

**Babione, Kuehler & Company**  
**4060 EDGEWATER DR**  
**ORLANDO, FL 32804-2860**  
**407-291-6400**

August 13, 2007

**CONFIDENTIAL**

Foundation For Life Care Planning  
Research, Inc.  
P. O. Box 622049  
Oviedo, FL 32765

Dear Paul:

We have prepared the enclosed amended returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached to each return is an instruction sheet for signing and filing. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Babione, Kuehler & Company

## **Filing Instructions**

### **Foundation For Life Care Planning Research, Inc.**

#### **Amended Short Form Exempt Organization Tax Return**

#### **Taxable Year Ended December 31, 2004**

**Date Due:** AS SOON AS POSSIBLE

**Remittance:** Your amended Form 990-EZ for the tax year ended 12/31/04 shows no balance due. The return should be signed and dated on page 2 by an officer representing the organization.

**Mail To:** Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 N. Rulon White Blvd.  
Ogden, UT 84404

**Other:** Initial and date the copy of the return, and retain it for your records.

AMENDED RETURN

Short Form

OMB No. 1545-1150

Form **990-EZ**

**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)

**2004**

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning** , and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>FOUNDATION FOR LIFE CARE PLANNING RESEARCH, INC.</b>	<b>D</b> Employer identification number <b>75-3004639</b>	
		Number and street (or P.O. box, if mail is not delivered to street address) <b>P. O. BOX 622049</b>	Room/suite 	<b>E</b> Telephone number <b>407-977-3223</b>
		City or town, state or country, and ZIP + 4 <b>OVIEDO FL 32765</b>		<b>F</b> Group Exemption Number ..... ▶ <b>N/A</b>

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

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶

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

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

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ **12,412**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received	1	<b>12,154</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	<b>258</b>
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶ _____ )	8		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ..... ▶	9	<b>12,412</b>	
E x p e n s e s	10	Grants and similar amounts paid (attach schedule) <b>SEE STATEMENT 1</b>	10	<b>41,130</b>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ <b>SEE STATEMENT 2</b> )	16	<b>5,458</b>
	17	<b>Total expenses</b> (add lines 10 through 16) ..... ▶	17	<b>46,588</b>
A s s e t s	18	Excess or (deficit) for the year (line 9 less line 17)	18	<b>-34,176</b>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>58,477</b>
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ..... ▶	21	<b>24,301</b>

**Part II Balance Sheets** - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	<b>56,677</b>	22 <b>22,501</b>
23	Land and buildings		23
24	Other assets (describe ▶ <b>SEE STATEMENT 3</b> )	<b>1,800</b>	24 <b>1,800</b>
25	<b>Total assets</b>	<b>58,477</b>	25 <b>24,301</b>
26	<b>Total liabilities</b> (describe ▶ _____ )	<b>0</b>	26 <b>0</b>
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) ..... ▶	<b>58,477</b>	27 <b>24,301</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2004)

<b>Part III Statement of Program Service Accomplishments</b> (See page 41 of the instructions.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>SEE STATEMENT 4</b>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
<b>28 SEE STATEMENT 5</b>	
(Grants \$ <b>41,130</b> )	<b>28a 81,088</b>
<b>29</b>	
(Grants \$ )	<b>29a</b>
<b>30</b>	
(Grants \$ )	<b>30a</b>
<b>31 Other program services (attach schedule)</b> (Grants \$ )	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) <b>32</b>	<b>81,088</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>SEE STATEMENT 6</b>				

<b>Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)</b>	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<b>X</b>
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>		<b>0</b>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee such loans made in a prior year and still unpaid at the start of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b>		
<b>39</b> 501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		<b>0</b>
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		<b>X</b>
<b>c</b> Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		<b>0</b>
<b>d</b> Enter: Amount of tax on line 40c, above, reimbursed by the organization		<b>0</b>
<b>41</b> List the states with which a copy of this return is filed. <b>NONE</b>		
<b>42</b> The books are in care of <b>PAUL M. DEUTSCH</b> Telephone no. <b>407-977-3223</b> Located at <b>OVIEDO, FL</b> ZIP + 4 <b>32762-2049</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		

**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 \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature <b>BABIONE, KUEHLER &amp; COMPANY</b>	Date <b>8/13/07</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. W) <b>P00186601</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>4060 EDGEWATER DR ORLANDO, FL 32804-2860</b>	EIN <b>59-3287380</b>	Phone no. <b>407-291-6400</b>	

Amended Return

THIS RETURN IS BEING AMENDED TO RECLASSIFY A PAYMENT FOR A RESEARCH GRANT WHICH WAS INCORRECTLY REPORTED AS SALARY EXPENSE. SEE SCHEDULES ATTACHED.

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

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

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

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization <b>FOUNDATION FOR LIFE CARE PLANNING RESEARCH, INC.</b>		Employer identification number <b>75-3004639</b>
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**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.")

(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 empl. ben. plans & deferred comp.	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$50,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services ▶		

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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.	<b>1</b>	<b>X</b>
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3a</b> 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.)	<b>3a</b>	<b>X</b>
<b>SEE STATEMENT 7</b>		
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**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)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See 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 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.

Table with columns for Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.



**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)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....	33a		
b	Admissions policies? .....	33b		
c	Employment of faculty or administrative staff? .....	33c		
d	Scholarships or other financial assistance? .....	33d		
e	Educational policies? .....	33e		
f	Use of facilities? .....	33f		
g	Athletic programs? .....	33g		
h	Other extracurricular activities? .....	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....			
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	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) N/A

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

Limits on Lobbying Expenditures

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

Table with 3 columns: Line number, Description, and Amount. Rows include 36-44 for various lobbying expenditure categories and nontaxable amounts.

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.)

Table for 4-Year Averaging Period with columns for years 2004, 2003, 2002, 2001, and Total. Rows 45-50 cover nontaxable amounts, ceilings, and total 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.) N/A

Table for reporting lobbying activity with columns for Yes, No, and Amount. Rows a-i describe various activities like volunteers, staff, media, mailings, etc.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
**Supplementary Information for**  
**line 1 of Form 990, 990-EZ, and 990-PF (see instructions)**

OMB No. 1545-0047

**2004**

<b>Name of organization</b> <b>FOUNDATION FOR LIFE CARE PLANNING</b> <b>RESEARCH, INC.</b>	<b>Employer identification number</b> <b>75-3004639</b>
--	--

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

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

**Special Rules-**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2004)**

Name of organization <b>FOUNDATION FOR LIFE CARE PLANNING</b>	Employer identification number <b>75-3004639</b>
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**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<b>ALLEN &amp; MURPHY, P.A.</b> ..... <b>2600 MAITLAND CENTER PKWY.,STE. 162</b> ..... <b>MAITLAND</b> <span style="float: right;"><b>FL 32751</b></span> .....	\$ ..... <b>7,500</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	Class of Activity	NonCash Contrib	Book Value	BV Explan	FMV Explan
SARA N. FERGUSAN 2795 OXFORD AVE. GRAND JUNCTION, CO, 81503-3813	12/02/04	NONE		\$ 500	AWARD	\$	\$		
VIRGINIA COMMON WEALTH UNIVERSITY 325 NORTH HARRISON STREET RICHMOND, VA, 23284	2/12/04	NONE		5,000	RESEARCH GRANT				
JAMIE POMERANZ 41129 NW 34TH TERRACE GAINESVILLE, FL, 32605	7/26/04	NONE		1,130	GRANT				
SHERIE L KENDALL 110 WINDSOR Y WAY NICHOLASVILLE, KY, 40356		NONE		34,500	GRANT				
TOTAL				\$ 41,130		\$ 0	\$ 0		

**Federal Statements**

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
	\$
EXPENSES	
BANK CHARGES	382
PROFESSIONAL FEES	2,500
TAXES & LICENSES	500
TRAVEL	381
WEBSITE	1,695
TOTAL	\$ <u>5,458</u>

**Statement 3 - Form 990-EZ, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
COMPUTER	\$ 1,800	\$ 1,800
TOTAL	\$ <u>1,800</u>	\$ <u>1,800</u>

**Federal Statements****Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

THE FOUNDATION FOR LIFE CARE PLANNING RESEARCH IS A NON-PROFIT ORGANIZATION COMMITTED TO PROMOTING RESEARCH ON THE RELIABILITY AND VALIDITY OF THE LIFE CARE PLANNING PROCESS APPLIED TO THE CATASTROPHICALLY DISABLED. LIFE CARE PLANNING IS A PROCESS OF DISABILITY ANALYSIS UTILIZED AS A TOOL OF THE CASE MANAGEMENT PROCESS BY REHABILITATION COUNSELORS, NURSES, PSYCHOLOGISTS, AND PHYSICIANS WORKING WITH THE SEVERELY DISABLED. THE NEED FOR EXTENSIVE SCIENTIFIC RESEARCH IS CRITICAL, AND THE GOAL OF THIS PROGRAM IS TO HELP MEET THAT NEED.

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**Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

CURRENTLY THE FOUNDATION HAS THREE SCIENTIFIC RESEARCH STUDIES UNDERWAY. IN ADDITION, THERE ARE FOUR DOCTORAL STUDENTS DOING THEIR DISSERTATION RESEARCH WITH THE FOUNDATION. A RESEARCH MENTORING PROGRAM HAS BEEN INITIATED. THE FOUNDATION HAS PROVIDED SUPPORT IN RESEARCH METHODOLOGY AND DESIGN, STATISTICAL ANALYSIS, AND APPLICATION TO INTERNAL REVIEW BOARDS FOR HUMAN SUBJECT RESEARCH.



## Federal Statements

### Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name	Address	Average Hours	Compensation	Benefits	Expenses
City, State, Zip	Title				
PAUL M. DEUTSCH	10 WINDSORMERE WAY OVIEDO FL 32765	PRESIDENT	0	0	0
PATTY MCCULLUM, MS RN	114 NW 5TH STREET ANKENY IA 50021	VICE PRESIDE	0	0	0
CHRIS REID, PH.D	1112 EAST CLAY ST., RM 209B RICHMOND VA 23298-0330	FINANCIAL CO	0	0	0
BERNIE KLEINMEN	2 GARNETT DR. STE 102 WHITE PLAINS NY 10604	DIRECTOR	0	0	0
ROGER WEED, PH.D	P.O. BOX 2133 DULUTH GA 30096	DIRECTOR	0	0	0
DR. TERRY WINKLER	3424 S. CULPEPPER COURT SPRINGFIELD MO 65804	DIRECTOR	0	0	0

**Statement 7 - Schedule A, Part III, Line 3a - Explanation of Grant / Loan Qualifications**

SCHOLARSHIPS ARE AWARDED ON A POINT BASED SCORING CRITERIA WHICH IS BASED ON THE APPLICANTS C.V., LETTERS OF RECOMMENDATION, AN APPLICATION BY THE APPLICANT, AND A LETTER ADDRESSING THE REASONS FOR BECOMING A CERTIFIED LIFE CARE PLANNER. APPLICANTS ARE SCORED AND VOTED UPON BY THE FOUNDATION BOARD.

**Federal Statements**

**Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income**

Description	2003	2002	2001	2000
MISCELLANEOUS INCOME	\$ 243	\$	\$	\$
TOTAL	\$ 243	\$ 0	\$ 0	\$ 0