

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2005
Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 03-01-2005 and ending 02-28-2006

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

C Name of organization: PARTNERS IN CARE FOUNDATION INC
Number and street (or P O box if mail is not delivered to street address): 732 MOTT STREET No 150
Room/suite
City or town, state or country, and ZIP + 4: SAN FERNANDO, CA 91340

D Employer identification number: 95-3954057
E Telephone number: (818) 837-3775
F Accounting method: [] Cash [x] 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).

G Web site: PICFORG

J Organization type (check only one) [x] 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.

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [] Yes [x] 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 [x] No
I Group Exemption Number
M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 9,960,053

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss); 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	327,024	202,755	107,918
26	Other salaries and wages	26	2,115,466	1,767,130	261,107
27	Pension plan contributions	27	42,234	32,267	7,095
28	Other employee benefits	28	536,368	399,665	117,589
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	204,709	120,212	68,391
34	Telephone	34	73,733	42,079	30,075
35	Postage and shipping	35			
36	Occupancy	36	141,878	101,511	40,367
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	114,460	63,335	47,731
40	Conferences, conventions, and meetings	40			
41	Interest	41	23,458	278	23,180
42	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42	83,804		83,804
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	6,484,315	5,029,674	1,294,168

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 (See the instructions.)

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.

What is the organization's primary exempt purpose? **▶ THE PARTNERS IN CARE FOUNDATION ENHANCES THE QUALITY OF LIFE FOR INDIVIDUALS AND THE QUALITY OF CARE IN COMMUNITIES BY DEVELOPING AND ENCOURAGING ACCESS TO COST-EFFECTIVE AND INNOVATIVE HEALTH CARE DELIVERY SYSTEMS, WITH AN EMPHASIS ON HOME CARE, CONTINUITY OF CARE, AND COMMUNITY-BASED CARE AND SUPPORT SERVICES THROUGH RESEARCH, DEMONSTRATION, EDUCATION, CHARITY SUPPORT AND THE PROVISION OF CARE AND SUPPORT SERVICES**

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

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

a See Additional Data Table

(Grants and allocations \$) If this amount includes foreign grants, check here

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

5,029,674

Part IV Balance Sheets (See the 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		595,008	45	1,058,847	
	46 Savings and temporary cash investments		893,586	46	799,184	
	47a Accounts receivable	47a	800			
	b Less allowance for doubtful accounts	47b		10,072	47c	800
	48a Pledges receivable	48a	2,625			
	b Less allowance for doubtful accounts	48b		10,320	48c	2,625
	49 Grants receivable		1,218,988	49	3,051,651	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges		184,181	53	93,728	
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	62,351	54	<input checked="" type="checkbox"/>	81,517
	55a Investments—land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments—other (attach schedule)		450,093	56		
	57a Land, buildings, and equipment basis	57a	859,785			
	b Less accumulated depreciation (attach schedule)	57b	498,420	158,544	57c	<input checked="" type="checkbox"/> 361,365
58 Other assets (describe <input type="checkbox"/> _____)		326,190	58	<input checked="" type="checkbox"/>	457,419	
59 Total assets (must equal line 74) Add lines 45 through 58		3,909,333	59		5,907,136	
Liabilities	60 Accounts payable and accrued expenses		469,542	60	847,571	
	61 Grants payable			61		
	62 Deferred revenue		764,643	62	844,245	
	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 <input type="checkbox"/> _____)		1,104,415	65	<input checked="" type="checkbox"/>	314,555
66 Total liabilities Add lines 60 through 65		2,338,600	66		2,006,371	
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		405,519	67		933,163
	68 Temporarily restricted		1,165,214	68		2,967,602
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,570,733	73		3,900,765
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		3,909,333	74		5,907,136

Part VI Other Information (continued)

Yes No

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?
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) 97,025
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
90a List the states with which a copy of this return is filed CA
90b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 85
91a The books are in care of THE ORGANIZATION Telephone no (818) 837-3775
732 MOTT STREET SUITE 150
Located at SAN FERNANDO, CA ZIP + 4 91340
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM AND SERVICES					3,869,475
b PROGRAM OVERSIGHT					184,969
c MISCELLANEOUS					7,954
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	23,616	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,176,848	
101 Net income or (loss) from special events			01	242,098	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1,442,562	4,062,398
105 Total (add line 104, columns (B), (D), and (E))					5,504,960

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 the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	ALLOWS THE ORGANIZATION TO PROVIDE SERVICES UNDER THEIR MSSP, CITY AAA AND ADMINISTRATION ON AGING PROGRAMS
93B	PROGRAM OVERSIGHT INCOME FROM OTHER AGENCIES
93C	MISCELLANEOUS INCOME FROM VARIOUS SOURCES THAT ALLOWS THE ORGANIZATION TO PROVIDE SERVICES RELATED TO THEIR EXEMPT PURPOSES

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

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

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

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

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

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

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.

Please Sign Here

Signature of officer: *****
Date: 2007-01-15

W JUNE SIMMONS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Andrew J Ozurovich
Date: _____
Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: LICKER OZUROVICH CPA'S
2029 CENTURY PARK EAST 1060
LOS ANGELES, CA 90067

EIN: _____
Phone no: (310) 226-7575

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2005

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

Department of the Treasury Internal Revenue Service

Name of the organization PARTNERS IN CARE FOUNDATION INC

Employer identification number

95-3954057

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

Table with 5 columns: (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. Includes rows for NIKKI CAVALIER, SUSAN ENQUIDANOS, CALVIN MCKINLEY KEMP, GRACE LUBWAMA, BARBARA SHOJI, and a total row for 13 employees.

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Includes row for JODY DUNN and a total row for 1 contractor.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Includes a total row for 0 contractors.

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

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 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 property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		No
b	Do you have a section 403(b) annuity plan for your employees?	3b		No
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		No
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (see page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

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

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following	32a	
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 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)		
<hr/>		
<hr/>		
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)		
<hr/>		
<hr/>		
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 page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

- 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
	No	
	No	

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

TY 2005 Depreciation and Depletion Schedule**Name:** PARTNERS IN CARE FOUNDATION INC**EIN:** 95-3954057

Asset	Amount
DELL COMPUTER	74
REFRIGERATOR	8
RAM TURBO COMPUTER	39
PALM ORGANIZERS	44
EKG MACHINE	485
RAM TURBO COMPUTER	65
PALM ORGANIZERS	13
RAM TURBO COMPUTER	99
RAM TURBO COMPUTER	99
REFRIGERATOR	36
DIGITAL SCALE	72
RAM TURBO COMPUTER	194
PENTIUM III ADC COMPUTER	254
RAM TURBO COMPUTER	227
HP DIGITAL COLOR PRINTER	67

Additional Data

Software ID:

Software Version:

EIN: 95-3954057

Name: PARTNERS IN CARE FOUNDATION INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a CONTRACT LABOR	43a	1,033,953	792,139	234,600	7,214
b PROFESSIONAL FEES	43b	58,078	2,305	55,773	
c PUBLIC RELATIONS RECRUITMENT	43c	20,310	15,072	4,023	1,215
d PURCHASED SERVICES	43d	1,125,643	1,125,643		
e MISCELLANEOUS	43e	57,817	9,279	43,139	5,399
f INSURANCE	43f	80,103	38,483	41,620	
g OVERHEAD ALLOCATION	43g	0	317,521	-317,521	
h PERIODIC PENSION COSTS	43h	445,277		445,277	

Form 990, Part III - Program Service Accomplishments:

<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501 (c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a MULTIPURPOSE SENIOR SERVICES PROGRAM WAS CREATED TO AVOID INAPPROPRIATE PLACEMENT OF FRAIL OLDER PERSONS IN NURSING FACILITIES, AS WELL AS TO FOSTER INDEPENDENT LIVING</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>2,558,446</p>
<p>b THE ORGANIZATION PROVIDES EXPERTISE AND CAPABILITY IN FACILITATING DESIGN, DEVELOPMENT, FINANCIAL SUPPORT, AND EVALUATION OF HEALTH AND SOCIAL SERVICE PROJECTS THROUGH THE INSTITUTE OF CHANGE PROGRAM</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>486,449</p>
<p>c THE ORGANIZATION PROVIDES PROJECT AND FISCAL MANAGEMENT, STAFFING, AND MEETS THE REPORTING REQUIREMENTS TO FUNDERS FOR COLLABORATIVE COMMUNITY GROUPS THAT ARE SEEKING TO IMPROVE HEALTH CARE WITHIN THEIR COMMUNITIES</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>770,817</p>
<p>d FAMILY CARE NETWORK WAS CREATED TO MAINTAIN INDIVIDUAL AND FAMILY STRUCTURE WHILE MAXIMIZING INDEPENDENCE WHEN FACED WITH LIFE THREATENING SITUATIONS OR CATASTROPHIC LIFE EVENTS AND TO DEVELOP AND STAFF COLLABORATIVES</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>371,457</p>
<p>e PROFESSIONAL EDUCATION</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>359,185</p>
<p>f CITY AAA</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>263,679</p>
<p>g ADMINISTRATION ON AGING</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>219,641</p>

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ANDREA BEAL 300 WEST COLORADO BLVD PASADENA, CA 91105	DIRECTOR 0 00	0	0	0
SETH ELLIS 23388 MULHOLLAND DRIVE WOODLAND HILLS, CA 91364	DIRECTOR 0 00	0	0	0
MARTA FERNANDEZ 1900 AVENUE OF THE STARS LOS ANGELES, CA 90067	DIRECTOR 0 00	0	0	0
SCOTT F GAUDINEER 141 S LAKE AVENUE 2ND FLOOR PASADENA, CA 91101	DIRECTOR 0 00	0	0	0
FRANCES HANCKEL 1151 PASEO DEL MAR SAN PEDRO, CA 90731	DIRECTOR 0 00	0	0	0
BRETT HAYES 633 WEST FIFTH STREET 21ST FLOOR LOS ANGELES, CA 900712040	DIRECTOR 0 00	0	0	0
GORDON M JOHNSON 1436 LAVETA TERRACE LOS ANGELES, CA 90026	DIRECTOR 0 00	0	0	0
GARY KAPLAN 201 SOUTH LAKE AVENUE PASADENA, CA 91101	DIRECTOR 0 00	0	0	0
SANDRA KING 131 ASHDALE AVENUE LOS ANGELES, CA 90049	DIRECTOR 0 00	0	0	0
JAMES C LESTER 2936 ALTA VISTA DRIVE NEWPORT, CA 92660	SECRETARY 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RANDI LUNDY 3275 HUTTON DRIVE BEVERLY HILLS, CA 90210	DIRECTOR 0 00	0	0	0
ROBERT W LUNDY 1875 CENTURY PARK EAST 16TH FLOOR LOS ANGELES, CA 90067	CHAIR 0 00	0	0	0
JOHN MENTZER 12100 WILSHIRE BLVD SUITE 1070 LOS ANGELES, CA 90025	DIRECTOR 0 00	0	0	0
LAURIE PETERSEN 138 UNION JACK MALL MARINA DEL REY, CA 90292	DIRECTOR 0 00	0	0	0
W JUNE SIMMONS 13126 ADDISON STREET SHERMAN OAKS, CA 91423	CEO 40 00	206,727	0	0
BARBARA J SOLOMON 5987 WRIGHTCREST DRIVE CULVER CITY, CA 90232	VICE CHAIR 0 00	0	0	0
ADRIAN STERN 17404 VENTURA BLVD 2ND FLOOR ENCINO, CA 91316	TREASURER 0 00	0	0	0
STEVE VALENTINE 100 N SEPULVEDA SUITE 600 EL SEGUNDO, CA 90245	DIRECTOR 0 00	0	0	0
DIANE WAYNE 1290 SUNSET PLAZA DRIVE LOS ANGELES, CA 90069	DIRECTOR 0 00	0	0	0
JAMES WEHRI 422 GLENEAGLES PLACE LA CANADA, CA 91011	DIRECTOR 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ARLENE WITHERS 11365 VENTURA BLVD STUDIO CITY, CA 916043161	DIRECTOR 0 00	0	0	0
DIANE WITTENBERG 515 S FLOWER 1305 LOS ANGELES, CA 90071	DIRECTOR 0 00	0	0	0
MAHVASH YAZDI 2244 WALNUT GROVE AVENUE ROSEMEAD, CA 91770	DIRECTOR 0 00	0	0	0
ALLEN W MATHIES 314 ARROYO DRIVE PASADENA, CA 91030	EX OFFICIO 0 00	0	0	0
JAMES COOK 28530 ROCK CANYON DR SANGUS, CA 91350	COO 40 00	120,297	0	0
MAUREEN ARCHAMBAULT 777 S FIGUEROA ST LOS ANGELES, CA 90017	DIRECTOR 0 00	0	0	0
CATHI CUNNINGHAM 350 SOUTH GRAND AVENUE LOS ANGELES, CA 90071	DIRECTOR 0 00	0	0	0
EVE M KURTIN 16830 VENTURA BLVD 244 ENCINO, CA 91436	DIRECTOR 0 00	0	0	0
CAROL LLEWELLYN 969 BUCKINGHAM PLACE PASADENA, CA 91105	DIRECTOR 0 00	0	0	0
JOSE PULIDO 117 MACNEIL STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GERALD SULLIVAN 800 W 6TH STREET 1800 LOS ANGELES, CA 90017	DIRECTOR 0 00	0	0	0
LYNDA ZIEGLER 2244 WALNUT GROVE AVENUE ROSEMEAD, CA 91770	DIRECTOR 0 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
VISITING NURSE COMMUNITY SERVICES	X	
HOSPICE OF PASADENA INC	X	

Asset	Amount
GATEWAY PROFESSIONAL V866 COMPUTER	196
PRINTERFAX	67
GATEWAY LAPTOP	412
GATEWAY PROFESSIONAL V866 COMPUTER	204
GATEWAY LAPTOP	412
TELEPHONE EQUIPMENT	4,153
TOSHIBA LAPTOP MODEL #52	411
PENTIUM III INSPIRON 2500	378
GATEWAY PROFESSIONAL V100	740
TELEPHONE EQUIPMENT	1,116
XIRCOM REALPORT 10100	814
LAPTOP COMPUTER	376
PENTIUM III	413
ADVANCES COMPUTER	1,843
DELL COMPUTER	206

Asset	Amount
C KEMP	485
DELL COMPUTER	235
OFFICE EQUIPMENT	234
COMPUTER	307
OFFICE EQUIPMENT	648
COMPUTER	323
COMPUTER	307
LCD PROJECTOR	520
COMPUTER	435
COMPUTER	307
COMPUTER	312
MEDICAL EQUIPMENT	5,509
MEDICAL EQUIPMENT	5,509
COPY MACHINE	1,000
COMPUTER	204

Asset	Amount
TELEPHONE AND DATA CABLE	570
PC INSTALLATIONSETUP	352
TELEPHONE SYSTEM	595
COMPUTER INSTALLATION	249
COMPUTER INSTALLATION	328
COMPUTER INSTALLATION	264
COMPUTER INSTALLATION AND UPGRADE	603
INSTALLATION OF SATELLITE DISH	336
INSTALLATION OF SATELLITE DISH	325
INSTALLATION OF SATELLITE DISH	433
LCD PROJECTOR	540
PHONE EQUIPMENT	343
NAP SATELLITE ROUTER	1,291
VPN SETUP AND CONFIGURE	874
COMPUTER CONFIGUREINSTALL UPDATE	232

Asset	Amount
COMPUTER CONFIGUREINSTALL UPDATE	120
TIME CLOCK	1,028
VPN BOX	389
UPS FOR EACH SERVER	176
VPN	398
UPS FOR EACH SERVER	78
TIME TRACKING SYSTEM	861
DELL INSPIRON 8600 COMPUTER	432
DELL DIMENSION 2400 COMPUTER	255
DELL INSPIRON 1150 COMPUTER	398
DELL D800 LATITUDE COMPUTER	513
DELL D600 LATITUDE COMPUTER	310
DELL OPTIPLEX GX270 COMPUTER	192
DELL OPTIPLEX GX270 COMPUTER	192
DELL OPTIPLEX GX270 COMPUTER	192

Asset	Amount
DELL OPTIPLEX GX270 COMPUTER	192
DELL 3300MP PROJECTOR	331
2 DRAWER FILE CABINETS	7
FURNITURE	5,000
CARPET AND INSTALLATION	251
WALL SCREEN	30
FURNITURE	8,296
FURNITURE AND CUBICLES	3,153
FURNITURE	446
RV VEHICLE	5,157
LEASEHOLD IMPROVEMENTS	378
CARPETING	525
REMODLEING - LYNWOOD LOCATION	1,080
BLACKBAUD SOFTWARE	1,600
VCCC WEBSITE HOSTING	958

Asset	Amount
RAISER'S EDGE SOFTWARE	5,672
SET UP SOFTWARE UPDATE SERVERS	323
OFFICE TABLES AND DESKS	869
OFFICE TABLES AND DESKS	175
DELL OPTIPLEX 170L MICRO TOWER	98
DELL OPTIPLEX 170L MICRO TOWER	98
DELL OPTIPLEX 170L MICRO TOWER	98
PATIO FURNITURE	67
KP COMM	86
REMODELING-LYNWOOD LOCATION	4,012
LATTITUDE X1 PENTIUM M733 DELL COMPUTER	273
RACKABLE MOUNTABLE UPS (2)	176
CISCO MANAGED SWITCHES 24 PORT (2)	314
DUAL XEON SERVER	1,418

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2005 Gain/Loss from Sale of Other Assets Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
LEASEHOLD IMPROVEMENT	2002-01	PURCHASED	2005-10			3,240	0	-810	2,430
DONATED CARPET	2003-11	DONATED	2005-10			4,500	0	-2,775	1,725
DEFERRED COMPENSATION PLAN-TERMINATION	2005-05	PURCHASED	2005-05		898,903	712,719	0	186,184	
INTEREST IN PHARMACY	2004-02	PURCHASED	2005-12	WALGREENS HOME CARE INC	994,249	0	0	994,249	

TY 2005 Investments - Securities Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Description	Book Value	Cost/FMV
CORPORATE STOCKS	81,517	F

TY 2005 Land etc. Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
BROTHER INTELLI FAX 1270	300	300	0
PANASONIC MULTIFUNCTION FAXPRINTER	454	454	0
TELEPHHONE SYSTEMS	12,500	12,500	0
LEADCARE ANALYZERCONTROL KIT	2,147	2,147	0
COMPUTER SYSTEM INSTALLATION	10,805	10,805	0
LAPTOP COMPUTER	3,645	3,645	0
COMPUTER SYSTEMS	1,012	1,012	0
CELL PHONE	731	731	0
COMPUTER	425	425	0
FAX MACHINE	406	406	0
FAX MACHINE	541	541	0
PRINTER	648	648	0
COMPUTER	459	459	0
COMPUTER SOFTWARE	506	506	0
LAPTOP COMPUTER	2,272	2,272	0

Category /Item	Cost/Other Basis	Accumulated Depreciation	Book Value
KENMORE REFRIGERATOR-USED	351	351	0
BROTHER HL-1040 LASER PRINTER	300	300	0
E-MACHINE COMPUTER	449	449	0
PALM ORGANIZERS	595	595	0
DELL COMPUTER	2,070	2,070	0
MINOLTA COLOR PRINTER	1,743	1,743	0
RAM TURBO COMPUTER	1,492	1,492	0
FREEZER	325	325	0
DELL LAPTOP	2,684	2,684	0
HEWLETT PACKARD COPY CENTER	500	500	0
PALM ORGANIZERS	297	297	0
MISCELLANEOUS MEDICAL EQUIPMENT	410	410	0
WALL TRANSFORMER 35V	685	685	0
OPHTHALMOSCOPE STD 35	323	323	0
PHYSICIAN SCALE	244	244	0

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
STOOL WITH ROUND FOOT	162	162	0
OTOSCOPE WITH THROAT II	248	248	0
SUCTION PUMP	309	309	0
EXAM TABLES	1,942	1,942	0
DELL COMPUTER	2,236	2,236	0
REFRIGERATOR	249	249	0
RAM TURBO COMPUTER	1,183	1,183	0
PALM ORGANIZERS	898	898	0
EKG MACHINE	9,700	9,700	0
RAM TURBO COMPUTER	1,299	1,299	0
PALM ORGANIZERS	250	250	0
RAM TURBO COMPUTER	1,198	1,198	0
RAM TURBO COMPUTER	1,198	1,198	0
REFRIGERATOR	435	435	0
DIGITAL SCALE	860	860	0

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
RAM TURBO COMPUTER	1,948	1,948	0
PENTIUM III ADC COMPUTER	2,172	2,172	0
RAM TURBO COMPUTER	1,948	1,948	0
HP DIGITAL COLOR PRINTER	500	500	0
GATEWAY PROFESSIONAL V866 COMPUTER	1,308	1,308	0
PRINTERFAX	400	400	0
GATEWAY LAPTOP	2,057	2,057	0
GATEWAY PROFESSIONAL V866 COMPUTER	1,111	1,111	0
GATEWAY LAPTOP	2,057	2,057	0
TELEPHONE EQUIPMENT	20,776	20,776	0
TOSHIBA LAPTOP MODEL #52	2,056	1,987	69
PENTIUM III INSPIRON 2500	1,889	1,763	126
GATEWAY PROFESSIONAL V100	3,702	3,455	247
TELEPHONE EQUIPMENT	5,578	5,021	557
XIRCOM REALPORT 10100	4,068	3,594	474

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAPTOP COMPUTER	1,879	1,598	281
PENTIUM III	2,067	1,756	311
ADVANCES COMPUTER	9,217	7,680	1,537
DELL COMPUTER	1,029	824	205
C KEMP	2,425	1,899	526
DELL COMPUTER	1,177	921	256
OFFICE EQUIPMENT	1,168	702	466
COMPUTER	1,537	1,178	359
OFFICE EQUIPMENT	3,242	2,485	757
COMPUTER	1,613	1,211	402
COMPUTER	1,537	1,152	385
LCD PROJECTOR	2,599	1,950	649
COMPUTER	2,174	1,631	543
COMPUTER	1,537	1,126	411
COMPUTER	1,559	1,118	441

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
MEDICAL EQUIPMENT	27,547	18,823	8,724
MEDICAL EQUIPMENT	27,547	18,823	8,724
COPY MACHINE	5,000	3,333	1,667
COMPUTER	1,022	630	392
TELEPHONE AND DATA CABLE	2,850	1,615	1,235
PC INSTALLATIONSETUP	1,761	998	763
TELEPHONE SYSTEM	2,977	1,687	1,290
COMPUTER INSTALLATION	1,245	705	540
COMPUTER INSTALLATION	1,641	902	739
COMPUTER INSTALLATION	1,318	726	592
COMPUTER INSTALLATION AND UPGRADE	3,017	1,608	1,409
INSTALLATION OF SATELLITE DISH	1,680	896	784
INSTALLATION OF SATELLITE DISH	1,627	867	760
INSTALLATION OF SATELLITE DISH	2,164	1,155	1,009
LCD PROJECTOR	2,699	1,440	1,259

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
PHONE EQUIPMENT	1,878	937	941
NAP SATELLITE ROUTER	6,453	3,226	3,227
VPN SETUP AND CONFIGURE	4,369	2,185	2,184
COMPUTER CONFIGUREINSTALL UPDATE	1,162	580	582
COMPUTER CONFIGUREINSTALL UPDATE	599	299	300
TIME CLOCK	5,138	2,397	2,741
VPN BOX	1,943	907	1,036
UPS FOR EACH SERVER	882	396	486
VPN	1,989	895	1,094
UPS FOR EACH SERVER	390	175	215
TIME TRACKING SYSTEM	4,305	1,722	2,583
DELL INSPIRON 8600 COMPUTER	2,159	864	1,295
DELL DIMENSION 2400 COMPUTER	1,273	510	763
DELL INSPIRON 1150 COMPUTER	1,989	696	1,293
DELL D800 LATITUDE COMPUTER	2,566	727	1,839

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
DELL D600 LATITUDE COMPUTER	1,548	439	1,109
DELL OPTIPLEX GX270 COMPUTER	961	272	689
DELL OPTIPLEX GX270 COMPUTER	961	272	689
DELL OPTIPLEX GX270 COMPUTER	961	272	689
DELL OPTIPLEX GX270 COMPUTER	961	272	689
DELL 3300MP PROJECTOR	1,655	579	1,076
CLINIC EQUIPMENT	3,863	3,863	0
MOBILE CARE VAN	16,500	16,500	0
CARE-A-VAN LIFT	1,500	1,500	0
SCALE-PADS	244	244	0
FURNITURE	1,999	1,999	0
FURNITURE	1,365	1,365	0
FURNITURE	553	553	0
FURNITURE	1,266	1,266	0
FURNITURE	1,017	1,017	0

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
FURNITURE	1,017	1,017	0
FURNITURE	595	595	0
FURNITURE	2,411	2,411	0
EQUIPMENT AND FURNITURE	2,154	2,154	0
FURNITURE	165	165	0
FILE CABINETS	170	170	0
2 DRAWER FILE CABINETS	400	400	0
FURNITURE	45,000	44,750	250
CARPET AND INSTALLATION	2,153	2,153	0
WALL SCREEN	200	200	0
FURNITURE	41,480	41,480	0
FURNITURE AND CUBICLES	15,767	14,715	1,052
FURNITURE	2,231	1,673	558
RV VEHICLE	92,878	92,878	0
REMODLEING - LYNWOOD LOCATION	5,400	1,440	3,960

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
COMPUTER	429	429	0
BLACKBAUD SOFTWARE	8,000	8,000	0
VCCC WEBSITE HOSTING	4,790	4,551	239
RAISER'S EDGE SOFTWARE	28,360	20,797	7,563
SET UP SOFTWARE UPDATE SERVERS	1,615	807	808
OFFICE TABLES AND DESKS	7,447	869	6,578
OFFICE TABLES AND DESKS	1,503	175	1,328
DELL OPTIPLEX 170L MICRO TOWER	838	98	740
DELL OPTIPLEX 170L MICRO TOWER	838	98	740
DELL OPTIPLEX 170L MICRO TOWER	838	98	740
PATIO FURNITURE	1,334	67	1,267
FURNITURE AND EQUIPMENT	14,950		14,950
KP COMM	1,025	86	939
REMODELING-LYNWOOD LOCATION	240,717	4,012	236,705
LATTITUDE X1 PENTIUM M733 DELL COMPUTER	2,340	273	2,067

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
RACKABLE MOUNTABLE UPS (2)	1,505	176	1,329
CISCO MANAGED SWITCHES 24 PORT (2)	2,695	314	2,381
DUAL XEON SERVER	14,180	1,418	12,762

TY 2005 Officer Compensation Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

W JUNE SIMMONS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	128,171		
Mgmt & General	68,220		
Fundraising	10,336		

JAMES COOK

	Compensation	EE Benefit Plans	Expense Acct
Program Services	74,584		
Mgmt & General	39,698		
Fundraising	6,015		

TY 2005 Other Assets Schedule**Name:** PARTNERS IN CARE FOUNDATION INC**EIN:** 95-3954057

Description	Beginning of Year Amount	End of Year Amount
CHARITABLE REMAINDER UNITRUSTS	137,716	136,716
DEPOSITS	9,103	9,159
OTHER	21,369	22,369
DUE FROM RELATED ENTITIES	158,002	289,175

TY 2005 Other Changes in Net Assets Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Description	Amount
UNREALIZED LOSS ON SECURITIES	-6,402
PRIOR PERIOD ADJUSTMENT	-254,373

TY 2005 Other Expenses Included Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Description	Amount
SPECIAL EVENT DIRECT EXPENSES	168,627

TY 2005 Other Liabilities Schedule**Name:** PARTNERS IN CARE FOUNDATION INC**EIN:** 95-3954057

Description	Beginning of Year Amount	End of Year Amount
CAPITAL LEASE OBLIGATIONS	29,522	8,041
PENSION PLAN PAYABLE		306,514

**TY 2005 Other Revenues
Not Included Schedule****Name:** PARTNERS IN CARE FOUNDATION INC**EIN:** 95-3954057

Description	Amount
SPECIAL EVENT DIRECT EXPENSES	-168,627

TY 2005 Special Events Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
SPECIAL EVENTS	410,725	0	410,725	168,627	242,098

TY 2005 Other Income Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Description	2003	2002	2001	2000	Total
NET PERIODIC PENSION BENEFIT				108,171	108,171