	LINDSAY 1222,24, & 36	052499L				296,454.			296,454.			0.
51	LINDSAY BUILDINGS 1222,24,36	041003SL		40.00	16	1170730.			1170730.	299,997.		29,268.
57	ENTS	1222,2021904SL		40.00	16	17,140.			17,140.	4,004.		429.
65	LINDSAY 1227 REPLACEMENT	07280651		5.00	16	4,288.			4,288.	4,288.		0
	* 990 Page 10 Total -					1488612.		0.	1488612.	308,289.	0.	29,697.
58	INDSAY 1200,1202	042004L				283,167.			283,167.			0
	* 990 Page 10 Total -					283,167.		0.	283,167.	0	0	0.
59	338 N AIRPORT WAY	051004L			,	133,269.			133,269.			0.
	* 990 Page 10 Total -					133,269.		0	133,269.	0	0.	0
62	LINDSAY 1240 LAND	112205L				160,008.			160,008.			0
	* yyu rage Iu Total -					160,008.		0.	160,008.	0	0	0

328102 05-01-13

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 Page 10

990

## SPON Page 10 Total	Asset No	Description	Date Acquired	Method	Life	No s	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction	<u> </u>
063014L	63	z.	081505				00,839			00,839			0	• 1
063014L		990 Page 10 T					00,83			00,839			0	• 1
063014L 376,033. 0. 79,632. 0. 0. 0. 0. 063014L 376,033. 376,033. 0. 376,033. 0. 376,033. 0. 376,033. 0. 376,033. 0. 0. 376,033. 0. 0. 376,033. 0. 0. 376,033. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	64	z.	081606I	7			9,632			9,632			0	•
063014L 376,033. 0. 376,033. 0. 0. 376,033. 0. 0. 376,033. 0. 0. 376,033. 0. 0. 376,033. 0. 0. 1,450. 0. 1,450. 0. 1,450. 0. 1,450. 0. 1,450. 0. 1,450. 0. 1,450. 0. 1,450. 0. 1,450. 0. 0. 1,450. 0. 0. 0. 1,450. 0. 0. 0. 1,450. 0. 0. 0. 1,450. 0. 0. 0. 1,450. 0. 1,450. 0. 2057270. 50,459. 0. 51, 11351749. 0. 11351749. 3302305. 0. 236, 0. 236		990 Page 10					9,632			9,632			0	•]
063014L 1,450. 0. 376,033. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	75	E. FREMONT ST	063014I	-			76,0			9			0	•
063014L 1,450. 0. 1,450. 0. 0. 1,450. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		i					,033			76,03			0	•1
070112SL 40.0016 1901675. 0. 1,450. 0. 0. 0. 0. 0. 093012SL 40.0016 155,595. 2,917. 3, 0. 0. 2057270. 50,459. 0. 51, 11351749. 0.11351749. 3302305. 0. 236, 0. 0.11351749. 3302305. 0. 236, 0. 0.11351749. 3302305. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	76			_			4			, 45			0	• [
40.0016 1901675. 47,542. 47,542. 40.0016 155,595. 2,917. 3, 40.0016 155,595. 2,917. 3, 11351749. 0.2057270. 50,459. 0.51, 11351749. 0.11351749. 3302305. 0.236,		* 990 Page 10 Total -	-			_	, 45			, 45			0	• I
40.0016 155,595. 2,917. 3, 2057270. 0.2057270. 50,459. 0.51, 11351749. 0.11351749. 3302305. 0.236,	73	STREET	0701128		.00	91	90167			90167	7,54			• 1
2057270. 0. 2057270. 50,459. 0. 51, 11351749. 0.11351749. 3302305. 0. 236, 10. 11351749. 11351749. 11351749. 11351749.	74	GARDEN & BENCH AREA	0930128		00	91	55,59			55,59	,917		,890	•
Ind Total 990 11351749 0.11351749 3302305 0.236, 10 Depr 10 Dep 10 Dep <td< td=""><td></td><td>* 990 Page 10 Total -</td><td></td><td></td><td></td><td></td><td>057270</td><td></td><td></td><td>05</td><td>0,459</td><td></td><td>1,432</td><td>•</td></td<>		* 990 Page 10 Total -					057270			05	0,459		1,432	•
		nd Total 10 Depr					13517			1351749	30		36,109	•
														1
														1
														1
														1
					<u></u>									

328102 05-01-13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

Identifying number

Attachment Sequence No 179

		l .							
CH	ILDREN'S	HOME OF STO	CKTON FO	UNDATION	Form	990 P	age 10		94-2788793
Pa	rt Election 1	To Expense Certain Propert	y Under Section 1	79 Note: If you have	ve any listed p	property, c	complete Part	V before y	ou complete Part I
1	Maximum amou	int (see instructions)			· · · · · · · · · · · · · · · · · · ·			1	500,000.
		. `ction 179 property place	d in service (see	instructions)				2	
		of section 179 property I	•	·				3	2,000,000.
		nitation Subtract line 3 fr						4	
5 1	Dollar limitation for ta	i ux year Subtract line 4 from line 1	I If zero or less, enter	-0- If married filing sep	arately, see instri	ictions		5	
6		(a) Description of prop	perty	(b)	Cost (business us	e only)	(c) Elected	cost	
		1			,				
		1							
7	Listed property	Enter the amount from I	ine 29			7	_		
		st of section 179 proper		ın column (c), lın	es 6 and 7			8	
		ction Enter the smaller of	-	(-//				9	
		allowed deduction from		012 Form 4562				10	
	•	ine limitation. Enter the sm	=		than zero) o	line 5		11	
		pense deduction. Add lin		•	-			12	
		allowed deduction to 20				13	-		
		art II or Part III below for							
Pa	rt II Specia	al Depreciation Allowan	ce and Other D	epreciation (Do	n ot include lis	ted prope	erty)	•	
14	Special depreci	ation allowance for quali	fied property (oth	ner than listed pro	perty) placed	In service	e during		
	the tax year			·			_	14	
		t to section 168(f)(1) elec	ction					15	
16	Other depreciat	tion (including ACRS)						16	236,109.
Pa	rt III MACR	S Depreciation (Do not	include listed pr	operty) (See inst	ructions)				
		1		Section	ı A				
17	MACRS deduct	ions for assets placed in	service in tax ye	ars beginning be	fore 2013			17	
18	If you are electing to	group any assets placed in servi	ce during the tax year	into one or more genera	al asset accounts,	check here	▶ ∟	J	
		Section B - Assets I	Placed in Servic	e During 2013 T	ax Year Usin	g the Gen	eral Deprecia	tion Syst	em
	(a) Classifi	cation of property	(b) Month and year placed in service	(c) Basis for depri (business/investm only - see instru-	entuse (d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year prop	erty							
b	5-year prop								
c	7-year prop	erty							
d	10-year pro	perty	1						
<u>е</u>	15-year pro	perty]						
f	20-year pro	perty							
g	25-year pro	perty				25 yrs.		S/L	
	Desidential		/			27 5 yrs	ММ	S/L	
h	Residentiai	rental property	/		:	27 5 yrs	ММ	S/L	
	Noncondon	tial real property	1			39 yrs.	MM	S/L	
i 	Nomesiden	1	/				MM	S/L	
		Section C - Assets Pl	aced in Service	During 2013 Tax	Year Using	the Alter	native Depre	iation Sys	stem
20a	Class life]					S/L	
b	12-year					12 yrs		S/L	
С	40-year_		//			40 yrs.	MM	S/L	
Pa	rt IV Summ	nary (See instructions)							
21	Listed property	. Enter amount from line	28					21	
22	Total. Add amo	unts from line 12, lines 1	4 through 17, lin	es 19 and 20 in c	olumn (g), an	d line 21.			
	Enter here and	on the appropriate lines	of your return Pa	artnerships and S	corporations	see inst	r	22	236,109.
23	For assets show	n above and placed in s	service during the	e current year, en	ter the				
	portion of the b	asis attributable to section	on 263A costs			23			

Form 4562 (2013) CHILDREN	<u>ک</u> ر	HOME (Or a	STOCKTON	FOUNDATION	94-2/88/93	_Pa
Part V	Listed Property (Include automobiles	, certa	ain other v	ehicles	, certain comput	ers, and property use	ed for entertainment, recreation	ı, or

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

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes No (c) (b) (e) (d) Ďate Rusiness/ Elected Basis for depreciation Type of property Recovery Method/ Depreciation Cost or placed in investment (business/investment section 179 Convention (list vehicles first) other basis period deduction use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L S/L -S/L · % 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (d) (e) (f) (a) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Description of costs (b) (c) (d) (e) (f) Date amortization Amortization period or percentag 42 Amortization of costs that begins during your 2013 tax year: 43 Amortization of costs that began before your 2013 tax year 43 44 44 Total. Add amounts in column (f) See the instructions for where to report 316252 12-19-13 Form 4562 (2013)

Form **8868** (Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Rev	venue Service	► Information about Form 886	8 and its	instructions is at www irs gov/form	8868 •		
• If you	are filing for an Auto	omatic 3-Month Extension, complet	te only Pa	rt I and check this box			X
		itional (Not Automatic) 3-Month Ex					
Do not c	complete Part II unle	SS you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868	
		u can electronically file Form 8868 if y					
required	to file Form 990-T),	or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an	extension
	•	ns listed in Part I or Part II with the exc	•				
	-	which must be sent to the IRS in pap		(see instructions) For more details o	n the elec	tronic filing of thi	s form,
		ick on e-file for Charities & Nonprofits					
Part I		c 3-Month Extension of Time			•		
	*	Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and o	complete		. —
Part I on	•					1	▶ ∟
	corporations (includ come tax returns	ding 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques			
	T					er's identifying n	
Type or	Name of exemp	t organization or other filer, see instru-	ctions.		Employer	r identification nui	mber (EIN) or
print	CUTIDDEN	'S HOME OF STOCKTON	T POIN	ND A TO LONG		94-27887	703
File by the		 			Canalas		
due date for filing your	P.O. BOX	and room or suite no. If a P.O. box, so	ee instruc	tions	Social se	curity number (SS	SN)
return See		st office, state, and ZIP code For a fo	roign odd	kees assumetrustions			
mad dotton.	STOCKTON		reigii add	ress, see mandetions.			
	1 5100111011	70201					
Enter the	e Return code for th	e return that this application is for (file	e a separa	te application for each return)			0 1
Linci an	1	o rotani triat trio approation to ter (in-		.,			
Applica	tion		Return	Application			Return
Is For Code Is For							
	0 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 99	0-BL		02	Form 1041-A			08
Form 47	20 (ındıvıdual)		03	Form 4720 (other than individual)			09
Form 99	0-PF		04	Form 5227			10
Form 99	0-T (sec 401(a) or 4	08(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than		06	Form 8870			12
		DAVID E. VAUGHI			_		
• The b	ooks are in the care	of > 4540 GNEKOW DR	IVE -	STOCKTON, CA 9521	2	<u> </u>	
		9) 957-8806		Fax No.			
	- (not have an office or place of business					▶ □
• If this		ırn, enter the organızatıon's four digit					
box 🕨		t of the group, check this box 🕨 📖				ers the extension	is for
1 Ir		c 3-month (6 months for a corporation					
_	•	15, 2015 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension	
is	for the organization						
	calendar year						
•	tax year begir	nning _JUL 1, 2013	, an	d ending <u>JUN</u> 30, 2014		_	
2 lf		I in line 1 is for less than 12 months, c	neck reas	on L Initial return	Fınal retur	'n	
	Change in acco					<u> </u>	
		r Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any	ا م		0.
_	onrefundable credits		anto:	u rofundable credite and	3a	\$	
	· · ·	or Forms 990-PF, 990-T, 4720, or 6069			aL	_	0.
_		nts made Include any prior year overport line 3b from line 3a Include your pa			3b	\$	
	,	tronic Federal Tax Payment System)			3c	•	0.
		make an electronic funds withdrawal		•		nd Form 8870-E∩	
	YOU AIC GOING LU	mane an electronic fullus withdrawal	THE COLUE		マンいてしては	na i unii oo <i>i a</i> .EU	TOT DAVIDE IL