

Return of Organization Exempt from Income Tax

2001

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

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 2001 calendar year, or tax year beginning, 2001, and ending, 20

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

ROYAL FAMILY KID'S CAMPS, INC
3000 W MAC ARTHUR BLVD #412
SANTA ANA, CA 92704

D Employer Identification Number
33-0380021

E Telephone number
714-438-2494

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 Enter 4 digit group GEN _____

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site N/A

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K 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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 992,996

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1 Contributions, gifts, grants, and similar amounts received				
a Direct public support	1a	628,036		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ 628,036 noncash \$ _____)	1d		628,036	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		54,043	
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4			
5 Dividends and interest from securities	5		3,352	
6a 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			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b Less cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d	8d			
9 Special events and activities (attach schedule)				
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			
10a Gross sales of inventory, less returns and allowances	10a	304,804		
b Less cost of goods sold	10b	241,470		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		63,334	
11 Other revenue (from Part VII, line 103)	11		2,761	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c and 11)	12		751,526	
13 Program services (from line 44, column (B))	13		598,622	
14 Management and general (from line 44, column (C))	14		88,239	
15 Fundraising (from line 44, column (D))	15		43,410	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44 column (A))	17		730,271	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		21,255	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		280,485	
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		301,740	

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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

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 (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers directors, etc	25 75,000	63,750	9,750	1,500
26 Other salaries and wages	26 158,736	134,926	20,635	3,175
27 Pension plan contributions	27 29,376	24,970	3,819	587
28 Other employee benefits	28 22,083	18,771	2,870	442
29 Payroll taxes	29 9,999	8,499	1,300	200
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 20,163	17,139	2,621	403
34 Telephone	34 13,928	11,839	1,810	279
35 Postage and shipping	35 11,548	9,816	1,501	231
36 Occupancy	36 30,000	25,500	3,900	600
37 Equipment rental and maintenance	37 9,190	7,812	1,194	184
38 Printing and publications	38			
39 Travel	39 13,777	13,777		
40 Conferences, conventions, and meetings	40 7,872	7,872		
41 Interest	41			
42 Depreciation, depletion etc (attach schedule)	42 24,961	21,217	3,245	499
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 2	43a 303,638	232,734	35,594	35,310
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 730,271	598,622	88,239	43,410

Joint Costs Check if you are following SOP 98.2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 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

What is the organization's primary exempt purpose? <u>PROVIDE FOR ABUSED CHILDREN</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a <u>ROYAL FAMILY KID'S CAMP, INC PROVIDES CHRISTIAN MINISTRY TO ABUSED AND NEGLECTED CHILDREN THROUGH SUMMER CAMPS</u> (Grants and allocations \$ _____)	598,622
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B) program services)	598,622

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year		
ASSETS	45	Cash – non interest bearing		49,734	45	35,030
	46	Savings and temporary cash investments		66,741	46	119,801
	47a	47a	Accounts receivable	4,029		
		47b	b Less allowance for doubtful accounts	4,657	47c	4,029
	48a	48a	Pledges receivable			
		48b	b Less allowance for doubtful accounts		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	51a	Other notes & loans receivable (attach sch)			
		51b	b Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		83,680	52	73,999
	53	Prepaid expenses and deferred charges		10,891	53	6,448
	54	Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	10,927
	55a	55a	Investments – land, buildings, & equipment basis			
		55b	b Less accumulated depreciation (attach schedule)		55c	
56	Investments – other (attach schedule)			56		
57a	57a	Land, buildings, and equipment basis	138,304			
	57b	b Less accumulated depreciation (attach schedule)	78,554	57c	59,750	
58	Other assets (describe <input type="checkbox"/> STATEMENT 3 <input type="checkbox"/> SEE STATEMENT 4)		4,503	58	608	
59	Total assets (add lines 45 through 58) (must equal line 74)		296,915	59	310,592	
LIABILITIES	60	Accounts payable and accrued expenses		16,430	60	8,852
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
		64b	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)		16,430	66	8,852	
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		252,249	67	260,500
	68	Temporarily restricted		28,236	68	41,240
	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 and column (B) must equal line 21)		280,485	73	301,740	
74	Total liabilities and net assets/fund balances (add lines 66 and 73)		296,915	74	310,592	

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.

BAA

Part VI Other Information (See specific 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		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		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?		X
b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures See line 81 instructions	81a	0
b Did the organization file Form 1120-POL for this year?		X
82a 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?		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	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?		N/A
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		N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A
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	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
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		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
b 501(c)(3) and 501(c)(4) organizations 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		0
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	0
91 The books are in care of <u>GLENN HOWARD</u> Telephone number <u>714-438-2494</u> Located at <u>3000 W MAC ARTHUR BLVD 412 SANTA ANA, CA</u> ZIP + 4 <u>92704</u>		
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 <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See instructions)

	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 PROGRAM SERVICE REVENUE					54,043
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	3,352	
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 pers prop					
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			3	63,334	
103 Other revenue a					
b MISCELLANEOUS			1	2,761	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				69,447	54,043
105 Total (add line 104, columns (B), (D), and (E))					123,490

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 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)
	SEE STATEMENT 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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)

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.

Date 11-13-02
Chief Financial Officer

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)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (see separate instructions)

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

Name of the Organization

ROYAL FAMILY KID'S CAMPS, INC

Employer Identification Number

33-0380021

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

(See 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
NONE				
Total number of other employees paid over \$50,000 ▶	0			

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

(See 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
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See 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 ▶ \$ N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

Part IV Reason for Non-Private Foundation Status (See 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 ▶**
- 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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	602,852	429,565	325,903	271,433	1,629,753
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	273,835	185,980	208,033	122,603	790,451
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	5,177	2,779	6,061	8,214	22,231
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 SEE STMT 7	648	681			1,329
23 Total of lines 15 through 22	882,512	619,005	539,997	402,250	2,443,764
24 Line 23 minus line 17	608,677	433,025	331,964	279,647	1,653,313
25 Enter 1% of line 23	8,825	6,190	5,400	4,023	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	N/A	▶ 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 1997 through 2000 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 _____		▶ 26d
	22 _____ 26b _____		▶ 26e
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	(2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0
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	(2000) _____ 0 (1999) _____ 0 (1998) _____ 0 (1997) _____ 0	
c Add Amounts from column (e) for lines	15 1,629,753 16 _____	▶ 27c 2,420,204
	17 790,451 20 _____ 21 _____	▶ 27d 0
d Add Line 27a total	0 and line 27b total 0	▶ 27e 2,420,204
e Public support (line 27c total minus line 27d total)		▶ 27f 2,443,764
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)		▶ 27g 99.04 %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶ 27h 0.91 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		

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

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

		N/A	
		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?		
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?		
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) ----- ----- -----		
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?	32d	
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
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?	33h	
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34a	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 instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term expenditures means amounts paid or incurred)			
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 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	41	
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable 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 instructions)

N/A

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

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization

ROYAL FAMILY KID'S CAMPS, INC

Employer Identification Number

33-0380021

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule -- see instructions)

General Rule --

For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules --

For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

ROYAL FAMILY KID'S CAMPS, INC

33-0380021

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>2</u>	----- ----- -----	\$ ----- 5,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>3</u>	----- ----- -----	\$ ----- 5,056	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>4</u>	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>5</u>	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>6</u>	----- ----- -----	\$ ----- 27,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

ROYAL FAMILY KID'S CAMPS, INC

33-0380021

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	----- ----- -----	\$ ----- 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>8</u>	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>9</u>	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>10</u>	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>11</u>	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>12</u>	----- ----- -----	\$ ----- 7,190	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

ROYAL FAMILY KID'S CAMPS, INC

33-0380021

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	----- ----- -----	\$ 48,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
14	----- ----- -----	\$ 5,299	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization ROYAL FAMILY KID'S CAMPS, INC	Employer Identification Number 33-0380021
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

ROYAL FAMILY KID'S CAMPS, INC.

33-0380021

STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

MERCHANDISE SALES	\$ 304,804
GROSS SALES	<u>\$ 304,804</u>
LESS RETURNS & ALLOWANCES	<u>0</u>
NET SALES	\$ 304,804
LESS COST OF GOODS SOLD	<u>241,470</u>
GROSS PROFIT FROM SALES OF INVENTORY	<u><u>\$ 63,334</u></u>

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AUTO	1,467	1,247	191	29
BANQUETS	29,833			29,833
BOOKS	680	578	88	14
CAMP	84,347	71,695	10,965	1,687
CURRICULUM DEVELOPMENT	12,416	10,554	1,614	248
DIRECTORS TRAINING	58,714	49,907	7,633	1,174
DISPLAY BOOTH	884	751	115	18
DUES	210	179	27	4
HOSPITALITY	3,659	3,110	476	73
INSURANCE	7,378	6,271	959	148
MARKETING	33,485	28,462	4,353	670
NEWSLETTER	35,819	30,446	4,657	716
OUTSIDE SERVICES	790	672	102	16
PASSING THE SCEPTER	5,971	5,075	777	119
PROFESSIONAL SERVICES	21,345	18,143	2,775	427
PUBLIC RELATIONS	4,332	3,682	563	87
SUBSCRIPTIONS	283	241	36	6
VIDEO PRODUCTIONS	2,025	1,721	263	41
TOTAL	<u>\$ 303,638</u>	<u>\$ 232,734</u>	<u>\$ 35,594</u>	<u>\$ 35,310</u>

STATEMENT 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 16,829	\$ 3,365	\$ 13,464
FURNITURE AND FIXTURES	37,776	15,585	22,191
MACHINERY AND EQUIPMENT	63,656	48,026	15,630
MISCELLANEOUS	20,043	11,578	8,465
TOTAL	<u>\$ 138,304</u>	<u>\$ 78,554</u>	<u>\$ 59,750</u>

ROYAL FAMILY KID'S CAMPS, INC.

33-0380021

STATEMENT 4
FORM 990, PART IV, LINE 58
OTHER ASSETS

NET INTANGIBLE ASSETS

TOTAL \$ 608
608

STATEMENT 5
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHANNA TOWNSEND 2252 MESA DRIVE NEWPORT BEACH, CA 92660	DIRECTOR AS REQUIRED	\$ 0	\$ 0	\$ 0
WAYNE TESCH 1068 SALINAS AVENUE COSTA MESA, CA 92626	PRESIDENT 40	36,996	15,184	38,004
ED WESTBROOK 26001 ANDREA COURT MISSION VIEJO, CA 92691	DIRECTOR AS REQUIRED	0	0	0
FRED BARNES 407 VIA LIDO NORD NEWPORT BEACH, CA 92663	DIRECTOR AS REQUIRED	0	0	0
TIM CARR 219 N STAR LANE NEWPORT BEACH, CA 92660	TREASURER AS REQUIRED	0	0	0
BILL KNIGHT 25535 SAWMILL LANE LAKE FOREST, CA 92630	DIRECTOR AS REQUIRED	0	0	0
TOM MANTYLA 1820 KINGLET COSTA MESA, CA 92626	SECRETARY AS REQUIRED	0	0	0
RICK NEWMAN 22831 MAIDEN LANE MISSION VIEJO, CA 92692	DIRECTOR AS REQUIRED	0	0	0
WAYNE KRAISS 2725 ALBATROSS COSTA MESA, CA 92626	CHAIRMAN AS REQUIRED	0	0	0
	TOTAL	\$ <u>36,996</u>	\$ <u>15,184</u>	\$ <u>38,004</u>

ROYAL FAMILY KID'S CAMPS, INC.

33-0380021

**STATEMENT 6
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
101	SPECIAL EVENTS - THE ORGANIZATION HOLDS BANQUETS TO RAISE AWARENESS IN THE COMMUNITY OF THE PLIGHT OF ABUSED AND NEGLECTED CHILDREN AND TO EMPHASIZE THE UNIQUE MINISTRY OF CHRISTIAN SUMMER CAMPS. ADDITIONALLY, THE ORGANIZATION PRODUCES ANDMAILS INFORMATIONAL MATERIALS IN ITS APPEAL LETTER EVENT

**STATEMENT 7
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME**

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
MISCELLANEOUS	\$ 648	\$ 681	\$ 0	\$ 0	\$ 1,329
TOTAL	<u>\$ 648</u>	<u>\$ 681</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,329</u>

ROYAL FAMILY KID'S CAMPS, INC.

33-0380021

FORM 990/990 PF

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
AMORTIZATION																	
23	VIDEO MASTER TAPES	4/01/97		3,942							3,942	3,942	S/L	3		0	
24	VIDEO MASTER TAPES	9/01/97		2,128							2,128	2,126	S/L	3		2	
25	VIDEO MASTER TAPES	12/31/97		7,937							7,937	7,937	S/L	3		0	
31	VIDEO MASTER TAPES	1/30/98		4,008							4,008	3,897	S/L	3		111	
32	VIDEO MASTER	12/31/98		9,525							9,525	6,350	S/L	3		3,175	
40	VIDEO MASTER	12/01/99		1,822							1,822	607	S/L	3		607	
TOTAL AMORTIZATION																	
				29,362		0		0	0	0	29,362	24,859					3,895
AUTO / TRANSPORT EQUIPMENT																	
41	CHEVROLET VAN	12/06/00		16,829							16,829		S/L	5		3,365	
TOTAL AUTO / TRANSPORT EQUIP				16,829		0		0	0	0	16,829	0					3,365
MACHINERY AND EQUIPMENT																	
1	COMPUTER & PRINTER	4/19/91		3,596							3,596	3,596	S/L	5		0	
2	FAX MACHINE	1/11/91		614							614	614	S/L	5		0	
3	PRINTER	9/11/92		2,466							2,466	2,466	S/L	5		0	
4	OFFICE EQUIPMENT	7/01/93		8,368							8,368	8,368	S/L	5		0	
6	COMPUTER	7/01/94		2,006							2,006	2,005	S/L	5		0	
7	PHONES	7/01/94		787							787	787	S/L	5		0	
13	TRANSCRIBER	7/01/95		362							362	362	S/L	5		0	
14	LAPTOP COMPUTER	7/01/95		1,684							1,684	1,684	S/L	5		0	
15	COMPUTER	7/01/95		1,014							1,014	1,014	S/L	5		0	
16	COPY MACHINE	6/15/96		5,388							5,388	4,941	S/L	5		447	

ROYAL FAMILY KID'S CAMPS, INC.

33-0380021

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
17	COMPUTER EQUIPMENT	6/15/96		2,280							2,280	2,136	S/L	5		144
19	COMPUTERS	6/01/97		6,226							6,226	4,461	S/L	5		1,245
22	DISPLAY BOOTH	11/01/97		2,141							2,141	1,355	S/L	5		428
26	PORTABLE BOOTH	1/12/98		976							976	585	S/L	5		195
27	CABINETS	6/30/98		2,202							2,202	1,100	S/L	5		440
28	COMPUTER	12/01/98		2,224							2,224	927	S/L	5		445
34	PRINTER	2/28/99		700							700	257	S/L	5		140
35	COMPUTERS	9/01/99		10,256							10,256	2,735	S/L	5		2,051
36	COMPUTERS	11/01/99		2,900							2,900	677	S/L	5		580
42	PRINTER	3/01/00		1,090							1,090	181	S/L	5		181
43	COMPUTER	10/01/00		4,634							4,634	232	S/L	5		927
47	OFFICE EQUIPMENT	2/01/01		1,742							1,742		S/L	5		320
TOTAL MACHINERY AND EQUIPME											63,656	40,483				7,543
OFFICE FURNISHINGS											0	0				0
5	OFFICE FURNITURE	7/01/94		743							743	743	S/L	5		0
10	ART FILES	6/15/95		539							539	539	S/L	5		0
11	SHELVES	7/01/95		604							604	604	S/L	5		0
12	FURNITURE	7/01/95		89							89	89	S/L	5		0
18	OFFICE FURNISHING	6/15/96		719							719	660	S/L	5		59
21	OFFICE FURNISHINGS	6/01/97		4,216							4,216	3,021	S/L	5		843
30	DESKS	8/20/98		1,856							1,856	866	S/L	5		371
33	OFFICE FURNISHINGS	12/31/98		826							826	330	S/L	5		165
37	OFFICE WORKSTATIONS	8/31/99		3,190							3,190	851	S/L	5		638
38	DESK	11/01/99		1,110							1,110	259	S/L	5		222
44	OFFICE FURNITURE	9/30/00		5,267							5,267	263	S/L	5		1,053
45	OFFICE FURNITURE	11/01/00		4,371							4,371	146	S/L	5		874

ROYAL FAMILY KID'S CAMPS, INC.

33-0380021

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
46	OFFICE FURNITURE	12/01/00		12,794							12,794	213	S/L	5		2,558
48	OFFICE FURNITURE	4/01/01		1,453							1,453		S/L	5		218
	TOTAL OFFICE FURNISHINGS			37,777		0	0	0	0	0	37,777	8,584				7,001
	SOFTWARE															
8	SHELBY SYSTEM	8/15/91		3,500							3,500	3,500	S/L	5		0
9	SOFTWARE GPH	1/13/91		531							531	531	S/L	5		0
20	SOFTWARE	5/01/97		284							284	208	S/L	5		57
29	SOFTWARE	4/30/98		863							863	461	S/L	5		173
39	NEW NETWORK	8/31/99		13,953							13,953	3,721	S/L	5		2,791
49	SOFTWARE UPGRADE	4/01/01		912							912		S/L	5		136
	TOTAL SOFTWARE			20,043		0	0	0	0	0	20,043	8,421				3,157
	TOTAL DEPRECIATION			138,305		0	0	0	0	0	138,305	57,488				21,066
	GRAND TOTAL AMORTIZATION			29,362		0	0	0	0	0	29,362	24,859				3,895
	GRAND TOTAL DEPRECIATION			138,305		0	0	0	0	0	138,305	57,488				21,066