

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
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

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

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

C Name of organization
 PARTNERS IN CARE FOUNDATION INC

Number and street (or P O box if mail is not delivered to street address) Room/suite
 732 MOTT STREET No 150

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 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: PICF.ORG

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates: _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

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

I Group Exemption Number: _____

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: 7,420,235

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		2,212,387	
	c Indirect public support (not included on line 1a)	1c		4,681	
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 2,217,068 noncash \$ _____)	1e			2,217,068
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			4,706,251
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			33,762
	6a Gross rents	6a			
	b Less rental expenses	6b			
c Net rental income or (loss) subtract line 6b from line 6a	6c				
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities				
	(B) Other				
	8a				
b Less cost or other basis and sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		463,154	
	b Less direct expenses other than fundraising expenses	9b		115,649	
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c			347,505
10a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			7,304,586	
EXPENSES	13 Program services (from line 44, column (B))	13		6,156,081	
	14 Management and general (from line 44, column (C))	14		797,081	
	15 Fundraising (from line 44, column (D))	15		328,245	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses Add lines 16 and 44, column (A)	17			7,281,407
18 Excess or (deficit) for the year Subtract line 17 from line 12	18			23,179	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			5,541,507	
20 Other changes in net assets or fund balances (attach explanation)	20			-1,578,947	
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			3,985,739	

Part III 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.)

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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	283,027	158,495	79,248	45,284
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b and c	2,970,626	2,486,969	280,788	202,869
27	Pension plan contributions not included on lines 25a, b and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes	616,976	589,711	16,670	10,595
30	Professional fundraising fees				
31	Accounting fees	52,611		52,611	
32	Legal fees	10,104		10,104	
33	Supplies	311,378	225,687	64,086	21,605
34	Telephone	80,712	48,208	30,263	2,241
35	Postage and shipping				
36	Occupancy	160,437	151,061	9,040	336
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	233,882	198,781	31,675	3,426
40	Conferences, conventions, and meetings				
41	Interest	23,707		23,707	
42	Depreciation, depletion, etc. (attach schedule)	41,613		41,613	
43	Other expenses not covered above (itemize)				
a	CONTRACT LABOR	757,336	664,919	54,266	38,151
b	PUBLIC RELATIONS/RECRUITMENT	91,033	90,396	637	
c	PURCHASED SERVICES	1,064,221	1,052,129	10,893	1,199
d	MISCELLANEOUS	41,536	10,477	31,059	
e	INSURANCE	76,989	38,641	38,348	
f	DUES AND SUBSCRIPTIONS	32,757	11,389	18,829	2,539
g	CONTRIBUTIONS TO SUPPORT NEW NON-PROFITS	432,462	429,218	3,244	
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	7,281,407	6,156,081	797,081	328,245

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) **▶ 6,156,081**

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		386,302	45	753,873	
	46 Savings and temporary cash investments		1,171,456	46	845,395	
	47a Accounts receivable	47a				
	b Less allowance for doubtful accounts	47b		3,129	47c	
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b		3,625	48c	
	49 Grants receivable		4,178,892	49	2,851,678	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	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		94,792	53	76,477	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		122,203	54a	137,570	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			56			
57a Land, buildings, and equipment basis	57a	885,179				
b Less accumulated depreciation (attach schedule)	57b	618,987	292,074	57c	266,192	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			716,694	58	773,348	
59 Total assets (must equal line 74) Add lines 45 through 58			6,969,167	59	5,704,533	
Liabilities	60 Accounts payable and accrued expenses		837,270	60	831,788	
	61 Grants payable			61		
	62 Deferred revenue		19,140	62	827,006	
	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)		71,250	64b	60,000	
	65 Other liabilities (describe <input type="checkbox"/> _____)		500,000	65	0	
66 Total liabilities Add lines 60 through 65			1,427,660	66	1,718,794	
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		1,728,885	67	1,818,820	
	68 Temporarily restricted		3,812,622	68	2,166,919	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			5,541,507	73	3,985,739
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			6,969,167	74	5,704,533

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
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
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
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?
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
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of
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?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

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.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 96 Dividends and interest from securities, 101 Net income or (loss) from special events, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	2009-06-22 Date
	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 <input type="checkbox"/>	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

2007

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

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. Rows include Sandra Atkins, Eva Goetz, Calvin Kemp, Juan Vargas, and Terri McWilliams.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Content is mostly empty with 'None' in column (a).

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Content is mostly empty with 'None' in column (a).

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

Yes No

<p>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)</p> <p>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</p>	1		No
<p>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.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,561,848	3,570,162	1,439,626	4,235,869	12,807,505
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	4,096,357	4,062,398	3,834,019	661,098	12,653,872
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	82,084	23,616	8,307	3,253	117,260
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	156,514				156,514
23 Total of lines 15 through 22	7,896,803	7,656,176	5,281,952	4,900,220	25,735,151
24 Line 23 minus line 17	3,800,446	3,593,778	1,447,933	4,239,122	13,081,279
25 Enter 1% of line 23	78,968	76,562	52,820	49,002	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 261,626
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 2,126,835
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 13,081,279
d Add Amounts from column (e) for lines	18 117,260	19 0			
	22	26b 2,126,835			26d 2,400,609
e Public support (line 26c minus line 26d total)					26e 10,680,670
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 81.64 85 %
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 11b, 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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					27h _____

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)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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

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

TY 2007 Depreciation and Depletion Schedule**Name:** PARTNERS IN CARE FOUNDATION INC**EIN:** 95-3954057

Asset	Amount
OFFICE EQUIPMENT	156
COMPUTER	25
MEDICAL EQUIPMENT	1,378
MEDICAL EQUIPMENT	1,378
COPY MACHINE	334
COMPUTER	120
TELEPHONE AND DATA CABLE	475
PC INSTALLATIONSETUP	294
TELEPHONE SYSTEM	497
COMPUTER INSTALLATION	208
COMPUTER INSTALLATION	301
COMPUTER INSTALLATION	240
COMPUTER INSTALLATION AND UPGRADE	604
INSTALLATION OF SATELLITE DISH	336
INSTALLATION OF SATELLITE DISH	326
INSTALLATION OF SATELLITE DISH	432
LCD PROJECTOR	539
PHONE EQUIPMENT	332
NAP SATELLITE ROUTER	1,291
VPN SETUP AND CONFIGURE	874
COMPUTER CONFIGUREINSTALL UPDATE	232
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	254

Asset	Amount
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
DELL OPTIPLEX GX270 COMPUTER	192
DELL 3300MP PROJECTOR	331
REMODELEING - LYNWOOD LOCATION	1,080
SET UP SOFTWARE UPDATE SERVERS	323
OFFICE TABLES AND DESKS	1,488
OFFICE TABLES AND DESKS	301
DELL OPTIPLEX 170L MICRO TOWER	168
DELL OPTIPLEX 170L MICRO TOWER	168
DELL OPTIPLEX 170L MICRO TOWER	168
PATIO FURNITURE	263
FURNITURE AND EQUIPMENT	2,990
KP COMM	205
REMODELING-LYNWOOD LOCATION	9,629
LATTITUDE X1 PENTIUM M733 DELL COMPUTER	468
RACKABLE MOUNTABLE UPS (2)	301
CISCO MANAGED SWITCHES 24 PORT (2)	539
DUAL XEON SERVER	2,836
SERVER - FINANCE	1,871
COMPUTER	291
COMPUTER	291
LAPTOP COMPUTER	321
DELL PRECISION 690 MINI-TOWER	426
DELL LAT D620 COMPUTER	301
DELL D620 LAPTOP	305

Asset	Amount
DELL D630 LAPTOP	212
DELL D630 LAPTOP	129
DELL OPTIPLEX COMPUTER	92
DELL D630 LAPTOP	19

TY 2007 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
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
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	2,056	0
PENTIUM III INSPIRON 2500	1,889	1,889	0
GATEWAY PROFESSIONAL V100	3,702	3,702	0
TELEPHONE EQUIPMENT	5,578	5,578	0
XIRCOM REALPORT 10100	4,068	4,068	0

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAPTOP COMPUTER	1,879	1,879	0
PENTIUM III	2,067	2,067	0
ADVANCES COMPUTER	9,217	9,217	0
DELL COMPUTER	1,029	1,029	0
C KEMP	2,425	2,425	0
DELL COMPUTER	1,177	1,177	0
OFFICE EQUIPMENT	1,168	1,168	0
COMPUTER	1,537	1,537	0
OFFICE EQUIPMENT	3,242	3,242	0
COMPUTER	1,613	1,613	0
COMPUTER	1,537	1,537	0
LCD PROJECTOR	2,599	2,599	0
COMPUTER	2,174	2,174	0
COMPUTER	1,537	1,537	0
COMPUTER	1,559	1,559	0
MEDICAL EQUIPMENT	27,547	27,547	0
MEDICAL EQUIPMENT	27,547	27,547	0
COPY MACHINE	5,000	5,000	0
COMPUTER	1,022	1,022	0
TELEPHONE AND DATA CABLE	2,850	2,850	0
PC INSTALLATIONSETUP	1,761	1,761	0
TELEPHONE SYSTEM	2,977	2,977	0
COMPUTER INSTALLATION	1,245	1,245	0
COMPUTER INSTALLATION	1,641	1,641	0
COMPUTER INSTALLATION	1,318	1,318	0
COMPUTER INSTALLATION AND UPGRADE	3,017	3,017	0
INSTALLATION OF SATELLITE DISH	1,680	1,680	0
INSTALLATION OF SATELLITE DISH	1,627	1,627	0
INSTALLATION OF SATELLITE DISH	2,164	2,164	0
LCD PROJECTOR	2,699	2,699	0

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
PHONE EQUIPMENT	1,878	1,702	176
NAP SATELLITE ROUTER	6,453	6,239	214
VPN SETUP AND CONFIGURE	4,369	4,224	145
COMPUTER CONFIGURE/INSTALL UPDATE	1,162	1,122	40
COMPUTER CONFIGURE/INSTALL UPDATE	599	579	20
TIME CLOCK	5,138	4,796	342
VPN BOX	1,943	1,815	128
UPS FOR EACH SERVER	882	808	74
VPN	1,989	1,824	165
UPS FOR EACH SERVER	390	358	32
TIME TRACKING SYSTEM	4,305	3,731	574
DELL INSPIRON 8600 COMPUTER	2,159	1,872	287
DELL DIMENSION 2400 COMPUTER	1,273	1,102	171
DELL INSPIRON 1150 COMPUTER	1,989	1,625	364
DELL D800 LATITUDE COMPUTER	2,566	1,925	641
DELL D600 LATITUDE COMPUTER	1,548	1,161	387
DELL OPTIPLEX GX270 COMPUTER	961	721	240
DELL OPTIPLEX GX270 COMPUTER	961	721	240
DELL OPTIPLEX GX270 COMPUTER	961	721	240
DELL OPTIPLEX GX270 COMPUTER	961	721	240
DELL 3300MP PROJECTOR	1,655	1,351	304
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	41,000	41,000	0
CARPET AND INSTALLATION	2,153	2,153	0
WALL SCREEN	200	200	0
FURNITURE	41,480	41,480	0
FURNITURE AND CUBICLES	15,767	15,767	0
FURNITURE	2,231	2,231	0
RV VEHICLE	92,878	92,878	0
REMODLEING - LYNWOOD LOCATION	5,400	3,960	1,440
COMPUTER	429	429	0
BLACKBAUD SOFTWARE	8,000	8,000	0
VCCC WEBSITE HOSTING	4,790	4,790	0
RAISER'S EDGE SOFTWARE	28,360	28,360	0
SET UP SOFTWARE UPDATE SERVERS	1,615	1,561	54
OFFICE TABLES AND DESKS	7,447	4,342	3,105
OFFICE TABLES AND DESKS	1,503	877	626
DELL OPTIPLEX 170L MICRO TOWER	838	490	348
DELL OPTIPLEX 170L MICRO TOWER	838	490	348
DELL OPTIPLEX 170L MICRO TOWER	838	490	348
PATIO FURNITURE	1,334	682	652
FURNITURE AND EQUIPMENT	14,950	6,977	7,973
KP COMM	1,025	564	461
REMODELING-LYNWOOD LOCATION	240,717	26,480	214,237
LATTITUDE X1 PENTIUM M733 DELL COMPUTER	2,340	1,365	975

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
RACKABLE MOUNTABLE UPS (2)	1,505	878	627
CISCO MANAGED SWITCHES 24 PORT (2)	2,695	1,572	1,123
DUAL XEON SERVER	14,180	7,563	6,617
SERVER - FINANCE	9,352	3,586	5,766
COMPUTER	1,455	655	800
COMPUTER	1,455	655	800
LAPTOP COMPUTER	1,604	541	1,063
DELL PRECISION 690 MINI-TOWER	2,130	568	1,562
DELL LAT D620 COMPUTER	1,504	401	1,103
DELL D620 LAPTOP	1,663	305	1,358
DELL D630 LAPTOP	1,588	212	1,376
DELL D630 LAPTOP	1,289	129	1,160
DELL OPTIPLEX COMPUTER	1,109	92	1,017
DELL D630 LAPTOP	1,088	19	1,069
CARPETING	5,157		5,157

TY 2007 Mortgages and Notes Payable Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Total Mortgage Amount: 0

Item No.	1
Lender's Name	PENSION BENEFIT GUARANTY CORPORATIO
Lender's Title	
Relationship to Insider	
Original Amount of Loan	150000
Balance Due	60000
Date of Note	2007-01
Maturity Date	2012-04
Repayment Terms	\$75000 DUE 5/5/07, THE REMAINDER PAID QUARTERLY BEGINNING 7/1/07 AT \$3,750
Interest Rate	
Security Provided by Borrower	NONE
Purpose of Loan	TO PAY PENSION OBLIGATION
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Description	Beginning of Year Amount	End of Year Amount
CHARITABLE REMAINDER UNITRUSTS	136,715	154,950
DEPOSITS	12,962	12,962
OTHER	22,369	22,369
DUE FROM RELATED ENTITIES	544,648	583,067

TY 2007 Other Changes in Net Assets Schedule**Name:** PARTNERS IN CARE FOUNDATION INC**EIN:** 95-3954057

Description	Amount
UNREALIZED GAIN ON SECURITIES	761
AUDIT ADJUSTMENTS	61,235
AUDIT ADJUSTMENTS	-747,166
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS	-898,537
ADJUSTMENT TO ACCUMULATED DEPRECIATIO	4,760

TY 2007 Other Expenses Included Schedule**Name:** PARTNERS IN CARE FOUNDATION INC**EIN:** 95-3954057

Description	Amount
SPECIAL EVENT DIRECT EXPENSES	115,649

TY 2007 Other Liabilities Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Description	Beginning of Year Amount	End of Year Amount
LINE OF CREDIT - UNION BANK	500,000	0

TY 2007 Other Revenues Included Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Description	Amount
RESTRICTED GRANT INCOME	822,796
CHANGE IN VALUE OF SPLIT INTEREST TRUST	18,233

**TY 2007 Other Revenues
Not Included Schedule****Name:** PARTNERS IN CARE FOUNDATION INC**EIN:** 95-3954057

Description	Amount
SPECIAL EVENT DIRECT EXPENSES	-115,649
GRANT INCOME FROM RESTRICTED SOURCES	1,739,568

TY 2007 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	463,154	0	463,154	115,649	347,505

TY 2007 Other Income Schedule

Name: PARTNERS IN CARE FOUNDATION INC

EIN: 95-3954057

Description	2006	2005	2004	2003	Total
NET PERIODIC PENSION BENEFIT	156,514				156,514

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
SETH ELLIS 732 MOTT STREET SAN FERNANDO, CA 91340	CHAIR 0 00	0	0	0
MARTA FERNANDEZ 732 MOTT STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
SCOTT F GAUDINEER 732 MOTT STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
FRANCES HANCKEL 732 MOTT STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
BRETT HAYES 732 MOTT STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
GORDON M JOHNSON 732 MOTT STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
SANDRA KING 732 MOTT STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
RANDI LUNDY 732 MOTT STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
ROBERT W LUNDY 732 MOTT STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
W JUNE SIMMONS 732 MOTT STREET SAN FERNANDO, CA 91340	CEO 40 00	270,527	500	12,000

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
BARBARA J SOLOMON 732 MOTT STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
ADRIAN STERN 732 MOTT STREET SAN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
STEVE VALENTINE 732 MOTT STREET SAN FERNANDO, CA 91340	TREASURER 0 00	0	0	0
MAUREEN ARCHAMBAULT 732 MOTT STREET san FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
CATHI CUNNINGHAM 732 MOTT STREET san FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
EVE M KURTIN 732 MOTT STREET san FERNANDO, CA 91340	VICE CHAIR 0 00	0	0	0
JOSE PULIDO 732 MOTT STREET saN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
GERALD SULLIVAN 732 MOTT STREET san FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
LYNDA ZIEGLER 732 MOTT STREET saN FERNANDO, CA 91340	SECRETARY 0 00	0	0	0
PAUL TORRENS 732 MOTT 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
TAMMIE BRAILSFORD 732 MOTT STREET saN FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
MARK CARLIN 732 MOTT STREET san FERNANDO, CA 91340	DIRECTOR 0 00	0	0	0
DIANE WITTENBERG 732 MOTT STREET san FERNANDO, CA 91340	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	