

## **Filing Instructions**

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

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

#### **Taxable Year Ended December 31, 2006**

**Date Due:** August 15, 2007

**Remittance:** None is required. Your Form 990-EZ for the tax year ended 12/31/06 shows no balance due. The return should be signed and dated on Page 3 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.

Form **990-EZ**

**Short Form**  
**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)

OMB No. 1545-1150

**2006**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2006 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

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

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

**K** Check  if the organization is not a section 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.

**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 ... ▶ \$ **23,947**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 of the instructions.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>23,905</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>42</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	
	<b>6</b> Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>		
<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	<b>23,947</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) <b>SEE STATEMENT 1</b>	<b>10</b>	<b>6,750</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ <b>SEE STATEMENT 2</b> )	<b>16</b>	<b>4,327</b>
<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	<b>11,077</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	<b>12,870</b>
	<b>19</b> 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)	<b>19</b>	<b>5,272</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	<b>18,142</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 51 of the instructions.)

	(A) Beginning of year		(B) End of year	
<b>22</b> Cash, savings, and investments	<b>3,472</b>	<b>22</b>	<b>16,342</b>	
<b>23</b> Land and buildings		<b>23</b>		
<b>24</b> Other assets (describe ▶ <b>SEE STATEMENT 3</b> )	<b>1,800</b>	<b>24</b>	<b>1,800</b>	
<b>25 Total assets</b>	<b>5,272</b>	<b>25</b>	<b>18,142</b>	
<b>26 Total liabilities</b> (describe ▶ _____)	<b>0</b>	<b>26</b>	<b>0</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>5,272</b>	<b>27</b>	<b>18,142</b>	

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

Form **990-EZ** (2006)

<b>Part III Statement of Program Service Accomplishments</b> (See page 51 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>6,750</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a 6,750</b>
<b>29</b> ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule) ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32 6,750</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>SEE STATEMENT 6</b>				
.....				
.....				
.....				
.....				

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		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>33</b>		<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>34</b>		<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>35a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>		<b>X</b>
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<b>36</b>		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>	<b>37a</b>		<b>0</b>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>		<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>		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911  ; section 4912  ; section 4955

**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

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

**d** Enter amount of tax on line 40c reimbursed by the organization

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
<b>40b</b>		<b>X</b>
<b>40e</b>		<b>X</b>

**41** List the states with which a copy of this return is filed.

**42a** The books are in care of  Telephone no.

Located at  ZIP + 4

**b** 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)?

If "Yes," enter the name of the foreign country: \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**- Check here  and enter the amount of tax-exempt interest received or accrued during the tax year

**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. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature <input type="text"/>	Date <input type="text" value="7/05/07"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) <input type="text" value="P00186601"/>
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text" value="BABIONE, KUEHLER &amp; COMPANY&lt;br/&gt;4060 EDGEWATER DR&lt;br/&gt;ORLANDO, FL 32804-2860"/>		EIN <input type="text" value="59-3287380"/>	Phone no. <input type="text" value="407-291-6400"/>

**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 4947(a)(1) Nonexempt Charitable Trust**

OMB No. 1545-0047

**2006**

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

**FOUNDATION FOR LIFE CARE PLANNING RESEARCH, INC.**

Employer identification number

**75-3004639**

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

(See page 2 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) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A 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
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**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 individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

<b>Part III Statements About Activities</b> (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.)		<b>X</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>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>X</b>
<b>b</b>	Lending of money or other extension of credit?		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
<b>e</b>	Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b>	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.)		<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?		<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year <b>u</b> _____		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <b>u</b> _____		
<b>f</b>	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 <b>u</b> _____		<b>0</b>
<b>g</b>	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year <b>u</b> _____		<b>0</b>

**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 (EIN)	(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	
<b>Total</b> .....					<b>u</b>

- 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,825	12,154	53,350	16,125	91,454
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					0
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	57	258	67		382
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 <b>STMT 7</b>			243		243
23 Total of lines 15 through 22	9,882	12,412	53,660	16,125	92,079
24 Line 23 minus line 17	9,882	12,412	53,660	16,125	92,079
25 Enter 1% of line 23	99	124	537	161	
<b>26 Organizations described on lines 10 or 11:</b>					
a Enter 2% of amount in column (e), line 24					26a 0
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
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
<b>27 Organizations described on line 12:</b>					
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: (2005) 0 (2004) 0 (2003) 0 (2002) 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 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: (2005) 0 (2004) 0 (2003) 0 (2002) 0					
c Add: Amounts from column (e) for lines: 15 91,454 16 _____ 17 _____ 20 _____ 21 _____					27c 91,454
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 91,454
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 92,079
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.3212 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.4149 %
<b>28 Unusual Grants:</b> 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.					



**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
<b>29</b> 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		
<b>30</b> 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		
<b>31</b> 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? .....	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....			
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
<b>d</b> 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.) ..... .....			
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges? .....	33a		
<b>b</b> Admissions policies? .....	33b		
<b>c</b> Employment of faculty or administrative staff? .....	33c		
<b>d</b> Scholarships or other financial assistance? .....	33d		
<b>e</b> Educational policies? .....	33e		
<b>f</b> Use of facilities? .....	33f		
<b>g</b> Athletic programs? .....	33g		
<b>h</b> Other extracurricular activities? .....	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
<b>b</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.			
<b>35</b> 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 10 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: (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44 detailing lobbying expenditures 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 13 of the instructions.)

Table with 6 columns: (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows 45-50 detailing lobbying nontaxable amounts and expenditures during the 4-year averaging period.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) **N/A**

Table with 3 columns: Yes, No, Amount. Rows detailing lobbying activity by various means (a-i) during the year.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 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:

	Yes	No
<b>51a(i)</b>		<b>X</b>
<b>a(ii)</b>		<b>X</b>
<b>b(i)</b>		<b>X</b>
<b>b(ii)</b>		<b>X</b>
<b>b(iii)</b>		<b>X</b>
<b>b(iv)</b>		<b>X</b>
<b>b(v)</b>		<b>X</b>
<b>b(vi)</b>		<b>X</b>
<b>c</b>		<b>X</b>

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
<b>N/A</b>			

**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

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>N/A</b>		

## Federal Statements

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

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explan	FMV Explan
Date of Gift	Description of Property						
SHERIE L. KENDALL NICHOLASVILLE KY 40356	NONE	GRANT	\$ 6,750	\$	\$		
TOTAL			<u>\$ 6,750</u>	<u>\$ 0</u>	<u>\$ 0</u>		

**Federal Statements**

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

Description	Amount
	\$
EXPENSES	
BANK CHARGES	486
PROFESSIONAL FEES	900
TRAVEL	2,037
GRANT EXPENSE	184
OFFICE EXPENSE	720
TOTAL	<u>\$ 4,327</u>

**Statement 3 - Form 990-EZ, Part II, 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>

**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.

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

THE FOUNDATION PROVIDED ONGOING PRESENTATIONS AND SUPPORT FOR DISSERTATIONS, PUBLICATIONS AND RESEARCH PROJECTS INVOLVING LIFE CARE PLANNING. 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

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

**Federal Statements**

**Statement 7 - Schedule A, Part IV-A, Line 22 - Other Income**

Description	2005	2004	2003	2002
MISCELLANEOUS INCOME	\$ _____	\$ _____	\$ 243	\$ _____
TOTAL	\$ 0	\$ 0	\$ 243	\$ 0