

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

Header section A-M containing organization details: Family Care Foundation, 1373 Marron Valley Road, Dulzura, CA 91917. Includes fields for EIN (33-0734917), phone number (619-468-3191), and accounting method (Accrual).

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

Main table with 21 rows detailing revenue and expenses. Total revenue is 4,721,571 and total expenses are 4,517,409, resulting in an excess of 204,162. Includes a 'RECEIVED' stamp dated NOV 19 2008 from OGDEN, UT.

G17 12

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See *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 sch) See Stmt 2 (cash \$ 2,800. non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,800.	2,800.		
22b Other grants and allocations (att sch) See Stmt 3 (cash \$ 662,420. non-cash \$ 38,667.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	701,087.	701,087.		
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	52,250.	34,626.	11,107.	6,517.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	136,500.	90,422.	29,003.	17,075.
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)	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	16,819.	11,143.	3,574.	2,102.
30 Professional fundraising fees	7,760.	5,141.	1,649.	970.
31 Accounting fees	16,188.		16,188.	
32 Legal fees	2,882.		2,882.	
33 Supplies	14,545.	11,013.	1,948.	1,584.
34 Telephone	27,066.	20,492.	3,625.	2,949.
35 Postage and shipping	16,172.	12,244.	2,166.	1,762.
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	6,987.	5,299.	924.	764.
39 Travel	6,521.	4,320.	1,386.	815.
40 Conferences, conventions, and meetings	2,961.	2,241.	396.	324.
41 Interest	20,544.	20,112.	238.	194.
42 Depreciation, depletion, etc (attach schedule)	27,709.	27,124.	321.	264.
43 Other expenses not covered above (itemize): a See Statement 4	3,458,618.	651,412.	12,638.	2,794,568.
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	4,517,409.	1,599,476.	88,045.	2,829,888.

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? ▶ <u>See Statement 5</u> 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.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>See Statement 6</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,599,476.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here . ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,599,476.

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) Beginning of year		(B) End of year	
ASSETS	45	Cash – non-interest-bearing	365,573.	45	687,475.
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	675,844.		
	b	Less: allowance for doubtful accounts		47c	675,844.
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	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(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)	1,500.		
	b	Less: allowance for doubtful accounts.		51c	1,500.
	52	Inventories for sale or use	58,186.	52	58,625.
	53	Prepaid expenses and deferred charges	16,720.	53	19,341.
	54a	Investments – publicly-traded securities			
	b	Investments – other securities (attach sch)			
	55a	Investments – land, buildings, & equipment: basis			
	b	Less: accumulated depreciation (attach schedule)			
	56	Investments – other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis	543,186.		
b	Less: accumulated depreciation (attach schedule)	112,266.	57c	430,920.	
58	Other assets, including program-related investments (describe ▶ _____)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	1,699,226.	59	1,873,705.	
LIABILITIES	60	Accounts payable and accrued expenses	50,058.	60	93,691.
	61	Grants payable		61	
	62	Deferred revenue	2,000.	62	
	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)	306,487.	64b	296,410.
	65	Other liabilities (describe ▶ _____)	61,239.	65	
66	Total liabilities. Add lines 60 through 65	419,784.	66	390,101.	
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	588,945.	67	824,718.
	68	Temporarily restricted.	690,497.	68	658,886.
	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).	1,279,442.	73	1,483,604.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,699,226.	74	1,873,705.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	4,721,571.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	4,721,571.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	4,721,571.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	4,517,409.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	4,517,409.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	4,517,409.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
Grant Montgomery 1373 Marron Valley Road Dulzura, CA 91917	Program Dir. 50.00	22,250.	1,500.	0.
Dr. Christine Mlot 11482 Alps Way Escondido, CA 92026	Treasurer/Dir 15.00	0.	0.	0.
Robert Fernandez 1373 Marron Valley Rd. Dulzura, CA 91917	Director 5.00	0.	0.	0.
Ken Kelly 11482 Alps Way Escondido, CA 92026	Director 10.00	0.	0.	0.
Lawrence Corley 1373 Marron Valley Road Dulzura, CA 91917	Executive Dir 50.00	30,000.	1,500.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 5		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' If 'Yes,' attach a statement that includes the information described in the instructions	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

Part VI Other Information (See the instructions.)	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	X
b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. (See line 81 instructions) 81a 0.	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

82 a 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? 82a Yes No X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h 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? 85h N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI 88b X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0.
b 501(c)(3) and 501(c)(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 a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g 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? 89g X

90 a List the states with which a copy of this return is filed None

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 0

91 a The books are in care of Lawrence Corley Telephone number 619-468-3191
Located at 1373 Marron Valley Road, Dulzura, CA ZIP + 4 91917

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)? 91b Yes No X
If 'Yes,' enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 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 N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	1,486.	
96 Dividends & interest from securities			14	9,057.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	50,400.	
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					211,752.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b <u>Wedding Income</u>			1		23,758.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				60,943.	235,510.
105 Total (add line 104, columns (B), (D), and (E))					296,453.

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.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

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

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

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).

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				Yes	No
				X	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- ----- -----				
b	----- ----- -----				
c	----- ----- -----				
Totals					

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				Yes	No
				X	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	----- ----- -----				
b	----- ----- -----				
c	----- ----- -----				
Totals					

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

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 <u>7/11/07</u>	
	▶ <u>Lawrence Corley, Ex. Director</u> Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ▶	Date <u>11/17/08</u>	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>Pete Coulston, CPA</u> <u>511 S. Coast Highway 101, #209</u> <u>Encinitas, CA 92024</u>	EIN ▶ <u>N/A</u>	Phone no. ▶ <u>(760) 436-9001</u>	

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

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

2007

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

Family Care Foundation

Employer identification number

33-0734917

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

(See 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 employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶

0

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

(See 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 ▶

0

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 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 ▶

0

Part III Statements About Activities (See instructions.)

Yes No

1 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 . . . ▶ \$ N/A
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

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.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c 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

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year ▶

2

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

185.

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

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.

Part IV Reason for Non-Private Foundation Status (See 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.)
- 11 a 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.)
- 11 b 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 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	
Total					0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See 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.)	3,161,244.	2,721,695.	3,263,299.	3,067,756.	12,213,994.
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, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	24,182.	2,252.	4,429.	1,190.	32,053.
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 See Stmt 8	80,386.	61,547.	31,948.	30,163.	204,044.
23 Total of lines 15 through 22	3,265,812.	2,785,494.	3,299,676.	3,099,109.	12,450,091.
24 Line 23 minus line 17	3,265,812.	2,785,494.	3,299,676.	3,099,109.	12,450,091.
25 Enter 1% of line 23	32,658.	27,855.	32,997.	30,991.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24. ... 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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts c Total support for section 509(a)(1) test: Enter line 24, column (e) ... d Add: Amounts from column (e) for lines: 18 <u>32,053.</u> 19 _____ 22 <u>204,044.</u> 26b _____ e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26a 249,002. 26b 26c 12,450,091. 26d 236,097. 26e 12,213,994. 26f 98.10 %
27 Organizations described on line 12: N/A	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 _____ e Public support (line 27c total minus line 27d total) .. f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .. g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27c 27d 27e 27f 27g % 27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 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?

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		
----	--	--

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 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.)

	(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	41	\$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
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.)

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 non-taxable 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 instructions.)

N/A

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See 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
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

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

b If 'Yes,' complete the following schedule:

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

Family Care Foundation
F.E.I.N. 33-0734917
Federal Form 990, Part II line 22

For Year Ended December 31, 2007

SCHEDULE #2, Page 1 of 7

I. Cash Grants and Allocations from Donor Advised Funds: Line 22a

Program Support for Missions Providing:
AIDS Programs

Nsaka Community Care Center
Power of Love Foundation
11626 Alderidge Ln.
San Diego, CA 92131
ZAMBIA

\$2,800.00

Total Line 22a

\$2,800.00

II. Other Cash Grants and Allocations: Line 22b

Program Support for Missions Providing:
AIDS Programs

Matumaini
PO Box 859
Westville, Durban 3630, SOUTH AFRICA

\$29,200.00

Total

\$29,200.00

Program Support for Missions Providing:
Broadcast Ministries

Africa Radio Ministry
PO Box 33344
Kampala, UGANDA

\$5,656.54

Total

\$5,656.54

Program Support for Missions Providing:
Services to the Physically Challenged

Family Educational Services Pakistan
508 Regal Trade Square, Saddar

Family Care Foundation
F.E.I.N. 33-0734917
Federal Form 990, Part II line 22

SCHEDULE #2, Page 2 of 7

Karachi 74200, PAKISTAN	\$10,406.00	
Earthquake Relief	\$254.78	
		\$10,660.78
Family Volunteer Services, Nepal GPO Box 13870 Kathmandu, NEPAL		\$1,000.00
Hands On, Saigon Box 14, Buu Dien Thi Nghe, QBT Ho Chi Minh City 70401, VIETNAM		\$700.00
Total		\$12,360.78
Program Support for Missions Providing: Education & Community Development Programs		
Miles for Smiles PO Box 1944 Arusha, TANZANIA		\$47,074.76
African Educational Services P.O. Box 750007 Kawambwa, Luapula ZAMBIA		\$29,966.58
Edu-Vision PO Box 8015, Wuse Zone 3 Abuja, FCT 900001 NIGERIA		\$5,000.00
Family Care Association, Nigeria PO Box 55897, Falamo-Ikoyi Lagos, Lagos, NIGERIA		\$390.00
Family Focus #619, 22 nd 'B', Main, 21 st Cross HSR Layout, 2 nd Sector Bangalore, Karnataka. 560 034, INDIA		\$8,000.00
SHARE #7 First Beach Rd Injambakkam VGP Chennai, Tamil Nadu 600 041 INDIA	\$835.00	

Family Care Foundation
F.E.I.N. 33-0734917
Federal Form 990, Part II line 22

SCHEDULE #2, Page 3 of 7

Tsunami Relief	\$30,944.00	\$31,779.00
Education With a Purpose Ctr #15 Zhu Jian Rd. Xiang Fang District, Harbin City Heilongjiang Province, CHINA		\$600.00
ESAHN Family Assistance POB 82, Korat PO Nakorn Ratchsima 30.000 THAILAND		\$2,426.00
Family Int'l Community Services P.O. Box 942259 Amman 11194 JORDAN		\$1,750.00
FES, Istanbul MBE 101, Spring Giz Plaza #9 Maslak 80670, Istanbul, TURKEY		\$790.00
Los Andes Mission Casilla 321 Trujillo, PERU		\$15,840.00
Amor en Accion PO Box 193678 San Juan, Puerto Rico 00919		\$3,550.00
Family Mission Services—Mexico Apdo. 526 Tampico, Tamps CP 89000, MEXICO		\$1,550.00
Total		\$148,716.34
Program Support for Missions Providing: Evangelism and Christian Education		
Mission Care Taiwan #2, Alley 3, Lane 131, Chung Qing Rd. Sijhih City, Taipei 221, TAIWAN		\$24,240.00

Family Care Foundation
F.E.I.N. 33-0734917
Federal Form 990, Part II line 22

SCHEDULE #2, Page 4 of 7

Siam Family Services
Box 64, Pomprab PO
Bangkok, 10101, THAILAND \$11,790.00

Family Care Coimbatore
Chenny's Chambers
9/36A Dr. Nanjappa Road
Coimbatore, Tamil Nadu 641 018, INDIA \$8,220.00

Central America Help Missions
Apdo Postal 244-C
Guatemala City, 01015, GUATEMALA \$500.00

Total \$44,750.00

Missionary Support for Missions Providing:
Food and Clothing Distribution

Helping Hands, Korea
KPO Box 677
Seoul 110-110, KOREA \$60,141.24

Chiang Mai Family Services
PO Box 18, ChangKlan Post Office
A. Muang, Chiangmai 50000, THAILAND \$5,166.00

Channel of Hope Cebu
252, 4th St., Happy Valley Subd., V. Rama Ave.
Cebu City 6000, PHILIPPINES \$6,100.00

Casa de Corazones
Calle Paris #244, Entre Guerrero y Centenario
Coyoacan, Mexico City, MEXICO \$1,050.00

Love in Action, Guadalajara
APDO Postal 4-009
Administracion 4
Guadalajara, Jalisco 44421, MEXICO \$14,088.00

Family Care Foundation
F.E.I.N. 33-0734917
Federal Form 990, Part II line 22

SCHEDULE #2, Page 5 of 7

Silver Lining
Apdo. 681, Zona Centro
Saltillo, Coahuila 25060, MEXICO \$3,080.00

Total \$89,625.24

Program Support for Missions Providing:
Humanitarian Aid & Relief Work

Family Educational Services, Southern Turkey
PO Box 20
Carsi 01322 Adana, TURKEY \$900.00

Healing Hearts, Kosovo
Post FAH 48, Ul. H. Veljkova, 11
21112 Novi Sad, SERBIA/MONTENEGRO \$11,881.00

Sonce V Srcu
P.P. 4818
1210 Ljubljana-Sentvid, Ljubljana, SLOVENIA \$4,150.00

Nordic Christian Help Organization
Postbox 101
Oslo, Oslo Kommune 1215, NORWAY \$5,000.00

New Horizons Project
33 St. Patricks Town, Solapur Road
Hadapsar, Pune, Maharashtra 411013, INDIA \$6,450.00

Family Care Indonesia
Jl. Durian 9 Jagakarsa, Jakarta Selatan
INDONESIA \$6,554.56
Tsunami Relief \$165,076.00
\$171,630.56

FEDES
Correo Villa La Reina, Casilla 101
Santiago, Talagante, CHILE \$27,500.00

Family Care Foundation
F.E.I.N. 33-0734917
Federal Form 990, Part II line 22

SCHEDULE #2, Page 6 of 7

Healing Colombia
Car. 46 # 104b - 06
Bogota, Cundinamarca, COLOMBIA \$3,875.00

Projecto Rescate
Santander 4013, Col. Las Torres
Monterrey, Nuevo Leon CP 64930 MEXICO \$6,709.00

Total \$238,095.56

Medical Services & Programs

Family Samaritans
CWS, 203 Center Point, 56, Residency Road
Bangalore 25, Karnataka, INDIA \$500.00

Total \$500.00

Program Support for Missions Providing:
Motivational Programs

MexCity Mission
Calle Georgia 139, Col. Napoles
Mexico DF 03810, MEXICO \$1,635.00

Firefly Project
PO Box 1953
La Porte, TX 77572-1953
Kiev, UKRAINE \$1,800.00

Total \$3,435.00

Program Support for Missions Providing:
Orphan and Street Youth Programs

Family Services India
1401 A-Wing Oberoi Gardens Thankur Village
Kandivali, East Mumbai, Maharastra 400101
INDIA \$2,690.00
Tsunami Relief \$30,300.00

Family Care Foundation
F.E.I.N. 33-0734917
Federal Form 990, Part II line 22

SCHEDULE #2, Page 7 of 7

	\$32,990.00
Central Thailand Mission PO Box 40, Minburi PO Bangkok 10510, THAILAND	\$7,085.00
Cornerstone Project GPO Box 1050 Phnom Penh 1, CAMBODIA	\$18,587.54
Family Care Cambodia PO Box 1063 Phnom Penh, CAMBODIA	\$25,252.76
FAVOR Rigoudi Efthymia, CP 59, OP 1 Bacau, Jud. BC, 600354, ROMANIA	\$2,650.00
Fazendo do Mundo Um Lugar Melhor SHIN, QI 08, Conj. 02, Casa 21, Lago Norte Brasilia, D.F. 71.520-220, BRAZIL	\$1,600.00
Guadalajara Youth Rescue APDO Postal 5-993 Guadalajara, Jalisco 45042, MEXICO	\$650.00
Total	\$88,815.30
Grants to Other Agencies	
Dulzura Community Center	\$1,000.00
San Diego Food Bank	\$100.00
Baton Rouge Area Foundation	\$165.00
Total	<u>\$1,265.00</u>
Subtotal Other Cash grants & Allocations: Line 22b	<u>\$662,419.76</u>
GRAND TOTAL All Cash Grants and Allocations	<u>\$665,219.76</u>

Family Care Foundation
F.E.I.N. 33-0734917
Federal Form 990, Part II line 22b

SCHEDULE #3, Page 1 of 2

For Year Ended December 31, 2007

III. Non-Cash Grants:

Fair Market Value of Other Items Donated to Missionary Projects:

Laptop computer, Educational Supplies, Vehicles. All Items were obtained by donation from vendors. Book value of the items is equal to the fair market value, which was determined by reference to the usual retail cost normally charged by vendor.

Program Support for Missions Providing:
Education & Community Development Programs

Family Focus
#619, 22nd 'B', Main, 21st Cross
HSR Layout, 2nd Sector
Bangalore, Karnataka. 560 034, INDIA

Program Support in the form of: Laptop computer \$2,086.59

Family Mission Services—Mexico
Apdo. 526
Tampico, Tamps CP 69000, MEXICO

Program Support in the form of: Vehicle \$3,385.00

Program Support for Missions Providing:
Humanitarian Aid & Relief Work

Projecto Rescate
Santander 4013, Col. Las Torres
Monterrey, Nuevo Leon CP 64930 MEXICO

Program Support in the form of: Educational Supplies \$32,021.12

Healing Colombia
Car. 46 # 104b - 06
Bogota Cundinamarca, COLOMBIA

Program Support in the form of: Educational Supplies \$1,174.00

Family Care Foundation
F.E.I.N. 33-0734917
Federal Form 990, Part II, line 22b

SCHEDULE #3, Page 2 of 2

Grand Total: Non-Cash Grants

\$38,666.71

Family Care Foundation

33-0734917

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 219,472.
 Cost or Other Basis: 7,720.

Total Gain (Loss) Publicly Traded Securities \$ 211,752.

Total Net Gain (Loss) From Noninventory Sales \$ 211,752.

Statement 2
Form 990, Part II, Line 22a
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Class of Activity: Various
 Donee's Name: Various- See Schedule #2
 Donee's Address: Various,
 Various,

Amount Given: \$ 2,800.

Total Grants and Allocations \$ 2,800.

Statement 3
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Class of Activity: Various
 Donee's Name: Various- See Schedule #2
 Donee's Address: Various,
 Various,

Relationship of Donee: Various
 Amount Given: \$ 662,420.

Total Cash Grants and Allocations \$ 662,420.

Noncash Grants and Allocations

Class of Activity: Various
 Donee's Name: Various-See Schedule #3
 Donee's Address: Various,
 Various,

Relationship of Donee: Various
 Fair Market Value: 38,667.

Total Noncash Grants and Allocations \$ 38,667.

Total Grants and Allocations \$ 701,087.

Family Care Foundation

33-0734917

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank Charges	6,310.	4,778.	845.	687.
Contract Labor	12,491.	8,275.	2,654.	1,562.
Dir. Serv.-Retreat Support	32,453.	32,453.		
Education & Promotion	27,984.	6,996.		20,988.
F/R:Car Search Engine Fees	2,034,364.	508,589.		1,525,775.
F/R:Towing/Auction/Fees/Repair	1,239,457.			1,239,457.
Insurance	16,347.	14,568.	983.	796.
Investment Fees	1,549.		1,549.	
Payroll Fees	1,648.	1,093.	350.	205.
Property Tax	59.	57.	1.	1.
Rents	3,729.	3,650.	43.	36.
Repairs	15,890.	15,559.	181.	150.
Special Event	880.	880.		
Taxes & Licenses	718.	544.	96.	78.
Utilities	22,343.	21,874.	259.	210.
Vehicle Fuel & Maintenance	34,717.	26,282.	4,649.	3,786.
Workers Compensation	7,679.	5,814.	1,028.	837.
Total	\$ 3,458,618.	\$ 651,412.	\$ 12,638.	\$ 2,794,568.

Statement 5
Form 990, Part III
Organization's Primary Exempt Purpose

Family Care Foundation's purpose is to enhance the quality of life for all members of the community, especially those who are poor, suffering, or disadvantaged, and to provide knowledge and character building education to help strengthen families and children.

Statement 6
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
The Mission Support and Humanitarian Services Program seeks and provides funding for projects and missions operating under it's umbrella in forty-three countries. These projects provide services to a varied constituency, including guidance to youth at risk, collections and distribution of humanitarian aid, support for foreign and domestic Christian Missions, educational and vocational services for the handicapped, assistance to shelters and food kitchens, and comfort and care to the sick and elderly.		
Meals delivered-1,291,200		
Weight of other food delivered-795,365 lbs.		
Number of food recipients-189,224		
Number of people personally counseled/ministered-209,604		
Number of seminars or classes given-6,905		

Family Care Foundation

33-0734917

Statement 6 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Number of people attending seminars/classes-65,893		
Number of Bible studies given-6,218		
Number of people attending Bible studies-22,993		
Number of Handicapped people served-18,047		
Number of people provided with medical treatment-52,115		
Number of sick people visited in clinic-14,930		
Number of disaster victims served-48,791		
Number of orphans or street children served-23,483		
Number of youth at risk served-8,515		
Number of people served in jail or prison-4,724		
Number of shows or performances given-6,858		
Number of people in attendance in those shows-215,320		
Number of pieces of Gospel Literature distributed-2,353,468		
Number of Bibles distributed-11,931		945,648.
Includes Foreign Grants: Yes		

The Education and Advocacy Program.

The board of directors of Family Care Foundation recognizes the growing importance to the organization of engaging in a significant public outreach campaign to educate and inform members of the public about the needs of the world's poorest and most needy communities, families, and individuals, and to advocate for comprehensive solutions to such global social ills as poverty, illiteracy, illness, and oppression. The organization understands the responsibility we have to engage in these education and advocacy activities as a distinct program over and above and in addition to our role as a funder and conductor of charitable relief and development activities. Therefore, some of the organization's time, effort, and money is spent on these activities that form an important part of our exempt-purpose mission of improving the quality of life of all members of the global community. Family Care Foundation believes that it is vital to not only work to improve the quality of life for all members of the global community through the programs in developing nations that we fund and conduct, but to also educate and inform the public in the United States and other developing nations about the issues involved. Financial and educational resources deployed at the grassroots level to address global needs are and will remain the organization's primary focus. However, we also recognize our growing role as an educator for individuals, families, communities, and organizations, philanthropic and otherwise, in this country

386,610.

Includes Foreign Grants: Yes

The Spiritual Retreat and Missionary Training Program (SRMTP) has two purposes: 1) To provide resources for the training and continuing education of full time missionaries and other Christian and humanitarian workers while on the field or in the US on furlough or otherwise, especially those associated with FCF Project Partners, and 2) To provide resources for individuals, both Christian workers and others, to have a time of spiritual refreshing and retreat. The SRMTP is designed to provide further development of the skills necessary for fruitful missionary

Family Care Foundation

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Statement 6 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
and humanitarian activity. It consists of program development and consulting services for associates of Program Partner organizations and other individuals and organizations who can benefit from the organization's expertise and intellectual capital, capacity building of our Project Partners, training in the business and administrative skills necessary to achieve maximum effectiveness in a missionary or humanitarian project, as well as the study of the scripture, classes both formal and informal, counsel, seminars, prayer, and fellowship. Participants may live on the Family Care Foundation premises during their involvement with the program.		227,136.
Includes Foreign Grants: Yes		
The Humanitarian Aid Program provides humanitarian aid to assist in natural disasters and other situations where emergency aid is essential to the well being of the population. It also includes longer-term efforts to rebuild community infrastructure and essential services such as medical care, education, and housing following such disasters.		40,082.
Includes Foreign Grants: Yes		
	<u>\$ 0.</u>	<u>\$ 1,599,476.</u>

Statement 7
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 29,445.	\$ 351.	\$ 29,094.
Furniture and Fixtures	130,470.	75,125.	55,345.
Buildings	178,581.	36,790.	141,791.
Land	204,690.		204,690.
Total	<u>\$ 543,186.</u>	<u>\$ 112,266.</u>	<u>\$ 430,920.</u>

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

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Video Licencing	\$ 0.	\$ 500.	\$ 2,450.	\$ 0.	\$ 2,950.
Net Rental Income	50,200.	38,050.	9,600.	9,600.	107,450.
Wedding Income	30,186.	22,997.	19,898.	20,288.	93,369.
	0.	0.	0.	0.	0.
	0.	0.	0.	0.	0.

Family Care Foundation

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Statement 8 (continued)
Schedule A, Part IV-A, Line 22
Other Income

<u>Description</u>	<u>(a) 2006</u>	<u>(b) 2005</u>	<u>(c) 2004</u>	<u>(d) 2003</u>	<u>(e) Total</u>
Retreat Income	\$ 0.	\$ 0.	\$ 0.	\$ 275.	\$ 275.
Bed & Breakfast	0.	0.	0.	0.	0.
Total	<u>\$ 80,386.</u>	<u>\$ 61,547.</u>	<u>\$ 31,948.</u>	<u>\$ 30,163.</u>	<u>\$ 204,044.</u>

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	Family Care Foundation	33-0734917
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	1373 Marron Valley Road	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Dulzura, CA 91917	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of Lawrence Corley
 Telephone No 619-468-3191 FAX No _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 2008.

5 For calendar year 2007, or other tax year beginning _____, 20____, and ending _____, 20____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension Organization is undergoing financial audit. Final figures were not available at expiration of extension.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature [Signature] Title CPA Date 8/13/08

Notice to Applicant. (To be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Pete Coulston, CPA
	Number and street (include suite, room, or apartment number) or a P.O. box number
	511 S. Coast Highway 101, #209
	City or town, province or state, and country (including postal or ZIP code)
	Encinitas, CA 92024

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	Family Care Foundation	33-0734917
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	1373 Marron Valley Road	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Dulzura, CA 91917	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► Lawrence Corley

Telephone No. ► 619-468-3191 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 2008, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- calendar year 2007 - or
- tax year beginning _____, 20____, and ending _____, 20____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions **3a** \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit **3b** \$ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions **3c** \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

sent 5/7/08

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