SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501 (e), 581(f), 581(f), 501(f), 501(f

ONE No 1545-0047

Department of the Treasury

2002

Focus on Children Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (a) Name and accress of each employee paid more than \$2,000 (a) Compensation (b) Compensation (c) Compensation (c) Compensation (d) Employee paid (e) Compensation (d) Employee paid (e) Compensation (internal Revenue Service		he above organizations and attac		neir Form :	734 OF 304-EZ.	
Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instruction, List such one. If there are none, enter None.) (a) Name and actives of each entered active entered entered actives of each entered en	Name of the argenization					•• ••	manufact.
(Ste institutions, List such one, if they are note, enter None.) (A) Name and address of each enter logical and average fours per week for the None.) (B) Compensation (B) Contributions (B) C	Focus on Child	ren	act Daid Employees Other	-	O46	83-0311640	Ŧ
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5942 Horney Silver Circle. Jaclyn Thornock P.O. Box 323, Cokeville Wy 894. 0. Karie Thornock P.O. Box 323, Cokeville Wy 3, 195. 0. Amy Thornock 315 N Center, Wellville Ut 1049 E 460 S, Provo, Ut 1054 Instance of other season independent contractor paid more than \$50,000 (a) Type of senace (b) Type of senace (c) Compens 1748 E 460 S, Provo, Ut 1850 E 460 S, Pro	(a) Name and address of each		hours per week	(c) Cor	npensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Jaclyn Thornock P.O. Box 323, Cokeville Wy Rarie Thornock P.O. Box 323, Cokeville Wy Rary Thornock R. Jir. D. Amy Thornock R. Jir. D. Lana Arnold R. Jir. D. Lana Arnold R. Jir. D. Lana Arnold R. Jir. D. D. Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Combetors for Professional Services (See instructions, List each one (where individuals or forms). If there are now, inter Nove.) (a) Name and address of each independent controlled paid more than \$50,000 R. Jir. D. D. Total number of other employees paid R. Jir. D. D. Total number of other employees paid R. Jir. D. D. Total number of other employees paid R. Jir. D. Jir. D	Dellory Mathew	r <u>s</u>					
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ Schedule A (Form 990 or 990-EZ	IAR Dan Wakefield Martyin Konov		rector paid more than \$50,000	Adop	tion Ass	sistance sistance sistance	53,300. 35,190. 45,815.
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W	Does the organization certify that it has comple sections 4.01 through 4.05 of Rev Proc 75-50, nondiscrimination? If "No," attach an explanation	OF WITH the applicable requireme 1975-2 C.B. 587, covering racial	of	Schedule A (Form 9	35 90 or 99) [Z)	2002
	he Has the organization's right to such aid ever be if you answered 'Yes' to either 34a or b, please Does the organization cartilly that it has consider	explain using an attached state	ment.	•••••••••••	. Al		
34	a Does the organization receive any financial aid	t assistance from a governmen	nta ager	ncy2	342		
	If you answered "Yes" to any of the above, plea	te explzin. (It you need more sp		adh a separate statement.)			
	h Other extracumoular activities?	1	1		. 33h	7	
	g Athletic programs?						
	e Educational policies?		1		330		
	d Scholarships or other financial assistance?				334		
(c Employment of faculty or administrative staff?				. 33c		
	b Admissions policies?	· ······· ··			33ь		
33	Does the organization discriminate by race in a students' rights or privileges?	ny way with respect to:			33a		
	Dans the association discharge have		 				
	If you answered 'No' to any of the above, plea	e explain. (If you need more spa	e, atta	ch a separale statement.)			
	with student admissions, programs, and schola d Copies of all material used by the organization	rships?		···· · ·· ····························	32c		
	b Records documenting that scholarships and of nordiscriminatory basis?	ments, and other written commun	Lations	to the public dealing	. 32b	-	
1	Does the organization maintain the following: a Records indicating the racial composition of the	•	1		. 32a		1987
			<u> </u>				は
31	Has the organization publicized its racially none the period of solicitation for students, or during makes the policy known to all parts of the gene If "Yes," please describe; if "No," please explain	the registration period if it has need community it serves?	solicit	ition program, in a way that	35		
	Does the organization include a statement of functional catalogues, and other written communications and scholarships?	with the public dealing with stude	htadimi	ssions, programs,	30		
29	Does the organization have a racially nondiscrit other governing instrument, or in a resolution of	fits governing body?			29		2
					N/A	Yes	Na
sche	Private School Questionnaire ((To be completed ONLY by schools th	See Instructions.)	at M	03 03210			
Sch	dule A (Form 990 or 990-EZ) 2002 Focus dr	Children		83-031164	10	_ Pa	20E

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 If 'Yes' to any of the acove, also attach a statement giving a detailed description of the bobying activities. BAA Schedule A (Form 990 or 990-EZ) 2002

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