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	a	a	Λ
Form	J	J	U

Return of Organization Exempt From Income Tax

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

Department	of the Tre	asury										0	pen to Public
Internal Rev			_	The organization ma		a copy of this re	tum to satisfy	/ state	reporting	g requ	irements		Inspection
A Forth	ne 2001	calenc	lar year, C	OR tax year beginn	ıng			, and	ending	_			
B Check	if applic	able		C Name of organiza	C Name of organization D Employer identification						cation numb	Der	
Addres	ss chanc	1e	Please use IRS	Southern Californ	Southern California Foster Family Agency						440220		
Name	change		label or print or	Number and street (or PO box if mail	is not delivered to stre	el address)	Roc	om/suite	£	Telephone numb	er	
[] Initial (eturn		type See	155 North Occide	ental Bouleva	urd				213-	365-2900		
Final re	etum		Specific Instruc-	City or town	Cittal Boaleve		country	ZIP +			Accounting methor	od 🗀	- IV
Ħ .		_	tions				Country	_		۱ ٔ ۲		ш,	Cash X Accrual
\equiv	ded retu		_	Los Angeles		CA		900:	26		Other (specif	у)	
Applica	ation pe	nding		n 501(c)(3) organizati must attach a comple							plicable to sectio		
.			เกษรเรา	must attach a compi	eted Scheddie A	(FOIII 330 OF \$30)+CZ)			_	roup return for af	_	Yes X No
G Webs	ıte										nter number of a	ffiliates	
				[▼] anu v		T					iliates included?	L. L	Yes No
J Organi	zation t	ype (chec	k only one)	X 501(c) (3) (insert no) [_	4947(a)(1) or	527				tlach a list. See ii		
K Check	here		n organization	s gross receipts are norm	ally not more than 5	25 000 The			• •		eparate retum file rered by a group	T I	Yes X No
				e IRS but if the organizati				-			git GEN	TOTHING!	183 180
in the m	all it sho	uld file a re	sturn without f	financial data. Some states	s require a complete	return	 						
_							4 040 /	000			If the organization		
				b, and 10b to line 12			1,310,8				Sch B (Form 990		
Part I	Reve			es, and Change			d Balance	S	(See	Speci	fic Instruction	is on pag	je 16)
	1			ts, grants, and simil	ar amounts rec	eived							
	a		public sup	-						1a	1,	530	
	þ		t public su							1b			
<u>"</u>	C			tributions (grants)		_				1c		///	4 500
SCANNED	d			la through 1c)	(cast	-		_	ncash	\$_) <u>1d</u>	1,530
ž	2	_		revenue including g		s and contracts	from Part VII	, line 9	93)			2	1,302,903
Ž	3		-	s and assessments								3	C 200
7	4			gs and temporary ca		S						4	6,393
_	5	_		terest from securitie	S					1 - 1		5	
> D	6a	Gross								6a	-		
R	b		ental expe							6b		— <i>///</i> /	
e D	c			e or (loss) (subtract	line op trom lin	e ba)						6c	
V	7			income (describe	45		(4)	Coour	<u></u>	ш	/B) Other	7	
e	8a			om sales of assets o	iner		(A) 3	Securi	iles		(B) Other	/////	
P N	١.		ventory							8a		-///	
u	b			er basis and sales (expenses					8b 8c			
е	d			tach schedule) (combine line 8c, c	olumne (A) and	4 (B))				00		8d	
	9	_		nd activities (attach		1 (0))						7777	
	a	-		not including	t chedule;	of							
	"		•	orted on line 1a)	Ψ					9a			
	Ь		•	nses other than fun	draising expen	ses				9b	····		
	C			ss) from special eve			ea)					9c	
	- 1		•	ventory, less returns	-					10a		1111	
	Ь		cost of god							10b	· · · · · · · · · · · · · · · · · · ·		
	c			ss) from sales of in	ventory (attach	schedule) (subt	ract line 10b f	from li	ne 10a)			10c	
	11			om Part VII line 10		, (- · - - ·		,			11	
	12		•	dd lines 1d, 2, 3, 4,		, 10c, and 11)						12	1,310,826
	1 13			s(from line 44 colui								13	986,685
Ex-	14_	_0353	emen i and	i general (from line	44, column (C))						14	284,704
pen-	15			n line 44/20plumn (D								15	
ses	£16	Payme	nuta teraffik	ates (attach schedu	ıle)							16	
	397	rotar è	xpenses (add lines 16 and 44	, column (A))							17	1,271,389
	18-	-Excess	or (deficit	n for the Vear (subtr	act line 17 from	n line 12)						18	39,437
Net	19	@ @4	⋑ ⋸ ⋗ ₽₽₽	d balances at begin	ning of year (fr	om line 73, colui	nn (A))					19	250,927
Assets	14-20-	Other	hanges m	rnet assets or fund	balances (attac	ch explanation)						20	
	21	Net as	sets or fun	d balances at end o	f vear (combin	e lines 18, 19, ai	nd 20)					21	290,364

Page 2

All organizations must complete column (A). Columns (B). (C) and (D) are required for section 501(c)(3) and (4) organizations Part II Statement of and section 4947(a)(1) nonexempt chantable trusts but optional for others. (See Specific Instructions on page 21.) **Functional Expenses** (D) Fundraising (B) Program (C) Management (A) Total Do not include amounts reported on line services and general 6b, 8b, 9b, 10b, or 16 of Part I 22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ 22 Specific assistance to individuals (attach schedule) 23 23 24 Benefits paid to or for members (attach schedule) 24 73,473 34,887 108.360 25 25 Compensation of officers directors etc 256,234 121,665 377,899 26 26 Other salaries and wages 27 Pension plan contributions 27 22,913 52.070 29,157 28 Other employee benefits 28 13,992 37,817 23,825 29 29 Payroli taxes 30 Professional fundraising fees 30 21,024 21,024 31 Accounting fees 31 3,607 32 3.607 32 Legal fees 6,751 4,565 11,316 33 Supplies 33 7,321 1,830 9,151 34 Telephone 34 1,830 1,220 3,050 35 Postage and shipping 35 11,655 17,483 29,138 36 Occupancy 36 6,732 6,732 37 Equipment rental and maintenance 37 762 793 1,555 38 Printing and publications 38 12,183 1,354 13,537 39 39 Travel 40 Conferences conventions, and meetings 40 171 171 41 Interest 41 10,336 10.336 42 42 Depreciation depletion, etc. (attach schedule) 585,626 557,495 28,131 43a 43 Other expenses not covered above (itemize) a 43b b 43c c 43d d 43e 43f Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry 986,685 284,704 1,271,389 these totals to lines 13 - 15 Joint Costs Check if you are following SOP 98-2 X No Yes Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? \$ ______, (ii) the amount allocated to Program services If "Yes," enter (i) the aggregate amount of these joint costs , and (iv) the amount allocated to Fundraising (iii) the amount allocated to Management and general Program Service (See Specific Instructions on page 24) Part III Statement of Program Service Accomplishments Expenses Help children What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) of clients served, publications issued etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) and (4) orgs and organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and 4947(a)(1) trusts but optional for others) allocations to others) Help abused, abandoned and neglected children, who are dependents of the court, to live in a safe foster home which meets their needs, and recruit, certify and train foster parents so they can give optinal care to the children 986,685 (Grants and allocations \$ Other program services (attach schedule) 986,685 Total of Program Service Expenses (should equal line 44, column (B), Program services) Form 990 (2001)

Part I	V Balance Sheets (See Specific Instructions on page	24)			
Note	Where required, attached schedules and amounts within the	description	(A)		(B)
	column should be for end-of-year amounts only		Beginning of year	,,,,,	End of year
	Assets				
45	Cash - non-interest-bearing			45	
46	Savings and temporary cash investments		189,924	46	223,305
		1 1			
47a	Accounts receivable	47a 159,702			450 700
b	Less allowance for doubtful accounts	47b	126,165	47c	159,702
48a	Pledges receivable	48a 48b		48c	
b	Less allowance for doubtful accounts	46D		49	
49	Grants receivable				·
50	Receivables from officers directors trustees, and key employees			50	
	(attach schedule)	51a		1111	
51a	Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts	51b		51c	
ь 52	Inventories for sale or use	0.01		52	
53	Prepaid expenses and deferred charges		7,033	53	4,946
54	Investments - securities (attach schedule)	FMV	<u>-</u>	54	
55a	Investments - land, buildings and equipment				
33=	basis	55a			
ь	Less accumulated depreciation (attach				
_	schedule)	55b		55c	
56	Investments - other (attach schedule)			56	
57a	Land buildings, and equipment basis	57a 34,075			
ь	Less accumulated depreciation (attach schedule)	57b 34,075	5,532	57c	
58	Other assets (describe)		58	
			220 654		387,953
59 _	Total assets (add lines 45 through 58) (must equal line 74)		328,654	7////	2011922
	Liabilities		77,727	60	97,589
60	Accounts payable and accrued expenses		11,121	61	01,000
61	Grants payable			62	**************************************
62	Deferred revenue	امانا		63	
63	Loans from officers, directors, trustees, and key employees (attach sched	iule)		64a	
64a	Tax-exempt bond liabilities (attach schedule)			64b	, , ,
b	Mortgages and other notes payable (attach schedule) Other liabilities (describe)		65	
65	Office liabilities (describe				
66	Total liabilities (add lines 60 through 65)		77,727	66	97,589
	Net Assets or Fund Balances				
Orga	nizations that follow SFAS 117, check here X and com	plete lines			
	67 through 69 and lines 73 and 74				
67	Unrestricted		250,927	1	290,364
68	Temporanly restricted			68	
69	Permanently restricted			69	
Orga	nızatıons that do not follow SFAS 117, check here	and			
~. 54	complete lines 70 through 74				
70	Capital stock trust principal or current funds			70	
71	Paid-in or capital surplus or land building and equipment fund			71	
72	Retained earnings endowment accumulated income, or other funds			72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines				
	70 through 72,		050.005	, [////	200.264
	column (A) must equal line 19, column (B) must equal line 21)		250,927	$\overline{}$	290,364 387,953
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	ones as the primary or sole	328,654		

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

U	11 330 (2001)		Ood (nome of the	,,,,,,,,	r oster r armij Age		50-4440EE0	_	rage
Part	IV-A Reconciliation of Revenue per A	Audite	d	Pari	IV-B Reconcilia	ation of Expens	es per		
	Financial Statements with Reve	nue pe	er .	1	Audited F	Inancial Stater	nents with		
	Return (See Specific Instructions,	page 26	<u> </u>		Expenses				
а	Total revenue, gains, and other support			а	Total expenses and	d losses per audite	ed		
	per audited financial statements	а	1,310,826		financial statement	s		a	1,271,389
b	Amounts included on line a but			ь	Amounts included of	on line a but not o	า		
	not on line 12, Form 990				line 17, Form 990				
(1)	Net unrealized gains on			(1)		and			
٠٠,	investments \$			`''	use of facilities		\$		
121	Donated services and	- /////		(2)	Prior year adjustme	ents renoded			
1-/	use of facilities \$			`-'	on line 20, Form 99		\$		
(2)	Recovenes of prior	- /////		/21	*				
(3)				(3)	-	i iiile 20,	•		
/41	year grants \$	-////			Form 990		<u> </u>		
(4)	Other (specify)			(4)	Other (specify)				
					-				
	<u> </u>	_////		1			<u> </u>		
	Add amounts on lines (1) thru (4)	b_	0		Add amounts on lin			ь	0
С	Line a minus line b	C	1,310,826	¢	Line a minus line b			C	1,271,389
d	Amounts included on line 12,			d	Amounts included of	on line 17,			
	Form 990 but not on line a				Form 990 but not o	n line a			
(1)	Investment expenses not included on			(1)	Investment expens	es not			
	line 6b, Form 990 _ \$				included on line 6b	Form 990	\$		
(2)	Other (specify)			(2)	Other (specify)				
							\$		
	Add amounts on lines (1) and (2)	ď	0		Add amounts on lin	nes (1) and (2)		ď	0
A	Total revenue per line 12,			e	Total expenses per				
•	Form 990 (line c plus line d)	e	1,310,826	•	Form 990 (line c plu			е	1,271,389
Par	t V List of Officers, Directors, 1			Fmr		(List each one ev	en if not		1,2, 1,000
	compensated, see Specific Instruction		=	,	,	(Elst oben one et	CIT II TIOC		
	compensated, see opecine instruction	113 011	Jage 20)	/D)	Tille and average	(C) Compen-	(7) 0	1	(E) Expense
	(A) Name and address				Title and average		(D) Contributions to		
	(A) Name and address			F	hours per week	sation (If not	employee benefit plans &	ac	count and other
Č.d.	via Fogelman				evoted to position President -	paid, enter -0-)	deferred compensation		allowances
	5 Beverly Green Beverly Hills, CA			١.	40 hours/week	108,360	0		n
122	5 Beverly Green Beverly This, CA				40 Hours Week	100,300			<u> </u>
See	listing attached					o	0		0
	moting attached						<u>-</u> <u>-</u>		
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	·			l		1	-	<u> </u>	
75	Did any officer, director, trustee or key em	ployee	receive aggregat	e con	npensation of more t	han			
	\$100,000 from your organization and all re	lated o	rganizations, of w	hich i	more than \$10,000 w	vas			
	provided by the related organizations?						Yes	X	No
	If "Yes," attach schedule - see Specific Ins	truction	ns on page 27			·	_		
	or assessment and approximation								

Fom	n 990 (2001) Southern California Foster Family Agency 95-4440220		Page 5
	t VI Other Information (See Specific Instructions on page 27)		Yes or No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	/ 76	No
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	No
	If "Yes," attach a conformed copy of the changes		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		
	by this return?	. 78a	<u>No</u>
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution termination, or substantial contraction during the year? If "Yes"		
	attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization)		
	through common membership, governing bodies, trustees, officers, etc., to any other exempt or		
	nonexempt organization?	80a	No
b	If "Yes," enter the name of the organization	////	
	and check whether it isexempt OR nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions. [81a]	(///	
ь	Did the organization file Form 1120-POL for this year?	<u>81b</u>	No
82a	Did the organization receive donated services or the use of materials equipment, or facilities at		
L	no charge or at substantially less than fair rental value?	82a	Yes
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).		
922	as revenue in Part I or as an expense in Part II (See instructions in Part III) Did the organization comply with the public inspection requirements for returns and exemption applications?		//////////////////Yes
osa b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a 83b	Yes
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
b	If "Yes," did the organization include with every solicitation an express statement that such	7777	
_	contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2 000 or less?	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		
	received a waiver for proxy tax owed for the prior year		
C	Dues, assessments and similar amounts from members 85c	_////	
d	Section 162(e) lobbying and political expenditures	////	
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	—////	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount on line 85f to its		
	reasonable estimate of dues allocable to nondeductible tobbying and political expenditures for the following tax	056	
86	year? 501(c)(7) orgs Enter a Initiation fees and capital contributions	85h	
00	included on line 12		
b	Gross receipts, included on line 12 for public use of club facilities 86b	— <i>{////</i>	
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a		
ь	Gross income from other sources (Do not net amounts due or paid to other		
	sources against amounts due or received from them)	////	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity		
	disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-39 If "Yes " complete Part IX	88	No
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under		
	section 4911, section 4912, section 4955		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did		
	it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	No
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under		
	sections 4912, 4955, and 4958 Enter Amount of tax on line 89c, above, reimburged by the organization		
d oo-	Enter Amount of tax on line 89c, above, reimbursed by the organization		
	List the states with which a copy of this return is filed California		
b		90b	
91	_ 	365-2900 90026	
		30020	
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041 - Check here	92	
	and enter the amount of tax-exempt interest received or accrued during the tax year		rm 990 (2001)
		FOI	(EUU I)

Form 990 (20	001)	Southern Califo	rnia Foster Fan	nily Agency	95-4440220	Page 6
Part VII	Analysis of Income-Producing Activ	ities			(See Specific Instr	uctions on page 32)
Note Enter g	gross amounts unless otherwise	Unrelated bus	iness income	Excluded by section 5	12, 513, or 514	(E)
ındıcated		(A)	(B)	(C)	(D)	Related or exempt
93 Program	m service revenue	Business code	Amount	Exclusion code	Amount	function income
a		<u> </u>				
b						
c						
d		 				<u> </u>
6 <u> </u>	- 13 for all and an arrangement					
	re/Medicaid payments					1,302,903
_	nd contracts from government agencies ership dues and assessments			<u> </u>		1,302,903
* · · · · · · · · · · · · · · · · · · ·	t on savings and temporary cash investments			14	6,393	
	ids and interest from securities			· ·	5,555	
97 Net rent	tal income or (loss) from real estate					
a debt-fin	anced property					_
b not deb	t-financed property					
98 Net rent	tal income or (loss) from personal property			<u> </u>		
	nvestment income					<u> </u>
	(loss) from sales of assets other than inventory				· · · -	
	ome or (loss) from special events			<u> </u>		
	profit or (loss) from sales of inventory					
b Other re	evenue a					
						
			_			
θ						
104 Subtota	al (add cols (B), (D), and (E))				6,393	1,302,903
105 Total (a	idd line 104, columns (B), (D), and (E))					1,309,296
	05 plus line 1d, Part I, should equal the amount of			 		
Part VIII	Relationship of Activities to the Acc					uctions on page 32)
Line No				•		
03 (a)	accomplishment of the organization's exer		than by providing	tunds for such purpose	es)	
<u>93 (g)</u>	Allows clildren to be placed in foster f	armiy nomes				
						
Part IX	nformation Regarding Taxable Subs	idiaries and Du	–	titios	_	
	4.4.4	iulanes and Di	sregarded En	uues	(See Specific Instr	uctions on page 33)
	(A)	iulanes and Di	sregarded En (B)	(C)	(See Specific Instr (D)	uctions on page 33) (E)
	(A) Name, address, and EIN of corporation,	iuianes anu <u>Di</u>				
		idianes and Di	(B)	(C)	(D)	(E)
	Name, address, and EIN of corporation,	ulanes and Di	(B) Percentage of	(C)	(D) Total	(E) End-of-year
	Name, address, and EIN of corporation,	ulanes and Di	(B) Percentage of	(C)	(D) Total	(E) End-of-year
	Name, address, and EIN of corporation,	ulanes and Di	(B) Percentage of	(C)	(D) Total	(E) End-of-year
Part X II	Name, address, and EIN of corporation, partnership, or disregarded entity		(B) Percentage of ownership interest	(C) Nature of activities	(D) Total Income	(E) End-of-year assets
	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Ass	ociated with P	(B) Percentage of ownership interest ersonal Bene	(C) Nature of activities fit Contracts	(D) Total Income	(E) End-of-year assets
(a) Did the	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Assorganization, during the year, receive any funds,	ociated with P	(B) Percentage of ownership interest ersonal Beneral to pay premium.	(C) Nature of activities fit Contracts s on a personal benefit	(D) Total Income	(E) End-of-year assets uctions on page 33) Yes X No
(a) Did the	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Assorganization, during the year, receive any funds, organization, during the year, pay premiums, dire	ociated with P directly or indirectly ectly or indirectly, or	(B) Percentage of ownership interest ersonal Beneral to pay premium.	(C) Nature of activities fit Contracts s on a personal benefit	(D) Total Income	(E) End-of-year assets
(a) Did the	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Assorganization, during the year, receive any funds, organization, during the year, pay premiums, direction (b), file Form 8870 and Form 4720 (see instru	ociated with P directly or indirectly ectly or indirectly, or ictions)	(B) Percentage of ownership interest ersonal Beneral to pay premiums a personal bene	(C) Nature of activities If t Contracts s on a personal benefit fit contract?	(D) Total Income (See Specific Instrictontract?	(E) End-of-year assets uctions on page 33) Yes X No Yes X No
(a) Did the	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Assorganization, during the year, receive any funds, organization, during the year, pay premiums, dire	directly or indirectly ectly or indirectly, or inctions)	(B) Percentage of ownership interest ersonal Bene r, to pay premium: a personal bene	(C) Nature of activities fit Contracts s on a personal benefit fit contract?	(D) Total Income (See Specific Instrictontract?	(E) End-of-year assets uctions on page 33) Yes X No Yes X No
(a) Did the (b) Did the Note If "Yes"	nformation Regarding Transfers Ass organization, during the year, receive any funds, organization, during the year, pay premiums, direction (b), file Form 8870 and Form 4720 (see instruction)	directly or indirectly ectly or indirectly, or inctions)	(B) Percentage of ownership interest ersonal Bene r, to pay premium: a personal bene	(C) Nature of activities fit Contracts s on a personal benefit fit contract?	(D) Total Income (See Specific Instrictontract?	(E) End-of-year assets uctions on page 33) Yes X No Yes X No
(a) Did the (b) Did the Note If "Yes" Please Sign	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Assorganization, during the year, receive any funds, organization, during the year, pay premiums, direction (b), file Form 8870 and Form 4720 (see instruction) Under penaltees perpany disclare that I had belief the fire correct and complete	directly or indirectly ectly or indirectly, or inctions)	(B) Percentage of ownership interest ersonal Bene r, to pay premium: a personal bene	(C) Nature of activities If the Contracts If the Contracts If the Contracts If the Contract of the Contract o	(D) Total Income (See Specific Instrictontract?	(E) End-of-year assets uctions on page 33) Yes X No Yes X No
(a) Did the (b) Did the Note If "Yes"	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Assorganization, during the year, receive any funds, organization, during the year, pay premiums, direction (b), file Form 8870 and Form 4720 (see instruction) Under penalters permitty disclare that I had belief the fire correct and complete	directly or indirectly, or inctions) are examined this return in Declaration of preparer (or	(B) Percentage of ownership interest ersonal Bener, to pay premium: a personal bene oncluding accompanying their than officer) is basing the companying their than officer) is basing accompanying their than officer).	(C) Nature of activities fit Contracts s on a personal benefit fit contract?	(D) Total Income (See Specific Instrictontract?	(E) End-of-year assets uctions on page 33) Yes X No Yes X No
(a) Did the (b) Did the Note If "Yes" Please Sign	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Assorganization, during the year, receive any funds, organization, during the year, pay premiums, direction (b), file Form 8870 and Form 4720 (see instruction) Under penaltees perpany disclare that I had belief the fire correct and complete	directly or indirectly, or inctions) are examined this return in Declaration of preparer (or	(B) Percentage of ownership interest ersonal Bene r, to pay premium: a personal bene	(C) Nature of activities If the Contracts If the Contracts If the Contracts If the Contract of the Contract o	(D) Total Income (See Specific Instrictontract?	(E) End-of-year assets uctions on page 33) Yes X No Yes X No
(a) Did the (b) Did the Note If "Yes" Please Sign Here	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Assorganization, during the year, receive any funds, organization, during the year, pay premiums, direction to (b), file Form 8870 and Form 4720 (see instruction) Under penalters penalters penalters that I have belief the fine correct and complete Signature of officer Type or print name and title	directly or indirectly, or inctions) are examined this return in Declaration of preparer (or	(B) Percentage of ownership interest ersonal Bener, to pay premium: a personal bene oncluding accompanying their than officer) is basing the companying their than officer) is basing accompanying their than officer).	(C) Nature of activities fit Contracts s on a personal benefit fit contract? schedules and statements are ed on all information of which p	(D) Total Income (See Specific Instrictor) d to the best of my kinder that any knowled the set of	(E) End-of-year assets uctions on page 33) Yes X No Yes X No
(a) Did the (b) Did the Note If "Yes" Please Sign Here	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Assorganization, during the year, receive any funds, organization, during the year, pay premiums, direction to (b), file Form 8870 and Form 4720 (see instruction) Under penalties of permitty disclare that I have belief the true, correct and complete Signature of officer Signature of officer Type or print name and title	directly or indirectly, or inctions) are examined this return in Declaration of preparer (or	(B) Percentage of ownership interest ersonal Bener, to pay premium: a personal bener including accompanying their than officer) is bas	(C) Nature of activities If the Contracts If the Contracts If the Contracts If the Contract of the Contract o	(D) Total Income (See Specific Instrictor) d to the best of my kinder that any knowled the set of	(E) End-of-year assets uctions on page 33) Yes X No Yes X No
(a) Did the (b) Did the Note If "Yes" Please Sign Here Paid Preparer's	Name, address, and EIN of corporation, partnership, or disregarded entity nformation Regarding Transfers Assorganization, during the year, receive any funds, organization, during the year, pay premiums, direction to (b), file Form 8870 and Form 4720 (see instruction) Under penalties of permit disclare that I have belief the true, correct and complete Signature of officer Type or print name and title Preparer's signature Firm's name (or yours How	directly or indirectly, or inctions) are examined this return in Declaration of preparer (or	(B) Percentage of ownership interest ersonal Bener, to pay premium: a personal bener including accompanying their than officer) is bas S1 DEMT Date 4/3/20	(C) Nature of activities If the Contracts If the Contracts If the Contracts If the Contract of the Contract o	(D) Total Income (See Specific Instructor) d to the best of my knowledger has any knowl	(E) End-of-year assets uctions on page 33) Yes X No Yes X No
(a) Did the (b) Did the Note If "Yes" Please Sign Here	Name, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Transfers Assorganization, during the year, receive any funds, organization, during the year, pay premiums, directly to (b), file Form 8870 and Form 4720 (see instruction), during the year, pay premiums, directly to (b), file Form 8870 and Form 4720 (see instruction) Under penalter to penalter that I have correctly and complete that I have correctly and correctly and complete that I have correctly and correctly and complete that I have correctly and correctly	directly or indirectly ectly or indirectly, or indirectly or indir	(B) Percentage of ownership interest ersonal Bener, to pay premium: a personal bener including accompanying their than officer) is bas S1 DENT Date 4/3/20	(C) Nature of activities fit Contracts s on a personal benefit fit contract? schedules and statements are ad on all information of which p Date Check if self employed X	(D) Total Income (See Specific Instructor) d to the best of my knowledge in the parent has any knowledge in the property of	(E) End-of-year assets uctions on page 33) Yes X No Yes X No owledge edge

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions)

OMB No 1545-0047

2001

Internal Revenu	ie Service MUST be co	mpleted by the above or	ganizations and attach	ed to their Form 990 c	or 990-EZ
	ne organization				Employer identification number
Southern C	California Foster Family Agency				95-4440220
	Compensation of the Five H				ors, and Trustees
	(See page 1 of the instructions L		are none, enter "No	ne *)	
	Name and address of each	(b) Title and average		(d) Contributions to	(e) Expense account
emplo	eyee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans &	and other
		devoted to position		deferred compensation	allowances
None					
		<u> </u>			
		İ			i
]		i
			<u> </u>		
		ļ			
		ļ]		
Total numb	per of other employees paid				
over \$50,0					
Part II	Compensation of the Five H	ighest Paid Indepe	ndent Contracto	rs for Professior	ial Services
	(See page 2 of the instructions l	ist each one (whether	r individuals or firms) If there are none	, enter "None ")
(a) N	lame and address of each indepe	ndent contractor	(b) Type	of service	(c) Compensation
	paid more than \$50,000	D			
					_
None			j		
			j		
	 -				
			1		
		_ .			
	 :				
					
			1		İ
					
	per of others receiving over		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
\$50,000 fo	r professional services	<u> </u>	<u> </u>		<u> </u>

Sched	ule A (Form 990 or 990-EZ) 2001 Southern California Foster Family Agency 95-4440220		Р	age 2
Part	III Statements About Activities (See page 2 of the instructions)		Yes	No
;	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities Part VI-A, or line i of Part VI-B)	1		×
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the tobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) Sale, exchange, or leasing of property?	2a		
	ending of money or other extension of credit?	2b	-	×
c	Furnishing of goods, services, or facilities?	2c		х
d l	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	х	
e '	Fransfer of any part of its income or assets?	2e		Х
4	Does the organization make grants for scholarships, fellowships, student toans, etc? (See Note below) Oo you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants	3		×
	s from it in furtherance of its charitable programs "qualify" to receive payments			
Part	V Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			
The o	rganization is not a private foundation because it is. (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6 [A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)			
8	A Federal, state, or local government or governmental unit—Section 170(b)(1)(A)(v)			
9 [A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital section 170(b)(A)(iii) Enter the hospital section 170(b)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	pital's		
10 [An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)			
11a [11b [An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12 [An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13 [An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))			
	Provide the following information about the supported organizations (See page 5 of the instructions) (a) Name(s) of supported organization(s) (b) Line from a			
		 -		
				•
14 [An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instruction	 ons)	_	•

Sche	edule A (Form 990 or 990-EZ) 2001 Southern Californ	ia Foster Family Age	ency_	95-4440220		Page 3
		you checked a box of	on line 10, 11, or 1	2) Use cash meth	nod of accounting	
	TE You may use the worksheet in the instructions for	-				
	endar year (or fiscal year beginning in)	(a) 2000	(b) 1999	_(c) 1998	(d) 1997	_ (e) Total
	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28)	1,400	1,110	2,175	2,000	6,685
16	Membership fees received					
17	Gross receipts from admissions merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's chantable, etc., purpose	1,216,169	1,027,700	1,010,304	1,078,873	4,333,046
18	Gross income from interest, dividends, amounts			1 1		
	received from payments on secunties loans			ļ.		
	(section 512(a)(5)), rents royalties, and unrelated					
	business taxable income (less section 511 taxes)					
	from businesses acquired by the organization			İ		
	after June 30, 1975	7,6 <u>31</u>	4,798	5,266	2,987	20,682
19	Net income from unrelated business activities					
	not included in line 18					<u></u>
20	Tax revenues levied for the organization's benefit					
	and either paid to it or expended on its behalf	11				
21	The value of services or facilities furnished to the					
	organization by a governmental unit without charge					
	Do not include the value of services or facilities	1				
_	generally furnished to the public without charge			ľ		
22	Other income Attach a schedule Do not include					
	gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	1,225,200	1,033,608	1,017,745	1,083,860	4,360,413
24	Line 23 minus line 17	9,031	5,908	7,441	4,987	27,367
25	Enter 1% of line 23	12,252	10,336	10,177	10,839	
26	Organizations described on lines 10 or 11	a Enter	2% of amount in o	column (e), line 24	26a	
þ	Prepare a list for your records to show the name of					
	governmental unit or publicly supported organization	n) whose total gifts i	for 1997 through 2	2000 exceeded the		
	amount shown in line 26a. Do not file this list with y	our return. Enter the	total of all these	excess amounts	26b	
	Total support for section 509(a)(1) test Enter line:	24, column (e)			26c	
d	Add Amounts from column (e) for lines 18	19 26b				
	22	26b _			26d	
	Public support (line 26c minus line 26d total)				26e	
f	Public support percentage (line 26e (numerator) divided by line 26	c (denominator))	26f	
27	-	For amounts include	•	•		
	"disqualified person," prepare a list for your records				:h year from, each	ו
	"disqualified person" Do not file this list with your re	eturn Enter the sum	of such amounts	for each year		
	(2000) (1999)		(1998)		(1997)	
b	For any amount included in line 17 that was received					
	your records to show the name of, and amount rec					е
	25 for the year or (2) \$5,000 (Include in the list org					
	file trus list with your return. After computing the diff			and the larger amo	ount described in	
	(1) or (2), enter the sum of these differences (the e					
	(2000) (1999)		(1998)		(1997)	

c Add Amounts from column (e) for lines **27c** 4,339,731 17 4,333,046 20 27d and line 27b total d Add Line 27a total e Public support (line 27c total minus line 27d total) 27e 4,339,731

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27f 4,360,413 27g 99 53% 27h h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 0 47%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) Part V Private School Questionnaire

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its			-
	charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students			
••	in all its brochures, catalogues, and other written communications with the public dealing with			
		20	(////	(////
	student admissions, programs, and scholarships?	30	7777	m
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast			
	media during the period of solicitation for students, or during the registration period if it has no solicitation	<i>\(\(\) \(\)</i>		
	program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
	Tes, please describe, if the, please explain (if you need there space, allowing separate statement)			
				
		<i>\\\\\\</i>		
		_ /////		
32	Does the organization maintain the following			
		227-	/////	(////
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public			
•		220		
_	dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	,,,,,	*****
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	, or a local, a local, places of places (i.e., or need inches)			
				
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
h	Admiceione policios?	33b		
U	Admissions policies?	330		
c	Employment of faculty or administrative staff?	33c		1
Ī		1.3.2.		
لد	Scholarships or other financial assistance?	33d		1
u	Scholarships of other infancial assistance?	330		
		22-		1
е	Educational policies?	33e		-
	Line of familyan?	33f		
1	Use of facilities?	331		
_	Athletic programs?	33g		
ы	The serve programs.	009		
.	Other extracurricular activities?	33h		
11	Other extracumously activities,	77777	7777	,,,,,,
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		(////		
		— <i>{/////</i>		
		—{////		/////
		/////		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		_
h	Has the organization's right to such aid ever been revoked or suspended?	34b		
_		VIII		7///
	If you answered "Yes" to either 34a or b, please explain using an attached statement	\////		
		\////	/////	V////
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through	- [
	4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		L_
				2004

	edule A (Form 990 or 990-EZ) 2001		nia Foster Family			4440220	Page 5
Par	t VI-A Lobbying Expenditures by Electin	_	• • •	age 9 of the	ınstruc	tions)	
	(To be completed ONLY by an eligible	organization that	filed Form 5768)				
Chec	ck a lif the organization belongs to an affiliate	d group Che	ck b lif yo	u checked "a" ar	nd "limite	d control" provisi	ons apply
		- -				(a)	(b)
	Limits on Lobb	ying Expendit	ures			Affiliated	To be completed for ALL
	(The term "expenditures" m	eans amounts pa	nd or incurred)			group totals	electing organizations
36	Total lobbying expenditures to influence public	opinion (grassroc	ots lobbying)		36		
37	Total lobbying expenditures to influence a legis	lative body (direc	t lobbying)		37	'	
38	Total lobbying expenditures (add lines 36 and 3	37)			38	3	
39	Other exempt purpose expenditures				39)	
40	Total exempt purpose expenditures (add lines 3	38 and 39)			40)	
41	Lobbying nontaxable amount. Enter the amount	it from the followi	ng table -				
	If the amount on line 40 is -	The lobbying n	ontaxable amou	ınt ıs -			
	Not over \$500,000	20% of the amoun	t on line 40				
	Over \$500,000 but not over \$1,000 000	\$100,000 plus 159	% of the excess ove	er \$500,000 "			
	Over \$1,000,000 but not over \$1 500,000		% of the excess over		41		
	Over \$1,500,000 but not over \$17,000 000		of the excess over				
	Over \$17,000,000	\$1,000 000		•			
42	Grassroots nontaxable amount (enter 25% of lii	· ·			42	2	
	Subtract line 42 from line 36 Enter -0- if line 42		e 36		43		
44	Subtract line 41 from line 38 Enter -0- if line 4				44		
•	Construction of the state of th	· io more than iii					
	Caution If there is an amount on either line 43	or line 44 you m	ust file Form 472	PΩ			
			od Under Secti		- 1///		<u> </u>
	(Some organizations that made a secti				the five	e columns helov	A/
	See the instructions					coldining below	, v
	Occ inc mendenene	10. 11.,00 70 11.,00	gii oo oii pag <u>o</u> i				
		Lol	obying Expendit	tures During 4	I-Year A	Averaging Peri	od
	Calendar year (or fiscal	(a)	(b)	(c)		(d)	(e)
	year beginning in)	2001	2000	1999		1998	Total
45	Lobbying nontaxable amount						j
46	Lobbying ceiling amount (150% of line 45(e))						
			2777777				
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
	Control of the contro						
50	Grassroots lobbying expenditures						i
	t VI-B Lobbying Activity by Nonelecting	Public Charit	es	•			
	(For reporting only by organizations that			page 12 of th	e instru	ctions)	
Dur	ng the year did the organization attempt to influence n					1	
	attempt to influence public opinion on a legislative mati		_	_	res No	An	nount
any	Volunteers	ici oi reiciendam t	modg. the doc of		X	- \	
ь	Paid staff or management (Include compensation in e	hatrones seenonve	on lines o through h	,,	X	- ////////////////////////////////////	
C	Media advertisements	expenses reported t	on mes c unough i	'' ⊢	$-\frac{1}{x}$	— <i>,,,,,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,	
d	Mailings to members, legislators, or the public			<u> </u>	 		
e	Publications, or published or broadcast stateme	ents		<u> </u>	$-\frac{\hat{x}}{x}$		
	Grants to other organizations for lobbying purpo			<u> </u>	$\frac{-}{x}$		
f			ar a legislativo ba	, t	$+\hat{x}$		<u> </u>
9	Direct contact with legislators, their staffs, gove			~ y	$+\hat{x}$		
h	Rallies, demonstrations seminars, conventions, spec		my omer means	2	minini.		
ı	Total lobbying expenditures (Add lines c throug		allod decoration	of the labburn	1 2010 01	<u>//-</u>	
	If "Yes" to any of the above, also attach a state	ment giving a det	aned description	or trie jobbying			or 990-EZ) 2001
					SUITE	Parie y from 386	, UI 33U-LL) 2001

Cahadula 2	A /Earm	990 or 990-E.	プ\ 2004

Schedule /	<u>4 (Form 990 or 990-l</u>	EZ) 2001	Southern California Foster F	amily Agency	95-4440220 _		Pá	age 6
Part VII	Information R	egarding Tran	sfers To and Transactio	ns and Relationships Wit	<u></u> h			
		Exempt Orga		page 12 of the instructions				
51 Did 1				the following with any other or		d in		
		-		ns) or in section 527, relating t				
							Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash						51a(ı)	1.00	X
(ii) Other assets						a(II)	1	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	er transactions					<u> </u>		
						b(i)		v
	(i) Sales or exchanges of assets with a nonchantable exempt organization							<u> X</u>
			haritable exempt organization			b(ii)		X
	Rental of facilities		other assets			<u>b(III)</u>		<u> </u>
	Reimbursement a					b(IV)		X
(v)	Loans or loan gu	arantees				b(v)		_X_
(vı)	Performance of s	services or memb	pership or fundraising solicital	tions		b(vi)		_X_
c Sha	ring of facilities, ed	quipment, mailing	g lists, other assets, or paid e	mployees		С		Х
d If the	e answer to any of	f the above is "Ye	es," complete the following so	hedule Column (b) should al	ways show			
the f	air market value o	of the goods, other	er assets, or services given b	y the reporting organization li	f the			
orga	inization received	less than fair ma	irket value in any transaction	or sharing arrangement, show	ın column			
_			s, or services received	3 5 ,				
(a)	(b)		(c)		(d)			
Line no	Amount involved	Name of none	hantable exempt organization	Description of transfers, tr	• •	na arranden	nents	
Ente no	Amount involved	Name of Hone	Haritable exempt organization	Description of transfers, ti	ansactions, and snam	ig anangen	ile ilia	
	·	-						
				·· ·				
				_				
					- -			
•								
	· · ·	-						
-	 							
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		†		-				
	 			 				
	 	··						
En la th		active or radicactive	official with or related to a	land of more toy everyt ergan	zotiono			
				one or more tax-exempt organi	zations	7 v	$\overline{\mathbf{x}}$	NI.
			e (other than section 501(c)(3)) or in section 5217	L	_ Yes		No
b it "Y	es," complete the	tollowing schedu		Ţ 				
(a) Name of organization			(b) (c)					
			Type of organization	Descrip	tion of relationship	-		
						_		
_			1					
								
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Name as shown on return	ID number
Southern California Foster Family Agency	95-4440220

STATEMENT #1 - OTHER EXPENSES	Total	Program Services	Generat & Administrative
Bank service charges	15	1	14
Child related costs	9,942	9,942	
Foster parents	513,670	513,670	
Insurance	11,670		11,670
Licenses	4,135		4,135
Memberships	8,201		8,201
Miscellaneous	829		829
Professional fees	5,101	3,066	2,035
Public relations	21,253	21,253	_
Training	10,810	9,563	1,247
TOTALS	585,626	557,495	28,131

STATEMENT #2 - FIXED ASSETS

Furniture and fixtures	34,075
Less accumulated depreciation	(34,075)
TOTAL FIXED ASSETS	

STATEMENT #3 - OFFICER COMPENSATION

Officer compensation is set, by the Board of Directors, based on comparible compensation of others in the same field with the same experience, and is considered reasonable for the services rendered to the organization

STATEMENT #4 - GOVERNMENTAL FUNDING CONTACT

Los Angeles County Department of Child	ren and Family	Services	
Contact Diane Weisberg			
425 Shatto Place			
Los Angeles, CA 90020			

SOUTHERN CALIFORNIA FOSTER FAMILY & ADOPTION AGENCY **BOARD OF DIRECTORS – 2002**

Jrn@naalaw com 213-612-4400 phone 213-612-4422 fax term ends 12/31/2002	knurtrobins@earthlink net 323-939-1034 phone 323-939-8090 fax term ends 12/31/2003	erinquin@hsc usc educ http://www usc edu/schools/medicine 323-442-2552 phone 323-442-2433 fax term ends 12/21/2003, 2	jtetel@skirball com 310-440-4560 phone 310-440-4595 fax term ends 12/31/2002	thackery@gilmorebank com 323-549-2100, ext 109 phone 323-931-6813 fax term ends 12/31/2003	
Mr. James. R. Negele Negele & Associates Biltmore Towers 500 South Grand Avenue, 22 floor Los Angeles, CA 90071-2606	Dr. Kikanza Nuri Robins, Ed.D., M. Div. The Robins Group 8306 Wilshire Blvd, 7019 Beverly Hills, CA 90211	Erin A. Quinn, Ph.D. Associate Dean for Admissions Keck School of Medicine University of Southern California 1975 Zonal Avenue, KAM 100-C Los Angeles, CA 90089	Ms. Jocelyn Tetel, Vice President, Advancement Skirball Cultural Center 2701 N Sepulveda Blvd Los Angeles, CA 90049	Mr. L. E. Thackery, President Gılmore Bank 7929 West Third Street Los Angeles, CA 90048	
Jenniferbayer2001@yahoo com 562-621-0500 phone 562-773-0651 cell term ends 12/31/2003	carrollconsulting@msn com 310-459-5001 phone 310-459-3637 fax term ends 12/31/2002	818-341-2802 phone 818-347-2818 fax term ends 12/31/2003	pdedorninic@pdqcareers com 323-938-3933 phone 323-938-2715 fax term ends 12/31/2003	SFLC@AOL COM 213-365-2900 phone 213-365-0228 fax term ends 12/31/2002	Jkumarnoto@aol com 323-223-6473 phone 323-342-0817 fax term ends 12/31/2003
Ms. Jennifer Bayer Business Development-Blood Services American Red Cross 3529 E Broadway, #4 Long Beach, CA 90803	Ms. Paula Carroll Carroll Consulting 15480 Antioch Street, #301 Pacific Palisades, CA 90272	Mr. Lazer Cohen 23722 Ingomar Street West Hills, CA 91304	Ms. Patty DeDominic, CEO PDQ Personnel Services, Inc 5900 Wilshire Blvd Los Angeles, CA 90036	Ms. Sylvia Fogelman . Southern Calıfornia Foster Family & Adoption Agency 155 N Occidental Blvd Los Angeles, CA 90026	Mr. Alan F. Kumamoto Kumamoto Associates 4130 Sea View Lane Los Angeles, CA 90065