

**Return of Organization Exempt from Income Tax**

**2002**

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 2002 calendar year, or tax year beginning** \_\_\_\_\_, **2002**, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type. See specific instructions.

**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) \_\_\_\_\_

**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 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: **1,035,939**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

<b>1</b> Contributions, gifts, grants, and similar amounts received				
<b>a</b> Direct public support	<b>1a</b>	656,157.		
<b>b</b> Indirect public support	<b>1b</b>			
<b>c</b> Government contributions (grants)	<b>1c</b>			
<b>d</b> Total (add lines 1a through 1c) (cash \$ 656,157 noncash \$ _____)			<b>1d</b>	656,157.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	55,576.
<b>3</b> Membership dues and assessments			<b>3</b>	
<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	
<b>5</b> Dividends and interest from securities			<b>5</b>	1,940
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe _____)			<b>7</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>9</b> Special events and activities (attach schedule)			<b>8d</b>	
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	319,332.		
<b>b</b> Less cost of goods sold	<b>10b</b>	236,471.		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	82,861.
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	2,934
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	799,468.
<b>13</b> Program services (from line 44, column (B))			<b>13</b>	636,957.
<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	94,448.
<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	47,149
<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	778,554
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	20,914
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	301,740
<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	322,654

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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.	9,750.	1,500.
26	Other salaries and wages	26	204,953.	26,644.	4,098.
27	Pension plan contributions	27	29,776.	3,871.	596.
28	Other employee benefits	28	22,222.	2,889.	444.
29	Payroll taxes	29	18,081.	2,351.	361.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	19,356.	2,516.	388.
34	Telephone	34	14,157.	1,840.	284.
35	Postage and shipping	35	14,006.	1,821.	280.
36	Occupancy	36	30,300.	3,939.	606.
37	Equipment rental and maintenance	37	15,303.	1,989.	306.
38	Printing and publications	38			
39	Travel	39	13,809.	13,809.	
40	Conferences, conventions, and meetings	40	5,594.	5,594.	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	21,187.	2,754.	424.
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a	294,810.	34,084.	37,862.
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	778,554.	94,448.	47,149.

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? <input type="checkbox"/> PROVIDE FOR ABUSED CHILDREN.	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a ROYAL FAMILY KID'S CAMP, INC. PROVIDES CHRISTIAN MINISTRY TO ABUSED AND NEGLECTED CHILDREN THROUGH SUMMER CAMPS. ----- (Grants and allocations \$ _____)	636,957.
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)	636,957.

**Part IV Balance Sheets** (See Instructions)

Note. Where required, attached schedules and amounts within the description column should be for end of-year amounts only		(A)		(B)		
		Beginning of year		End of year		
ASSETS	45	Cash – non interest bearing	35,030.	45	94,913	
	46	Savings and temporary cash investments	119,801.	46	105,449.	
	47a	Accounts receivable	6,191.			
		b Less allowance for doubtful accounts		4,029.	6,191	
	48a	Pledges receivable				
		b Less allowance for doubtful accounts				
	49	Grants receivable				
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				
	51a	Other notes & loans receivable (attach sch)				
		b Less allowance for doubtful accounts				
	52	Inventories for sale or use	73,999.	52	76,695.	
	53	Prepaid expenses and deferred charges	6,448	53	6,603	
	54	Investments – securities (attach schedule)	10,927.	54		
	55a	Investments – land, buildings, & equipment basis				
		b Less accumulated depreciation (attach schedule)				
	56	Investments – other (attach schedule)				
	57a	Land, buildings, and equipment basis	156,320.			
		b Less accumulated depreciation (attach schedule) STATEMENT 3	99,133.	59,750	57,187	
	58	Other assets (describe ▶ _____ )	608.	58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	310,592.	59	347,038.		
LIABILITIES	60	Accounts payable and accrued expenses	8,852.	60	24,384.	
	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		
		b Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ▶ _____ )		65		
	66	<b>Total liabilities</b> (add lines 60 through 65)	8,852.	66	24,384.	
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	260,500.	67	264,106	
	68	Temporarily restricted	41,240.	68	58,548	
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	301,740	73	322,654	
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	310,592.	74	347,038.	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p><b>a</b> Total revenue, gains, and other support per audited financial statements <span style="float: right;">▶ a N/A</span></p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p><b>c</b> Line a minus line b <span style="float: right;">▶ c</span></p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) <span style="float: right;">▶ e</span></p>	<p><b>a</b> Total expenses and losses per audited financial statements <span style="float: right;">▶ a N/A</span></p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p><b>c</b> Line a minus line b <span style="float: right;">▶ c</span></p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify) _____</p> <p>----- \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) <span style="float: right;">▶ e</span></p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 4				
-----		36,996.	15,184.	38,004.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No

If 'Yes,' attach schedule - see instructions

Part VI Other Information (See 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
78b	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
81a	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
81b	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
82b	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	
83b	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
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	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
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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?		N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders.	87a	N/A
87b	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>		
89b	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		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>		
90b	Number of employees employed in the pay period that includes March 12, 2002 (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)

Note. Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE REVENUE					55,576.
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	1,940.	
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	82,861.	
103 Other revenue a					
b MISCELLANEOUS			1	2,934	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				87,735.	55,576
105 Total (add line 104, columns (B), (D), and (E))					143,311

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 5

**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 11-15-03

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

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

Supplementary Information — (See separate instructions)

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

OMB No 1545-0047

**2002**

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 and deferred compensation	(e) Expense account and other allowances
NONE				
-----				
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-----				
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		
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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)

**1** X

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

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

**a** Sale, exchange, or leasing of property?

**2a** X

**b** Lending of money or other extension of credit?

**2b** X

**c** Furnishing of goods, services, or facilities?

**2c** X

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

**2d** X

**e** Transfer of any part of its income or assets?

**2e** X

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

**3** X

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

**4** X

**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)

**11a**  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)

**11b**  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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	628,036.	602,852.	429,565	325,903.	1,986,356
<b>16</b> Membership fees received					
<b>17</b> 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	358,847	273,835	185,980	208,033.	1,026,695
<b>18</b> 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	3,352	5,177	2,779.	6,061.	17,369.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 6	2,761	648.	681.		4,090.
<b>23</b> Total of lines 15 through 22	992,996	882,512.	619,005.	539,997.	3,034,510.
<b>24</b> Line 23 minus line 17	634,149.	608,677.	433,025	331,964.	2,007,815
<b>25</b> Enter 1% of line 23	9,930.	8,825.	6,190.	5,400	

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 N/A

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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test Enter line 24, column (e)

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26 b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26a	
26b	
26c	
26d	
26e	
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  
(2001) \_\_\_\_\_ 0. (2000) \_\_\_\_\_ 0. (1999) \_\_\_\_\_ 0. (1998) \_\_\_\_\_ 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  
(2001) \_\_\_\_\_ 0. (2000) \_\_\_\_\_ 0 (1999) \_\_\_\_\_ 0 (1998) \_\_\_\_\_ 0

c Add Amounts from column (e) for lines 15 \_\_\_\_\_ 1,986,356 16 \_\_\_\_\_  
17 \_\_\_\_\_ 1,026,695 20 \_\_\_\_\_ 21 \_\_\_\_\_

d Add Line 27a total \_\_\_\_\_ 0. and line 27b total \_\_\_\_\_ 0

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	3,013,051
27d	0.
27e	3,013,051
27f	3,034,510.
27g	99.29 %
27h	0.57 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  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?		
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		
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		

**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**

(The term 'expenditures' means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –			
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>		
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	<b>41</b>	
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>		
<b>Caution:</b> 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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



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	\$ 319,332.
GROSS SALES	\$ 319,332.
LESS RETURNS & ALLOWANCES	0.
NET SALES	\$ 319,332.
LESS COST OF GOODS SOLD	236,471.
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 82,861.</u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AUTO	1,164.	989.	151	24.
BANQUETS	32,616.			32,616.
BOOKS	1,452.	1,234.	189.	29.
CAMP	85,672.	72,821.	11,137.	1,714.
CURRICULUM DEVELOPMENT	11,645.	9,898	1,514.	233.
DIRECTORS TRAINING	43,806	37,235	5,695	876.
DISPLAY BOOTH	399.	339.	52	8.
DUES	1,154.	981.	150.	23
HOSPITALITY	3,794.	3,225.	493.	76.
INSURANCE	7,592	6,453.	987.	152.
MARKETING	16,292.	13,848.	2,118.	326.
MISCELLANEOUS	5,243.	4,457.	681	105.
NEWSLETTER	36,145.	30,723.	4,699	723.
OUTSIDE SERVICES	10,223.	8,690.	1,329.	204
PASSING THE SCEPTER	4,813.	4,091.	626	96.
PROFESSIONAL SERVICES	25,029.	21,275.	3,254.	500.
PUBLIC RELATIONS	5,011.	4,259.	651.	101.
SUBSCRIPTIONS	611	519	79.	13.
VIDEO PRODUCTIONS	2,149.	1,827	279	43.
TOTAL	<u>\$ 294,810.</u>	<u>\$ 222,864.</u>	<u>\$ 34,084.</u>	<u>\$ 37,862.</u>

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 16,829	\$ 6,730	\$ 10,099.
FURNITURE AND FIXTURES	41,704	22,321.	19,383.
MACHINERY AND EQUIPMENT	77,114	55,297.	21,817.
MISCELLANEOUS	20,673.	14,785	5,888
TOTAL	<u>\$ 156,320.</u>	<u>\$ 99,133</u>	<u>\$ 57,187</u>

ROYAL FAMILY KID'S CAMPS, INC.

33-0380021

**STATEMENT 4  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
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
BOB CONGDON 9126 GRAVELLY LAKE DR., S.W. TACOMA, WA 98499	DIRECTOR AS REQUIRED	0	0.	0
TOMMY COOMES P O.BOX 14896 LONG BEACH, CA 90853	DIRECTOR AS REQUIRED	0.	0	0.
TIM CARR 219 N. STAR LANE NEWPORT BEACH, CA 92660	TREASURER AS REQUIRED	0.	0	0.
LANCE RACHELS 5292 PEARCE DR. HUNTINGTON BEACH, CA 92649	DIRECTOR 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.
KEN WAYMAN 3000 W MACARTHUR BLVD, STE 685 SANTA ANA, CA 92704	AS REQUIRED	0	0.	0
RICK NEWMAN 22831 MAIDEN LANE MISSION VIEJO, CA 92692	DIRECTOR AS REQUIRED	0	0	0

ROYAL FAMILY KID'S CAMPS, INC.

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STATEMENT 4 (CONTINUED)  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
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>

STATEMENT 5  
FORM 990, PART VIII  
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
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 6  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2001</u>	<u>(B) 2000</u>	<u>(C) 1999</u>	<u>(D) 1998</u>	<u>(E) TOTAL</u>
MISCELLANEOUS	\$ 2,761.	\$ 648	\$ 681.	\$ 0	\$ 4,090
TOTAL	\$ <u>2,761.</u>	\$ <u>648</u>	\$ <u>681.</u>	\$ <u>0</u>	\$ <u>4,090.</u>

ROYAL FAMILY KID'S CAMPS, INC.

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.		
FORM 990/950 PF																		
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	2,128	S/L	3		0		
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	4,008	S/L	3		0		
32	VIDEO MASTER	12/31/98		9,525							9,525	9,525	S/L	3		0		
40	VIDEO MASTER	12/01/99		1,822							1,822	1,214	S/L	3		608		
TOTAL AMORTIZATION											29,362	0	0	0	0	29,362	28,754	608
AUTO / TRANSPORT EQUIPMENT																		
41	CHEVROLET VAN	12/06/00		16,829							16,829	16,829	S/L	5		3,365		
TOTAL AUTO / TRANSPORT EQUIP											16,829	0	0	0	0	16,829	3,365	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		

## 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
16	COPY MACHINE	6/15/96		5,388							5,388	5,388	S/L	5		0
17	COMPUTER EQUIPMENT	6/15/96		2,280							2,280	2,280	S/L	5		0
19	COMPUTERS	6/01/97		6,226							6,226	5,706	S/L	5		520
22	DISPLAY BOOTH	11/01/97		2,141							2,141	1,783	S/L	5		358
26	PORTABLE BOOTH	1/12/98		976							976	780	S/L	5		196
27	CABINETS	6/30/98		2,202							2,202	1,540	S/L	5		440
28	COMPUTER	12/01/98		2,224							2,224	1,372	S/L	5		445
34	PRINTER	2/28/99		700							700	397	S/L	5		140
35	COMPUTERS	9/01/99		10,256							10,256	4,786	S/L	5		2,051
36	COMPUTERS	11/01/99		2,900							2,900	1,257	S/L	5		580
42	PRINTER	3/01/00		1,080							1,080	362	S/L	5		218
43	COMPUTER	10/01/00		4,634							4,634	1,159	S/L	5		927
47	OFFICE EQUIPMENT	2/01/01		1,742							1,742	320	S/L	5		348
50	COMPUTERS	2/01/02		3,495							3,495		S/L	5		641
51	COMPUTERS	6/01/02		2,405							2,405		S/L	5		281
52	COMPUTERS	12/01/02		7,557							7,557		S/L	5		126
TOTAL MACHINERY AND EQUIPME				77,113	0	0	0	0	0	0	77,113	48,026				7,271
OFFICE FURNISHINGS																
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	719	S/L	5		0
21	OFFICE FURNISHINGS	6/01/97		4,216							4,216	3,864	S/L	5		352
30	DESKS	8/20/98		1,856							1,856	1,237	S/L	5		371

ROYAL FAMILY KID'S CAMPS, INC.

33-0380021

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179/ BONUS/ SP. DEPR.	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
33	OFFICE FURNISHINGS	12/31/98		826							826	495	S/L	5		165
37	OFFICE WORKSTATIONS	8/31/99		3,190							3,190	1,489	S/L	5		638
38	DESK	11/01/99		1,110							1,110	481	S/L	5		222
44	OFFICE FURNITURE	9/30/00		5,267							5,267	1,316	S/L	5		1,053
45	OFFICE FURNITURE	11/01/00		4,371							4,371	1,020	S/L	5		874
46	OFFICE FURNITURE	12/01/00		12,794							12,794	2,771	S/L	5		2,588
48	OFFICE FURNITURE	4/01/01		1,453							1,453	218	S/L	5		267
53	PARTITIONS	9/01/02		2,350							2,350		S/L	5		157
54	OFFICE FURNITURE	10/01/02		677							677		S/L	5		34
55	OFFICE FURNITURE	12/01/02		901							901		S/L	5		15
TOTAL OFFICE FURNISHINGS				41,705	0	0	0	0	0	0	41,705	15,585				6,736
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	265	S/L	5		19
29	SOFTWARE	4/30/98		863							863	634	S/L	5		173
39	NEW NETWORK	8/31/99		13,953							13,953	6,512	S/L	5		2,791
49	SOFTWARE UPGRADE	4/01/01		912							912	136	S/L	5		182
56	SHELBY - PAYROLL	9/01/02		630							630		S/L	5		42
TOTAL SOFTWARE				20,673	0	0	0	0	0	0	20,673	11,578				3,207
TOTAL DEPRECIATION				156,320	0	0	0	0	0	0	156,320	78,554				20,579

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.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	GRAND TOTAL AMORTIZATION			29,362		0	0	0	0	0	29,362	28,754				608
	GRAND TOTAL DEPRECIATION			<u>156,320</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>156,320</u>	<u>78,554</u>				<u>20,579</u>