

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **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 Treasury

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

		ue Service		ear, or tax year beginn	nina			and er	ndina					
	heck if ap		Please	C Name of organization		California F				D Employer	identific	ation numbe		
	Address	,	use IRS	Doing Business As	Codinen	i Camorria i	oster raining	rigone	<i>-</i> y	95-4440220				
=	Name ch		label or print or	Number and street (c	as D.O. hov if mod in	not dolugeed to	atract address)	Тва	om/custo	E Telephone				
=			type.			Hot delivered to	street address)	\	Onvoule					
=	nıtıal retu		See Specific	155 North Occiden						<u>213-365-29</u>	JO			
=	Terminati		Instruc-	City or town, state or	country, and ZIP +								4 507 440	
=	Amended		tions	Los Angeles		CA	\		90026	G Gross rece	ipts \$		1,597,443	
	Application	on pending	FN	lame and address of p	rincipal officer:				H(a) Is t	his a group retui	n for affi	liates?	Yes X No	
			Sylvia F	Fogelman 155 No. C	ccidental Blvd.	., Los Angele	s, CA 90026	3	H(b) Are	e all affiliates inc	luded?	<u></u>	YesNo	
ı T	ax-exe	mpt status	: X 50	01(c) ( 3) <b>◄</b> (in	sert no.)	4947(a)(1) or	527			If "No," attach a	list (see	e instructions)	ı	
		e: ▶ wwv			,				H(c) Gr	oup exemption n	umber l	•		
			_		7			l. Van			- I	ate of legal d	omicile CA	
		rganization		orporation Trust	Association	Other ►		L Tea	r of forma	tion 1993	I WI SI	ate of legal of	omicile CA	
P	art i		nmary				–			h - i f - h -		L		
	1			the organization's m					ne weii	being of abu	seo, a	pandoneo	апо	
		neglecte	d childr	ren and help them be	ecome indepen	ident and suc	cessful adul	ts.				<b></b>		
ctivities & Governance												<b></b>		
E.				<del></del>										
ove	2			▶ if the organi:								sets.		
<u>ن</u> مح	3			ng members of the g	-						3		12	
es	4	Number	of indep	pendent voting mem	bers of the gov	erning body	(Part VI, line	: 1b) .			4		11	
ivit	5			f employees (Part V,							5		19	
	6			f volunteers (estimat							6		25	
<b>8</b> 007	7a	Total gro	oss unre	elated business reve	nue from Part '	VIII, line 12, d	column (C)				7a			
₹_	b	Net unre	elated bu	usiness taxable inco	me from Form	990-T, line 3	4 .		<u></u>		7b			
<del>_</del>										Prior Year		Curre	ent Year	
୬	8			nd grants (Part VIII, I							3,323		84,974	
<u> </u>	9	Program	service	e revenue (Part VIII,			1,620	),753		1,504,393				
₩ •	10	Investme	ent inco	me (Part VIII, colum	n (A), lines 3, 4	<b>1, and 7d)</b> .					5,257		8,076	
<b>™</b>	11	Other re	venue (	(Part VIII, column (A)	), lines 5, 6d, 8	c, 9c, 10c, ar	nd 11e) .   .							
W	12	Total rev	venue-a	add lines 8 through 1	11 (must equal	Part VIII, col	umn (A), line	12)		1,72	5,333		<u>1,597,443</u>	
<b></b>	13	Grants a	and simi	ılar amounts paid (Pa	art IX, column (	(A), lines 1–3	)							
	14	Benefits	paid to	or for members (Pa	rt IX, column (A	A), line 4) .								
$\mathcal{Q}_{\mathbf{z}}$	15	Salaries	, other o	compensation, empl	oyee benefits (	Part IX, colur	nn (A), lines	5-10)	783,463				867,506	
ExpenSCANNED RUG	16a	Professi	onal fun	ndraising fees (Part I	X, column (A),	line 11e) .	•							
ied.	b	Total fur	ndraising	g expenses (Part IX,	, column (D), lir	ne 25) ▶		. <b></b>	77.000 4	*		· · · · · · · · · · · · · · · · · · ·		
ú	17	Other ex	penses	s (Part IX, column (A	), lines 11a–11	d, 11f–24f)					1,478		801,567	
	18	Total ex	penses.	. Add lines 13–17 (m	iust equ <del>al Part</del>	<del>X-colymn (/</del>	<del>\), <u>ქ</u>լոе 25)</del> լ				1,941		1,669,073	
	19	Revenue	e less e	xpenses Subtract lii	ne 18 from line	KECEIV				30	),392		-71,630	
o o									Ве	eginning of Yea	r	End	of Year	
Net Assets or Fund Balances	20	Total as	sets (Pa	art X, line 16) .	315	AUG 0 6 2	RS-0SC				3,319		622,153	
t As	21	Total lial	bilities (	Part X, line 26)	m  .	AUU U.U.Z	,003 S			17	1,293		223,392	
- 5 P	22	Net asse	ets or fu	ind balances Subtra	ict line 21 from	line 20				58	5,026		398,761	
Pa	rt II	Sig	nature	Block		<u>OGDEN,</u>	UT							
		Unde	r penalties	s of perjury, I declare that	have examined thi	s return, includin	g accompanying	schedul	les and st	atements, and to	the bes	st of my know	ledge	
		and t	pelief, it is/	true, correct, and complete	e Decraration of pre	eparer (otner thar	n oπicer) is base	d on all i	niormauo	n of which prepa	irer nas a <i>I</i>	any knowledg	,e	
			<b>A</b>	Avia Fodelman	Pres 1C	En				17/	ี่ 2, 10	9		
Sig	ın		Signature		1/4/					Date	2010			
He	re		Signature	; or one	,					Date	1			
			T										<del></del>	
		Prop	<del></del>	onnt name and title		——-т	Date	LC	heck if		Prepare	er's identifying	a number	
Pai	4	self. (see if									tructions)	,		
		7/29/2009 employ							nployed	►X	P0000	09906		
	parer'	Firm's name (or yours   M. Howard J. Levine C.P.A.   EIN   EIN												
Use Only  If self-employed), address, and ZIP + 4  16600 Sherman Way #280, Van Nuys, CA 9140					s CA 91406				818-9	94-5562	_			
	. 41 15									I HOUGHO	<u> </u>		(aa   N-	
Ma	y tne II	KS alscus	s this re	eturn with the prepar	er snown abov	er (see instr	uctions) .	•			•	<u>· []</u>	res No	

	Statement of Program Service Accomplishments (see instructions)		
1 .	*Briefly describe the organization's mission:		
	Ensure the well being of abused, abandoned and neglected children and help them become independent an	d success	ful
	adults.		
			_
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		<u> </u>
_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	<b>–</b> 1	(V)
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	f grants a	nd
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 1,303,487 including grants of \$ ) (Revenue \$		)
74	Help abused, abandoned and neglected children, who are dependents of the court, to live in a safe foster hon	 10	/
	which meets their needs. Also recruit, certify and train foster parents so they can give optimal care to the child		
46	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		
40			
	***************************************		
40	(Code: \(\)\(\)\((\)\((\)\)\((\)\)\(\)\(\)\(\)		<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		)
			)
4c		)	)

Par	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť	_	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0		_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
_	complete Schedule D, Part III	-		<del>  ^-</del>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	_X_	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Χ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III.	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if 76s, complete Schedule I, Parts I and III.	22		x
22				<del>  ^-</del>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	22		X
•	Schedule J	23		<del>  ^-</del>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
_	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١		
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Χ_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	L	X

#### Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form **990** (2008)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
ıa	U.S Information Returns Enter -0- if not applicable			7
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ľ . **		`
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1 .		
·	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2.5	v	≫.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	: F: 1	4,	٠,
	instructions)		``	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	<u>ئە</u> <u>ئىشىن</u>	l	
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		
	account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			s. v. 13
F	and Financial Accounts.		X.	X
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.	5a 5b	<del> </del>	x
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	100		<u> </u>
·	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		)% }	W, 981
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		, ( &	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			å š
	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
T ~	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	79		
"	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
_	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	13	Ŕ	8.3
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	4		<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			**
а	Initiation fees and capital contributions included on Part VIII, line 12	, Š		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		*	
11	Section 501(c)(12) organizations. Enter:	<b>*</b> *		
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		ļ	, , , , , , , , , , , , , , , , , , ,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b> </b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- <u>-</u> -		

Part VI
Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the	. y .		
	circumstances, processes, or changes in Schedule O See instructions	¥.		
1a	Enter the number of voting members of the governing body	* 1		
b	Enter the number of voting members that are independent	l.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	5 5		
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_ X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		* *	
	the year by the following:		,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	11		X
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14	X	L
15	Did the process for determining compensation of the following persons include a review and approval by	, ** ,	5	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions).		, .a,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			]
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		<u> </u>	
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA	<b>-</b>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t			
	organization: ► Sylvia Fogelman 213-365-29	20		
	155 North Occidental Blvd., Los Angeles, CA 90026			

95-4440220

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100.000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compe	ensate any offic	er, dir	ect	or,	trus	stee, c	r k	ey employee.		<del></del>
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week		_	officer		that ap	Former	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ier	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Paula Carroll Treasurer	5.	×		×				0	0	_0
Laxer Cohen Director	5.	Х						0	0	0
Patty DeDominic Director	5.	х						0	0	0
David Flores Director	5.	x						0	0	0
Sylvia Fogelman C.E.O. & President	40.	х		х	х			121,950	0	25,500
Jan Kumamoto Director	5.	х						0	0	0
Susan Lusk Director	5.	х						0	0	0
James Negle Director	5.	X						0	0	0
Kikanza Nuri Robins Vice Chair	5.	x		х	_			0	0	0
David Placier Chair	5.	X_		х			_	0	0	0
Jocelyn Tetel Secretary	5.	<u>x</u>		х		ļ	_	0	_0	0
Heather Wells Director	5.	х						0	0	0
				_						
						ļ				

Page 8

Name and title  Average hours per week  Average hours per week  Average hours per week  Or In Institute will be a position (check all that apply)  Reportable compensation compensation from from the organ	operable pensation in related nizations 099-MISC)	(F)  Estimated amount of other compensation from the organization and related organizations
Name and time Nopolesia Nopolesia	pensation related nizations	amount of other compensation from the organization and related
hours per week or in the week organization from the organ organization (W-2/1099-MISC)	n related nizations	other compensation from the organization and related
vidual trul trul trul trul trul trul trul tru	nizations	from the organization and related
or all the polye of the polye o		organization and related
sated		
		· · · · · ·
1b Total		25,500
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensa	ation from	the
organization ► 1		Yes No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated		\$
employee on line 1a? If "Yes," complete Schedule J for such individual		3 X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from		
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		5 X
Section B. Independent Contractors		<u> </u>
1 Complete this table for your five highest compensated independent contractors that received more than \$100	),000 of	
compensation from the organization.	<del></del>	
(A) (B) Name and business address Description of services		(C) Compensation
None		<del></del>
	+	
	+	
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶	,	* * >

om 99	orm 990 (2008) Southern California Foster Family Agency 95-4440220							
Part	: VIII	Statement of Revenue			_			
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	84,974	84,974				
	<u></u>	Total Not lines to 11	Business Code	,	7 48 7	· · · · · · · · · · · · · · · · · · ·	1.3	
Program Service Revenue	2a b c	Adoption fees Mental health services and parent fees		1,251,322 253,071	1,251,322 253,071			
gram Servi	d e f	All other program service revenue						
Pro	a	Total. Add lines 2a–2f	<b>•</b>	1,504,393	>	,	W. A.	
	3	Investment income (including dividends, interest, an other similar amounts)	nd ▶	8,076			8,076	
	6a b	Royalties (i) Real  Gross Rents	(II) Personal					
	d 7a b	Net rental income or (loss)	(II) Other		Payor disc			
Other Revenue	d 8a	Net gain or (loss)  Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	▶					
Other R	b c 9a b	Less direct expenses b  Net income or (loss) from fundraising events  Gross income from gaming activities.  See Part IV, line 19						
	c 10a b	Net income or (loss) from gaming activities .  Gross sales of inventory, less returns and allowances						
	11a b	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code			*	\$	
	c d e 12	All other revenue				, , ,		
		9c, 10c, and 11e		1,597,443	1,504,393	<u> </u>	8,076	

8,076

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) (A) (B) (C) Do not include amounts reported on lines 6b. Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . Grants and other assistance to individuals in the U.S. See Part IV. line 22. . . . 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 38.923 trustees, and key employees . . . . 121,950 83,027 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 436,871 204,805 . . . . . . . . . 641,676 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits . . . . . . 28,563 15,380 9 43,943 10 59,937 38,959 20,978 Payroll taxes . . . . . 11 Fees for services (non-employees). a Management. **b** Legal. . . . . . . . . 15,201 15,241 30,442 Accounting . . . . . . . C Lobbying . . . . . . d 5.4903; 18**4**8 Professional fundraising services See Part IV, line 17 Investment management fees . . . f 25,933 25,933 Other. . . . . . . . g 22,913 22,913 Advertising and promotion . . 12 17,282 10,982 6.300 13 Office expenses . . Information technology . . . 14 15 37,735 20,319 16 Occupancy 58,054 Travel . . 28.991 26.092 2,899 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 11.703 10.826 877 19 Conferences, conventions, and meetings . . . . 265 265 20 Interest . . . . . 21 Payments to affiliates . . . 1,640 1,640 22 Depreciation, depletion, and amortization 55,432 25,918 29,514 23 . . . . . . . . . . 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together 1 1/8 W 5 5 and labeled miscellaneous may not exceed :1 5% of total expenses shown on line 25 below.) 13,514 13,514 Child related costs 10,369 4,103 6,266 Equipment rent and repair 508,452 508,452 C Foster parent expenses 2,930 2,930 Licenses and permits d 2,753 2,753 Memberships e 2.179 10,894 8.715 All other expenses Telephone 1,303,487 365,586 Total functional expenses. Add lines 1 through 24f 1,669,073 Joint Costs. Check here ▶ if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

0220 Page **11** 

Pá	art X	Balance Sheet							_	
	•				(A) Beginning of year			(E End o	3) f year	
	1	Cash-non-interest-bearing				1				
	2	Savings and temporary cash investments			143,534	2			12	4,348
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net			187,362	4			18	3,912
	5	Receivables from current and former officers,	direct	ors, trustees, key						
		employees, or other related parties. Complete				5				
	6	Receivables from other disqualified persons (						3 8	345	×.
		4958(f)(1)) and persons described in section						1	₹.	
		Part II of Schedule L	`			6	1	<del></del>		
ξţ.	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
۲	9	Prepaid expenses and deferred charges .			7,039	9				6,183
	10a	Land, buildings, and equipment: cost basis	10a	52,354				# t.	,	,
		Less: accumulated depreciation. Complete		,			1	1.00		· Sov.
		•	10b	52,354	**************************************	10c				······
	11					11				
	12	Investments-other securities. See Part IV, lin			414,010		1		30	3,336
	13	Investments-program-related See Part IV, III				13				
	14	Intangible assets				14				•
	15	Other assets See Part IV, line 11			4,374		i			4,374
	16	Total assets. Add lines 1 through 15 (must e		ne 34)	756,319					2,153
	17	Accounts payable and accrued expenses .			136,202			•		7,811
	18	Grants payable	•		.00,202	18				.,
	19	Deferred revenue		35,091	19	<u> </u>		10	5,581	
	20	Tax-exempt bond liabilities		00,001	20				0,001	
ဖွ	21	Escrow account liability. Complete Part IV of				21				
Liabilities	22	Payables to current and former officers, direct			Y 87 / 12 18 18 18 18 18 18 18 18 18 18 18 18 18					
喜		employees, highest compensated employees	· •		1	, ,	·			
<u>.</u> =				22		<u></u>				
	23	Secured mortgages and notes payable to unr		third parties		23	-			
	24					24	-			
	25	Other liabilities. Complete Part X of Schedule				25				
	26	Total liabilities. Add lines 17 through 25			171,293				22	3,392
-	20			<u> </u>	171,293	20			1 3	J,JJZ
တ္က		Organizations that follow SFAS 117, check					\ \ <u>\%</u>	· ~8884 ·	*	
ဗို		complete lines 27 through 29, and lines 33	and 3	4.	<u> </u>	·			<u> </u>	
ᄛ	27	Unrestricted net assets	-		585,026		ļ			9,966
m	28	Temporarily restricted net assets .				28	<b>_</b>			<u>8,795</u>
힐	29	Permanently restricted net assets .	-	<u></u>		29		**	* *	
or Fund Balances		Organizations that do not follow SFAS 117	', chec	k here ▶		17			4. j	•
ō		and complete lines 30 through 34.								
Net Assets	30	Capital stock or trust principal, or current fund	ds		The state of the s	30	<u>-</u>			
SS	31	Paid-in or capital surplus, or land, building, or		ment fund .		31				
۲	32	Retained earnings, endowment, accumulated				32				
ž	33				585,026	33			39	8,761
	34	Total liabilities and net assets/fund balances		•	756,319					2,153
Pa	rt XI	Financial Statements and Reporting								
		<u> </u>	•						Yes	No
1	Ac	counting method used to prepare the Form 99	0: 🗌	Cash X Accru	ual Other			\$. \		
2		ere the organization's financial statements com			—		.	2a		X
ŀ		ere the organization's financial statements aud	-					2b	Х	
		'Yes" to lines 2a or 2b, does the organization h	-	•		sight of	fthe			
		dit, review, or compilation of its financial staten			•	-		2c	х	
3		a result of a federal award, was the organizati								
		e Single Audit Act and OMB Circular A-133? .			,	3a	x			
t		'Yes," did the organization undergo the require	d audit	or audits?	<u> </u>			3b	X	

### SCHEDULE A (Form 990 or 990-EZ)

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Inspection

Name o	ame of the organization Employer identification number												
			ster Family Agei						95-44402				
Part				narity Status (All org					t.) (see i	nstructio	ns)		
	rgar			ation because it is: (Pl					L\/4\/A\/;				
1	$\dashv$			rches, or association o			ea III <b>sec</b>	יוטוו ויטן	D)(1)(A)(1	<i>)</i> .			
2	믁			on 170(b)(1)(A)(ii). (At			41	470/L\/4\	(A)(:::) (A	Haab Ca	ا مایام ا		
3 [	닠			nospital service organi									
4		hospital's na	me, city, and sta										
5				r the benefit of a collect (Complete Part II.)	ge or univ	ersity ow	ned or op	erated by	a govern	mental u	nıt descr	ıbed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	escribed	in section	n 170(b)(ʻ	1)(A)(v).				
7				y receives a substanti (1)(A)(vi). (Complete l		its suppo	rt from a g	governme	ntal unit o	r from th	e genera	al publ	ic
8		A community	trust described	d in section 170(b)(1)	( <b>A</b> )(vi). (C	omplete	Part II.)						
9	X	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 exempt 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). (Complete Part III.)											
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. S	ee <b>sectio</b>	n 509(a)(	<b>4)</b> . (see i	nstructio	ns)	
11   e		purposes of 509(a)(3). Cla Type By checking persons other	one or more pul heck the box that I b t this box, I certif	and operated exclusive blicly supported organ at describes the type of Type II c fy that the organization managers and others.	izations dof support Type Tis not co	lescribed ing organ III–Fund Introlled d	in section ization an ctionally ir lirectly or	509(a)(1 d comple ntegrated indirectly	) or section te lines 1	on 509(a) 1e throug d	i(2). See ih 11h. Type III- squalifie	section -Other	
f g		If the organization Since Augus	zation received , check this box at 17, 2006, has	a written determination						e III supp	oorting 		
		following per		or indirectly controls,	either alo	ne or toge	other with	nersons	described	in (u)		Yes	No
				verning body of the su							11g(i)		
				person described in (i							11g(ii)		
				y of a person describe		(II) above	≘?				11g(iii)		
h_		Provide the	following informa	ation about the organi									
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your	organızat (i) organı	s the ion in col zed in the S ?		Amount	of
				(5555	Yes	No	Yes	No	Yes	No	1		
			_,		L								
								•					
-			-	·	-	<del>                                     </del>	<del> </del>				<del>                                     </del>		
					}				<u> </u>				
-													
			<u></u>		<b></b>		<del> </del>				-		<u>-</u>
Total			*	·	* **	•	<b>\$</b> -		*	(#, \$			

95-4440220 . Schedule A (Form 990 or 990-EZ) 2008 Southern California Foster Family Agency Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2004 **(b)** 2005 Gifts, grants, contributions, and membership fees received. (Do not 84,974 225,062 16,883 19,698 99,323 4,184 include any "unusual grants.") . . . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1,620,753 1,504,393 7,756,510 1.491.380 1.504.206 1,635,778 organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. 1,495,564 1,521,089 1,655,476 1,720,076 1,589,367 7,981,572 Total. Add lines 1-5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . 31,052 31,052 31,052 31,052 c Add lines 7a and 7b . Public support (Subtract line 7c from 234; 7,950,520 \* · A line 6.). Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1,495,564 1,521,089 1,655,476 1,720,076 1,589,367 7,981,572 Amounts from line 6 . . . . . 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 3<u>,3</u>27 8.076 22,881 3,324 2,897 5,257 sources . . . Unrelated business taxable income (less b section 511 taxes) from businesses acquired after June 30, 1975 . 5,257 8,076 22,881 c Add lines 10a and 10b 3,327 3,324 2,897 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on . . . . . . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . 13 Total support. (Add lines 9, 10c, 11, and 12.) 8.004.453 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 

Sec	tion C. Computation of Public Support Percentage		
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.33%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.32%
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	0.29%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.68%
19a	33 1/3% support tests-2008. If the organization did not check the box on line 14, and line 15 is more to	han 33 1/3%	and line 17 is

9a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ...

**b** 33 1/3% support tests–2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Vame	of the organization	Employer identification number						
Soutl	ern California Foster Family Agency		95-4440	0220				
Par		or Advised Funds or Other Similar F	unds or A	ccounts. Complete if				
	the organization answered "Yes" to	Form 990, Part IV, line 6.						
		(a) Donor advised funds	(b)	Funds and other accounts				
1	Total number at end of year							
2	Aggregate contributions to (during year)		<u>-</u>					
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and d			advised				
	funds are the organization's property, subject			. U Yes Mo				
6	Did the organization inform all grantees, dor			y be				
	used only for charitable purposes and not for		r or other					
	impermissible private benefit?			Yes No				
Par	Conservation Easements. Comp	lete if the organization answered "Yes	s" to Form 9	990, Part IV, line 7.				
1	Purpose(s) of conservation easements held	by the organization (check all that apply).						
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area							
	Protection of natural habitat	Preservation	n of certified	historic structure				
	Preservation of open space	resurrane	0. 00					
2	Complete lines 2a–2d if the organization hel	d a qualified conservation contribution in	the form of a	consequation easement				
_	on the last day of the tax year.	d a qualified conservation contribution in	uie ioiiii oi a	Conservation easement				
	on the last day of the tax year.		*	Held at the End of the Year				
а	Total number of conservation easements .		. 2a	Tield at the Liid of the Teal				
b	Total acreage restricted by conservation eas		2b					
c	Number of conservation easements on a ce		2c					
d	Number of conservation easements include		. 2d	-				
3	Number of conservation easements modifie			v the organization				
	during the taxable year	<b>3</b>		,				
4	Number of states where property subject to	conservation easement is located						
5	Does the organization have a written policy		ion, violatior	ns, and				
	enforcement of the conservation easements	it holds?		. Yes No				
6	Staff or volunteer hours devoted to monitoring	ng, inspecting, and enforcing easements o	during the ye	ear 🕨				
7	Amount of expenses incurred in monitoring,							
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	its of section	·				
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			L Yes L No				
9	In Part XIV, describe how the organization re							
	balance sheet, and include, if applicable, the		financial sta	tements that describes				
_	the organization's accounting for conservation							
Pari		ons of Art, Historical Treasures, or Othe	er Similar A	ssets.				
	Complete if the organization answere							
1a	If the organization elected, as permitted und							
	art, historical treasures, or other similar asse							
	service, provide, in Part XIV, the text of the							
b	If the organization elected, as permitted und							
	historical treasures, or other similar assets h service, provide the following amounts relati		earcn in turt	nerance of public				
	,,	· ·						
	(i) Revenues included in Form 990, Part VII	l, line 1		<b>&gt;</b> \$				
_	(ii) Assets included in Form 990, Part X			\$				
2	If the organization received or held works of		ssets for fina	ancial gain, provide the				
_	following amounts required to be reported up			<b>~</b> ¢				
a	Revenues included in Form 990, Part VIII, III Assets included in Form 990, Part X	ne I	•	<b>~ D</b>				
b	Assets included in Form 990, Part X			Φ				

Part	Organizations Maintaining	Collections of	Art, His	torical	Treasures	or Ot	her Similar A	Assets (continued)	
3	Using the organization's accession a	and other records	check a	nv of the	following th	at are	a significant us	se of its collection	
_	items (check all that apply):		, 0	, 00					
а	Public exhibition		d $\square$	Loan	or exchange	e progr	ams		
b	Scholarly research		е 🗌	Other	-			••••	
c	Preservation for future genera	itions	,						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . Yes No								
Part	V Trust, Escrow and Custo	dial Arrangeme	nts. Co	mplete if	organizati	on ans	swered "Yes"	to Form 990,	
	Part IV, line 9, or reported a	•		•	_				
1a	Is the organization an agent, trustee	, custodian or oth	er interm	ediary fo	r contributio	ns or c	ther assets no	t	
	included on Form 990, Part X? .							Yes No	
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	g table:				
								Amount	
C	Beginning balance					. 10			
d	0 ,					. 10	1		
е	<b>3</b> ,					1€			
f	Ending balance					. <u>11</u>	<u> </u>		
2a	Did the organization include an amo	unt on Form 990,	Part X, lı	ne 21? .				Yes X No	
b	If "Yes," explain the arrangement in								
Part	V Endowment Funds. Comp	lete if organizat	ion ansv	vered "Y	es" to Forr	n 990,	Part IV, line	10.	
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ack (e) Four years back	
1a	Beginning of year balance		¥ (,	3 %	* * * *, **	# · ·	2 2		
b	Contributions		<u> </u>	5 4	\$ \$500 mg.	Žį.			
C	Investment earnings or losses.		. (1. ) (	, A & W					
d	Grants or scholarships		,		* *	, %, 19,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
е	Other expenditures for facilities		3 400 4 1	. S. 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	á.			~	
	and programs		7 11 1		<b>%</b>	10331	1124 12		
f	Administrative expenses .	:	* 5		,		, , , ,	Partal	
g	End of year balance		W . T		* * 4 %	¥ \>	**	¥;;2 ¥₩	
2	Provide the estimated percentage of	the year end bala	ance held	d as:					
а	Board designated or quasi-endowme	ent 🕨							
b	Permanent endowment								
С	Term endowment ▶								
3a	Are there endowment funds not in th	e possession of t	he organ	ization th	at are held	and ad	ministered for	the	
	organization by:							Yes No	
	(i) unrelated organizations .							3a(i)	
	(ii) related organizations				. •			3a(ii)	
b	If "Yes" to 3a(ii), are the related orga							3b	
4	Describe in Part XIV the intended us								
Part	VI Investments—Land, Build	lings, and Equi	ipment.	See For	<u>m 990, Pa</u>	rt X, liı	ne 10.		
	Description of investment	(a) Cost or otl (investm			st or other (other)	(c)	Depreciation	(d) Book value	
1a	Land					, U:	41446	<del></del>	
b	Buildings								
C	Leasehold improvements								
d	Equipment				52,354		52,354		
е	Other .								
Total	Fotal. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) ▶								

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total (Column (b) should equal Form 990, Part X, col (B) line 25)

Sched	fule D (Form 990) 2008			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Sta		,	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1,597,443
2	Total expenses (Form 990, Part IX, column (A), line 25)		ļ	<u>1,669,073</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		ļ	<u>-71,630</u>
4	Net unrealized gains (losses) on investments .	. 4	<u> </u>	-114,635
5	Donated services and use of facilities	. 5	ļ	
6	Investment expenses		L	
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4–8	9		-114,635
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		186,265
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Rev	enue per	Retur	
1	Total revenue, gains, and other support per audited financial statements	. L	1	1,482,808
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	114,635	*	
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		2e	-114,635
3	Subtract line 2e from line 1	·	3	1,597,443
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)	*		
c	Add lines 4a and 4b.		4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	1,597,443
	t XIII Reconciliation of Expenses per Audited Financial Statements With Ex		er Ret	
1	Total expenses and losses per audited financial statements		1	1,669,073
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-		
a	Donated services and use of facilities 2a	Į.	·	
b	Prior year adjustments	*	À	
c	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)	- i		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	· · ·	3	1,669,073
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	·	•	1,000,010
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a		***	
a b	Other (Describe in Part XIV)		20,000	
			4c	
C E	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18.)	· · ·	5	1,669,073
5 Par	t XIV Supplemental Information		<u> </u>	1,009,073
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1		art IV,	lines 1b
and	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and	4b.		
			<del>-</del>	
			<del>-</del>	

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the OMB No 1545-0047 Open to Public Inspection

95-4440220

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information. Employer identification number

Southern California Foster Family Agency	95-4440220
Form 990 Part VI Section A Line 10 The tax returns are carefully revise	wed by the President and bookkeeper prior to submission.
Form 990 Part VI Section B Line 12 Board members are expected to	disclose conflicts of interest and abstain from voting.
Form 990 Part Vi Section B Line 15 A committee of the Board consider	ers the compensation based on comparative salaries of
similar organizations and the financial position of the organization. Th	is committee makes
a recommendation to the full Board who make the final determination.	:
Form 990 Part VI Section C Line 19 Financial statements and the ann	ual audit are available upon written reguest.