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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning

, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

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

C Name of organization

Southern California Foster Family Agency

Number and street (or P O box if mail is not delivered to street address)

155 North Occidental Boulevard

Room/suite

50

City or town

Los Angeles

State or country

CA

ZIP + 4

90026

D Employer identification number

95-4440220

E Telephone number

213-325-2900

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

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

I Group Exemption Number ▶

G Website: ▶ www.scffaa.org

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,498,891

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a 4,184

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 4,184 noncash \$)

1d 4,184

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 1,491,380

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 3,327

5 Dividends and interest from securities

5

6 a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe ▶)

7

8 a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10 a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 1,498,891

13 Program services (from line 44, column (B))

13 1,151,324

14 Management and general (from line 44, column (C))

14 444,672

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 1,595,996

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -97,105

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 560,381

20 Other changes in net assets or fund balances (attach explanation)

20 25,884

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 489,160

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	127,926	77,178	50,748
26	Other salaries and wages	26	552,817	333,514	219,303
27	Pension plan contributions	27	30,000	15,464	14,536
28	Other employee benefits	28	63,011	32,481	30,530
29	Payroll taxes	29	56,118	36,477	19,641
30	Professional fundraising fees	30			
31	Accounting fees	31	29,262		29,262
32	Legal fees	32	50		50
33	Supplies	33	12,466	7,565	4,901
34	Telephone	34	9,506	7,605	1,901
35	Postage and shipping	35	2,977	1,786	1,191
36	Occupancy	36	48,962	29,377	19,585
37	Equipment rental and maintenance	37	9,877		9,877
38	Printing and publications	38			
39	Travel	39	21,610	19,449	2,161
40	Conferences, conventions, and meetings	40			
41	Interest	41	395		395
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize): a Statement #1	43a	631,019	590,428	40,591
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,595,996	1,151,324	444,672

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ Help children

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a	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 optimal care to the children.	
	(Grants and allocations \$ _____)	1,151,324
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,151,324

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing		45	
	46 Savings and temporary cash investments	134,774	46	44,294
	47 a Accounts receivable 47a 184,418			
	b Less: allowance for doubtful accounts 47b	244,022	47c	184,418
	48 a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule) 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges 7,220		53	7,771
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 287,035		54	370,165
	55 a Investments—land, buildings, and equipment: basis 55a			
	b Less: accumulated depreciation (attach schedule) 55b		55c	
56 Investments—other (attach schedule)		56		
57 a Land, buildings, and equipment: basis 57a 49,028				
b Less: accumulated depreciation (attach schedule) 57b 49,028		57c		
58 Other assets (describe <input type="checkbox"/> Deposit) 4,374		58	4,374	
59 Total assets (add lines 45 through 58) (must equal line 74)	677,425	59	611,022	
Liabilities	60 Accounts payable and accrued expenses 117,044		60	116,862
	61 Grants payable		61	
	62 Deferred revenue		62	5,000
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
	66 Total liabilities (add lines 60 through 65)	117,044	66	121,862
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted 560,381		67	489,160
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) 560,381		73	489,160
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	677,425	74	611,022	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	1,524,775
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		25,884
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	25,884
c	Line a minus line b ▶	c	1,498,891
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	1,498,891

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

a	Total expenses and losses per audited financial statements . . . ▶	a	1,595,996
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	1,595,996
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,595,996

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address			(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name	Sylvia Fogelman	Str 1225 Beverly Green	Title President -			
City	Beverly Hills	ST CA ZIP 90212	Hr/WK 40 hrs/week	127,926	6,396	0
Name	See attached	Str	Title			
City		ST ZIP	Hr/WK	0	0	0
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			
Name		Str	Title			
City		ST ZIP	Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

	Yes	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	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b 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	X
80 a 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	X
b If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct and indirect political expenditures. See line 81 instructions . . . 81a		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a X	
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.) . . . 82b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? . . .	83a X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	83b X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such 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	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	
c Dues, assessments, and similar amounts from members 85c		
d Section 162(e) lobbying and political expenditures 85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . 85e		
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 lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . 86a		
b Gross receipts, included on line 12, for public use of club facilities 86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . 87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b		
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 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ None ; section 4912 ▶ None ; section 4955 ▶ None		
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	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ None		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 9		
90 a List the states with which a copy of this return is filed ▶ CA		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b		
91 The books are in care of ▶ Name Sylvia Fogelman, CEO Telephone no. ▶ 213-365-2900 Located at ▶ 155 North Occidental Blvd. City Los Angeles ST CA ZIP + 4 ▶ 90026		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Adoption fees					152,500
b Mental health services and parent fees					165,848
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,173,032
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,327	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				3,327	1,491,380
105 Total (add line 104, columns (B), (D), and (E))					1,494,707

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 (a)	Provides families the services of a qualified adoption placement agency
93 (b)	Provides community mental health and other related services to those in need.
93 (g)	Allows children to be placed in foster family homes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

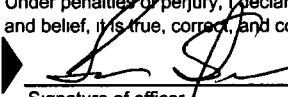

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer SYLVIA FOGELMAN, PRES & CEO Type or print name and title.		Date 6/16/05	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen Inst W)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	6/13/2005 Howard J. Levine C.P.A. 16000 Sherman Way #280, Van Nuys, CA 91406	<input checked="" type="checkbox"/>	P00009906 EIN 95-3535569 Phone no 818-994-5562

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.)

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

OMB No. 1545-0047

2004

Southern California Foster Family Agency

Employer identification number

95-4440220

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Lisa Bove Str 16600 Nordhoff Street City North Hills ST CA Zip 91343 Country	Title Dir. Foster Care Avg hr/wk 40	66,074	3,304	0
Name Robyn Harrod Str 1122 So. Point View Street City Los Angeles ST CA Zip 90035 Country	Title Dir. Adoption Avg hr/wk 40	71,562	3,578	0
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000 ▶	None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Check here if a business <input type="checkbox"/> Str None City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a** Sale, exchange, or leasing of property? **2a** X
- b** Lending of money or other extension of credit? **2b** X
- c** Furnishing of goods, services, or facilities? **2c** X
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Form 990, Part V **2d** X

- e** Transfer of any part of its income or assets? **2e** X

- 3 a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) **3a** X

- b** Do you have a section 403(b) annuity plan for your employees? **3b** X

- 4 a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? **4a** X

- b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services? **4b** X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____ City _____ ST _____ Country _____
- 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.)
- 11 a** ☐ 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.)
- 11 b** ☐ 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 number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,288	1,530	1,530	1,400	8,748
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,792,308	1,302,903	1,302,903	1,216,169	5,614,283
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	34,906	6,393	6,393	7,631	55,323
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,831,502	1,310,826	1,310,826	1,225,200	5,678,354
24 Line 23 minus line 17	39,194	7,923	7,923	9,031	64,071
25 Enter 1% of line 23	18,315	13,108	13,108	12,252	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____ c Add: Amounts from column (e) for lines: 15 _____ 8,748 16 _____ 17 _____ 5,614,283 20 _____ 21 _____ d Add: Line 27a total _____ and line 27b total _____ e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f 5,678,354 g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 99.03% h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 0.97%					27c 5,623,031 27d 27e 5,623,031 27f 5,678,354 27g 99.03% 27h 0.97%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

	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 student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following:		
a 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 dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

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

Name as shown on return	ID number
Southern California Foster Family Agency	95-4440220

STATEMENT #1 - OTHER EXPENSES

	<u>Total</u>	<u>Program Services</u>	<u>General & Administrative</u>
Bank service charges	54	5	49
Child related costs	17,638	16,638	1,000
Foster parents	534,595	534,595	
Insurance	27,267	5,625	21,642
Licenses	1,285		1,285
Memberships	11,779		11,779
Miscellaneous	324		324
Professional services	13,011	9,686	3,325
Public relations	15,015	15,015	
Training	10,051	8,864	1,187
TOTALS	631,019	590,428	40,591

STATEMENT #2 - OTHER CHANGES IN NET ASSETS

Unrealized gain on investments	25,884
TOTAL	25,884

STATEMENT #3 - FIXED ASSETS

Furniture and fixtures	49,028
Less accumulated depreciation	(49,028)
TOTAL FIXED ASSETS	

STATEMENT #4 - INVESTMENTS

Endowment fund at a community foundation and bank C.D.	370,165
TOTAL INVESTMENTS.	370,165

STATEMENT #5 - OFFICER COMPENSATION

Officer compensation is set, by the Board of Directors, based on comparable compensation of others in the same field with the same experience, and is considered reasonable for the services rendered to the organization.
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STATEMENT #6 - GOVERNMENTAL FUNDING CONTACT

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

SOUTHERN CALIFORNIA FOSTER FAMILY & ADOPTION AGENCY

BOARD OF DIRECTORS – 2005

Rodolfo Alvarez, PhD Professor Emeritus, UCLA 229 Bicknell Avenue, #306 Santa Monica, CA 90405	<u>alvarez@soc.ucla.edu</u> 310-392-5125 term ends 12/31/05	Mr. Alan F. Kumamoto Kumamoto Associates 4130 Sea View Lane Los Angeles, CA 90065	<u>jkumamoto@aol.com</u> 323-223-6473 phone 323-342-0817 fax term ends 12/31/2005
Ms. Jennifer Bayer Director of Public Affairs Hospital Association So. California 515 S. Figueroa St., Suite 1300 Los Angeles, CA 90071	<u>jenniferbayer2001@yahoo.com</u> 213-538-0730 (w) 562-773-0651 cell term ends 12/31/2005	Mr. James. R. Negele Negele & Associates Biltmore Towers 500 South Grand Avenue, 22 floor Los Angeles, CA 90071-2606	<u>jrn@naalaw.com</u> 213-612-4400 phone 213-612-4422 fax term ends 12/31/2006
Ms. Paula Carroll Carroll Consulting 15480 Antioch Street, #301 Pacific Palisades, CA 90272	<u>carrollconsulting@msn.com</u> 310-459-5001 phone 310-459-3637 fax term ends 12/31/2006	Dr. Kikanza Nuri Robins, Ed.D., M. Div. Organizational Development Consultants 8306 Wilshire Blvd., 7019 Beverly Hills, CA 90211	<u>knurirobins@earthlink.net</u> 323-939-1034 phone 323-939-8090 fax term ends 12/31/2005
Mr. Lazer Cohen 23722 Ingomar Street West Hills, CA 91304	<u>lazo59@aol.com</u> 818-347-2802 phone 818-347-2818 fax term ends 12/31/2005	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	<u>erinquin@hsc.usc.edu</u> <u>http://www.usc.edu/schools/medicine</u> 323-442-2552 phone 323-442-2433 fax term ends 12/31/2006
Ms. Patty DeDominic, CEO PDQ Careers Group of Companies 777 South Figueroa Street, 25 th Fl. Los Angeles, CA 90017	<u>pdedominic@pdqcareers.com</u> 213-408-0254 phone 213-408-0261 fax term ends 12/31/2005	Ms. Jocelyn Tetel, Vice President Advancement Skirball Cultural Center 2701 N. Sepulveda Blvd. Los Angeles, CA 90049	<u>jtetel@skirball.org</u> 310-440-4560 phone 310-440-4595 fax term ends 12/31/2006
Ms. Sylvia Fogelman Southern California Foster Family & Adoption Agency 155 N. Occidental Blvd. Los Angeles, CA 90026	<u>sflc@aol.com</u> 213-365-2900 phone 213-365-0228 fax term ends 12/31/2006		