

Return of Organization Exempt from Income Tax

2001

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

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

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

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

Please use IRS label or print or type See specific instructions

Family Care Foundation
1373 Marron Valley Road
Dulzura, CA 91917

D Employer identification number
33-0734917

E Telephone number
619-468-3191ext1

F Accounting method Cash Accrual
 Other (specify) ▶

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

- H and I are not applicable to Section 527 organizations
- H (a)** Is this a group return for affiliates? Yes No
- H (b)** If yes, enter number of affiliates ▶
- H (c)** Are all affiliates included? Yes No
(If no, attach a list. See instructions.)
- H (d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Enter 4-digit group GEN ▶
- M** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ N/A

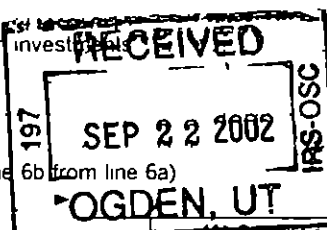
J Organization type (check only one) ▶ 501(c) 3 (insert no) 4947(a)(1) or 527

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,800,793

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

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	1,770,787		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 706,702 noncash \$ 1,064,085)	1d		1,770,787	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		319	
5	Dividends and interest from securities	5		2,108	
6a	Gross rents	6a	9,600		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		9,600	
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	7,808	8a	
b	Less cost or other basis and sales expenses		8,868	8b	
c	Gain or (loss) (attach schedule) Statement 1		-1,060	8c	
d	Net gain or (loss) (combine line 8c columns (A) and (B))			8d	-1,060
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		10,171	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,791,925	
13	Program services (from line 44, column (B))	13		1,616,520	
14	Management and general (from line 44, column (C))	14		52,249	
15	Fundraising (from line 44, column (D))	15		73,878	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		1,742,647	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		49,278	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		162,991	
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		212,269	



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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

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
22	Grants and allocations (att sch) See Stmt 2 (cash \$ 370,745 non cash \$ 1060650)	1,431,395	1,431,395		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers directors, etc	69,300	37,249	19,058	12,993
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits	850		850	
29	Payroll taxes	5,623	3,023	1,546	1,054
30	Professional fundraising fees				
31	Accounting fees	7,812		7,812	
32	Legal fees	5,479		5,479	
33	Supplies	6,991	3,741	1,538	1,712
34	Telephone	12,034	6,440	2,648	2,946
35	Postage and shipping	10,358	5,543	2,277	2,538
36	Occupancy				
37	Equipment rental and maintenance	575	308	126	141
38	Printing and publications	7,742	4,142	1,703	1,897
39	Travel	7,836	4,213	2,154	1,469
40	Conferences, conventions, and meetings	5,393	2,886	1,186	1,321
41	Interest	29,849	28,695	546	608
42	Depreciation, depletion, etc (attach schedule)	28,376	27,277	520	579
43	Other expenses not covered above (itemize)				
a	See Statement 3	113,034	61,608	4,806	46,620
b					
c					
d					
e					
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	1,742,647	1,616,520	52,249	73,878

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

What is the organization's primary exempt purpose? See Statement 4
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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a	See Statement 5	(Grants and allocations \$ 1,431,395)	1,616,520
b		(Grants and allocations \$)	
c		(Grants and allocations \$)	
d		(Grants and allocations \$)	
e	Other program services	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)		1,616,520

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year			
ASSETS	45	Cash — non-interest-bearing		28,846	45	86,515	
	46	Savings and temporary cash investments		62,332	46	53,563	
	47a	47a	Accounts receivable	35,800			
		47b	Less allowance for doubtful accounts	1,450	47c	35,800	
	48a	48a	Pledges receivable				
		48b	Less allowance for doubtful accounts		48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees and key employees (attach schedule)			50		
	51a	51a	Other notes & loans receivable (attach sch)				
		51b	Less allowance for doubtful accounts		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		4,472	53	5,102	
	54	Investments — securities (attach schedule)		23,411	54	22,119	
	55a	55a	Investments — land buildings & equipment basis				
	55b	Less accumulated depreciation (attach schedule)		55c			
56	Investments — other (attach schedule)			56			
57a	57a	Land buildings, and equipment basis	464,195				
	57b	Less accumulated depreciation (attach schedule)	63,706	57c	400,489		
58	Other assets (describe ▶ See Statement 7)		9,606	58	9,606		
59	Total assets (add lines 45 through 58) (must equal line 74)		549,693	59	613,194		
LIABILITIES	60	Accounts payable and accrued expenses		1,702	60	17,934	
	61	Grants payable			61		
	62	Deferred revenue		3,378	62	2,148	
	63	Loans from officers, directors, trustees and key employees (attach schedule)			63		
	64a	64a	Tax-exempt bond liabilities (attach schedule)				
		64b	Mortgages and other notes payable (attach schedule)	393,051	64b	389,114	
65	Other liabilities (describe ▶ See Statement 8)		-11,429	65	-8,271		
66	Total liabilities (add lines 60 through 65)		386,702	66	400,925		
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		84,901	67	78,089	
	68	Temporarily restricted		78,090	68	134,180	
	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)		162,991	73	212,269		
74	Total liabilities and net assets/fund balances (add lines 66 and 73)		549,693	74	613,194		

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.

BAA

Part VI Other Information (See specific instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	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
78b	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
81a	Enter direct or indirect political expenditures. See line 81 instructions. b Did the organization file Form 1120-POL for this year?	81a	0	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
82b	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	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5) or (6) organizations Were substantially all dues nondeductible by members?	85a	N/A	
85b	Did the organization make only in house lobbying expenditures of \$2,000 or less? 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	85b	N/A	
85c	Dues, assessments, and similar amounts from members	85c	N/A	
85d	Section 162(e) lobbying and political expenditures	85d	N/A	
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A	
85h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
86b	Gross receipts, included on line 12 for public use of club facilities	86b	N/A	
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
87b	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	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	88		X
89a	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	89a		
89b	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
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0
89d	Enter Amount of tax on line 89c above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed ▶ California	90a		
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b		0
91	The books are in care of ▶ Lawrence Corley Telephone number ▶ 619-468-3191 Located at ▶ 1373 Marron valley Road, Delzura, CA ZIP + 4 ▶ 91917	91		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year ▶ 92	92	N/A	

Part VII Analysis of Income-Producing Activities (See 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	319	
96 Dividends & interest from securities			14	2,108	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	9,600	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-1,060
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b See Statement 10				6,141	4,030
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				18,168	2,970
105 Total (add line 104 columns (B), (D), and (E))					21,138

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)
1	See Statement 11

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

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.

Date

9/17/02

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 Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

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 & deferred compensation	(e) Expense account and other allowances
None				

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

0

Part II 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 III Statements About Activities (See instructions)

	Yes	No
<p>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 ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.</p>		X
<p>2 During the year, has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p> <p>See Statement 12</p> <p>a Sale, exchange, or leasing of property?</p>	X	
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments.

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5) or (6) if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	826,073	595,747	337,655	357,013	2,116,488
16 Membership fees received					
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			765	350	1,115
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	4,378	3,738	5,545	3,613	17,274
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt 12	19,877	16,633			36,510
23 Total of lines 15 through 22	850,328	616,118	343,965	360,976	2,171,387
24 Line 23 minus line 17	850,328	616,118	343,200	360,626	2,170,272
25 Enter 1% of line 23	8,503	6,161	3,440	3,610	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a 43,405
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 336,101
c Total support for Section 509(a)(1) test. Enter line 24, column (e)					26c 2,170,272
d Add: Amounts from column (e) for lines	18 17,274	19 36,510	26b 336,101		
e Public support (line 26c minus line 26d total)					26e 1,780,387
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 82.04 %
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.	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
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 11, 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.	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
c Add: Amounts from column (e) for lines	15 _____	16 _____	17 _____	20 _____	21 _____
d Add: Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body faculty and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? 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?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b please explain using an attached statement		
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		

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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred)			
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 –		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is –		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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) 2001	(b) 2000	(c) 1999	(d) 1998	(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

Family Care Foundation
F E I N 33-0734917
Federal Form 990, Part I, Line 1d

SCHEDULE #1, Page 1 of 5

Not Open to Public Inspection

Direct Cash Contributions > \$5,000

Contributor's Name	Contributor's Address	Amount of Contr
		----- 24 000 00
		5,330 00
		18,000 00
		46,137 00
		6,500 00
		16,741 60
		6,000 00
		10,000 00
		9,965 00
		6,000 00

Family Care Foundation
F E I N 33-0734917
Federal Form 990, Part I, Line 1d

SCHEDULE #1, Page 2 of 5

Not Open to Public Inspection

Direct Cash Contributions > \$5,000

Contributor's Name	Contributor's Address	Amount of Contr -----
		15,000 00
		16,200 00
		20,401 00
		5,000 00
		5,500 00
		23,130 00
		7,000 00
		10,882 00
		5,000 00
		6,525 00

Family Care Foundation
F E I N 33-0734917
Federal Form 990, Part I, Line 1d

SCHEDULE #1, Page 3 of 5
Not Open to Public Inspection

Direct Cash Contributions > \$5,000

Contributor's Name	Contributor's Address	Amount of Contr -----
		6,000 00
		10,500 00
		12,000 00
		34,685 17
		12,000 00
		5,032 00
		10,000 00
		5,018 80
		6,060 00
		8,750 00
		25,000 00

Family Care Foundation
F E I N 33-0734917
Federal Form 990, Part I, Line 1d

SCHEDULE #1, Page 4 of 5

Not Open to Public Inspection

Direct Cash Contributions > \$5,000

Contributor's Name	Contributor's Address	Amount of Contr
-----	-----	10,000 00

Family Care Foundation
F E I N 33-0734917
Federal Form 990, Part I, Line 1d

SCHEDULE #1, Page 5 of 5

Not Open to Public Inspection

Gifts in Kind > \$5,000

Contributor's Name -----	Contributor's Address -----	Amount of Contr -----
		5,500 00
		27,864 00
		60,268 00
		87,649 06
		8,800 00
		349,975 13
		8,000 00
		82,580 20
		390,592 00

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

SCHEDULE #2, Page 1 of 11

I Cash Grants and Allocations

Program Support for
AIDS Programs

Matumain PO Box 689 Westville, Durban 3630, REP S AFRICA	\$11,256 00
Total	\$11,256 00

Program Support for
Education & Community Development Programs

Miles for Smiles PO Box 1944 Arusha, TANZANIA	\$9,044 13
---	------------

Family Care Assoc Nigeria Utomi Aire Ave, off Admiralty Way Dunez, Lekki Peninsula Phase 1, Lagos, NIGERIA	\$307 50
---	----------

Small Village Plan Family Care Gambia PMB 84, GPO Banjul, THE GAMBIA, West Africa	\$688 20
--	----------

Portico Foundation 289, 19 th Main, 6 th Block Koramangala Bangalore 560-095, INDIA	\$5,966 62
--	------------

Society of Pollution & Environment 64 East, Rest Camp, Dehra Dun 248001 Uttaraanchal, INDIA	\$2,500 00
---	------------

Corazones Unidos Apdo 475, Admon 1 Morelia, Mich 58000, MEXICO	\$22,477 90
--	-------------

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

SCHEDULE #2, Page 2 of 11

Family Mission Services
Apdo 5100 Suc J
Monterrey, NL CP 64841, MEXICO

\$270 00

Casa Cumbre Presentations
Calle Mendoza 115
Esq PIsac Urb Higuiereta Surco
Lima 41, PERU

\$5,622 50

Mapuche Quest
Psje Los Copihues, Cabana #3
Casilla 427
Villarrica, IX Region, CHILE

\$3,568 50

Educational Workshops Mission
Apdo 253
Chiclayo, Peru
Cuenca, ECUADOR

\$2,072 50

Los Andes Mission
Casilla 321
Trujillo, PERU

\$15,467 17

Total

\$67,985 02

Program Support for
Services to the Physically Challenged

Family Educational Services--Karachi
PO Box 1055
Karachi 74200, PAKISTAN

\$13,591 30

Voice for the Deaf
308, Swapnalok Complex, S D Road
Hyderabad, AP 500003, INDIA

\$3,057 01

FESP—Lahore
PO Box 3090
Buhlberg Colony PO 54600
Lahore, PAKISTAN

\$4,487 50

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

SCHEDULE #2, Page 3 of 11

Family Vol Svcs, Nepal GPO Box 13870 Katmandu, NEPAL	\$440 00
Hands On, Saigon Box 14, Thi Nghe PO 70401 Ho Chi Minh City, VIETNAM	\$450 00
STAND 2000 310 S Second Ave Streater, IL 61364 AFRICA	\$450 00
Total	\$22,475 81
Program Support for Food and Clothing Distribution	
Native American Outreach 1109 S Plaza Way, Ste 351 Flagstaff, AZ 86001	\$2,717 00
Hands At Work 2245 Hikes Lane #239 Louisville, KY 40218	\$900 00
Mission Supply & Service PO Box 1790 Roanoke Rapids, NC 27870	\$9,000 00
Love in Action, Guad Calzada Club Atlas Sur #500A Colonia Club Atlas de Golf Tlaquepaque Guadalajara, Jal , MEXICO	\$2,235 00
Silver Lining Perla 190, Colonia Miravalle Saltillo, Coahuila, MEXICO	\$6,723 63

Family Care Foundation
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Federal Form 990, Part II line 22

SCHEDULE #2, Page 4 of 11

Casa de Corazones/Fresh Start
Apdo 2187-300
Heredia, San Jose, COSTA RICA \$1,851 30

Missionary Student Exchange
Caixa Postal 11
Lauro de Freitas, Bahia, CEP 42700-0
BRAZIL \$720 00

Total \$24 146 93

Program Support for
Humanitarian Aid & Relief Work

Family Educational Services, Istanbul
MBE 138
Mecidiyerkoy
Istanbul 80470, TURKEY \$1,170 00

Healing Hearts, Kosovo
PO Box 881
1001 Skopje>Former
Prishtina, KOSOVO \$225 00

Family Int'l Volunteer Services
P P 91
Zagreb-Dubrava 10040, CROATIA \$4,497 80

Balkans Relief Mission
HH-PP99, Sarajevo
BOSNIA-HERZEGOVINA 71000 \$684 00

Project CHARM
Zrinski 4, Cakovec
Medjimurje 4000, CROATIA \$1,276 50

Side by Side Int'l, Japan
1-14-8 Mishuku, Setagayaiku
Toyko, JAPAN 154-0005 \$74 65

Family Care Foundation
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Federal Form 990, Part II line 22

SCHEDULE #2, Page 5 of 11

Channel of Hope, Philippines
PO Box 7709 DAPO
1301 Pasay City, PHILIPPINES \$2,239 63

Taiwan Volunteer Services
PO Box 1674
Kaohsiung, TAIWAN
Rep of China \$714 30

E Taiwan Family Mission
7th Floor, 242 Sha Luen Rd
Tamsui, Taipei County, TAIWAN \$88 10

New Horizons Project
3337 S Bristol
Santa Ana, CA 92704
Poona, INDIA \$8,967 61

New Horizons, Mexico
Manuel Ponce 428
Colonia Lomas del Roble
San Nicolas, Nvo Leon, MEXICO \$630 00

Project HELP, Mexico
Apdo 6-818
Mexico D F , MEXICO 06600 \$2,608 45

Refugio de Paz
Apdo 2907
Centro de Gobierno
San Salvador, EL SALVADOR \$247 50

Hearts in Hands, Chile
Correo Villa La Reina, Casilla 101
Penalolen, Santiago, CHILE \$40,330 73

Immediate Disaster Relief (IDR)
1634 Scenic Shore Drive
Kingwood, TX 77345 \$9,764 64

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

SCHEDULE #2, Page 6 of 11

Seek & Help Mission PO Box 2818 Smithfield, NC 27577	\$94 50
HopeReach Missions 3575 N Beltline Rd #278 Irving, TX 75062-7896	\$1,008 50
Total	\$74,621 91
Program Support for Medical Services & Programs	
Caring Hearts, Hungary Budapest 1535 PF 880 Budapest, HUNGARY	\$4,055 91
Samaritans PBS, TNR Chambers 1 st Floor ¼ Church Street Bangalore, Karnataka, INDIA	\$4,418 61
Project CHEER Las Violetas 2357 Santiago, CHILE	\$1,958 77
Overseas Missions Casilla 56-T Agencia Tajamar Santiago, CHILE	\$2,430 00
Eternal Vision 1822 Kings Love Blvd , #203 Naples, FL 34112-5365	\$8,046 47
Total	\$20,909 76

Program Support for
Motivational Programs

Calico Charities

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

SCHEDULE #2, Page 7 of 11

Apdo 310 Zamora, Mich , 59601 MEXICO	\$170 00
Cheer-Up Missions 596 E Marlin Ct Terrytown, LA 70056	\$670 00
Firefly Project PO Box 1953 La Porte, TX 77572-1953 Ufa Bashkortostan, RUSSIA	\$3,537 00
Promised Land Ministries PO Box 126 La Porte, TX 77571	\$504 00
Total	\$4,881 00
Program Support for Orphan & Street Youth Programs	
Love's Bridge, Perm PO Box 5886 Perm 614077, RUSSIA	\$12,370 25
Love's Bndge, Moscow Proletarskii Prospekt 21/2, Dom 124 Moscow, RUSSIA	\$3,259 38
FAVOR Rigoudi Efhymia, CP 137 Of P 1 Bacau 5500, ROMANIA	\$2,769 40
PEARL C/-D Schnieder AM Sulzbach 12 Sulzbach Nord 65843 Monrovia, LIBERIA	\$122 50

Family Care Foundation
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SCHEDULE #2, Page 8 of 11

Family Services, Bangalore
706 Barton Center
84, Mg Road Bangalore-1
Bangalore, INDIA

\$5,464 87

Hands That Help India
SSBS #152 1st Floor, Babukhan
Basheerbagh, Hyderabad, INDIA

\$4,018 41

Amor en Accion, R D
Apdo 319
Santiago, DOMINICAN REPUBLIC

\$3,566 50

South Reach
Santa Ana #122
Col Las Fuentes
Zapopan, Jal , CP 45070 MEXICO

\$12,307 28

From the Heart
3842 Palm Dr
Bonita, CA 91902

\$454 50

Portland Family Mission
11918 SE Division, PMB #113
Portland, OR 97236

\$658 35

Total

\$44,991 44

Program Support for
Prison/Inmate/Juvenile Delinquent Rehabilitation

Philippine/China Mission
PO Box 1487 CPO
Macau, CHINA

\$72 25

Horizons of HOPE
PO Box 11-3543
Riad El-Solh
Beirut, LEBANON

\$3,474 93

Family Care Foundation
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SCHEDULE #2, Page 9 of 11

Healing Colombia Apdo Aereo 350939 Santafe de Bogota, COLOMBIA	\$2,810 00
Total	\$6,357 18
Program Support for Evangelism and Christian Education	
Helping Hands, S Africa 13 Paul Kruger Road Durbanville 7550, S AFRICA	\$865 00
Gospel Harvest Ministries PO Box 805 Lilongwe, MALAWI, Africa	\$69 99
Youth Mission Network F C G E Malabo, EQUATORIAL GUINEA	\$184 50
Save the Youth Madagascar BP 1762 Antananarivo, MADAGASCAR	\$55 00
The Ray of Hope U1 Modra 1 m 33 Warsaw 02-661, POLAND	\$55 75
East European Christian Correspondence Course PF 737 1462 Budapest, HUNGARY	\$185 50
Better World PO Box 36221, Agora Village E Canta, Rizal 1900, PHILIPPINES	\$1,745 27
Challenge Start Up Team Box 80, Chiang Mai University PO Chiang Mai 50,200, THAILAND	\$6,750 21

Family Care Foundation
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SCHEDULE #2, Page 10 of 11

Asia Vision/Hindi Vision Suite #127 173/3 Surawog Rd Bangrak Bangkok 10500, THAILAND	\$6,854 92
CVR Ministries 4397 W Bethany Home Rd #1096 Glendale, AZ 85301 TAIWAN	\$17,572 50
China TIPS 1481 E Hwy 372 PMB 451 Pahrump, NV 89048-2146 CHINA	\$58 50
Friends in Deed #106, 109-c 1 st Floor Bangalore, INDIA	\$2,565 00
Familia Cristianas Unidas Loma Redonda 275 Lima, PERU	\$450 00
Tampa Family Mission PO Box 130311 Tampa, FL 33681-0311	\$28,914 09
Love in Action PO Box 223564 Dallas, TX 75222-3564	\$393 15
The Welcome House 93 Conestee Street Asheville, NC 28801	\$9,439 15
Eastern US Family Outreach PMB 491, 3100 Briarcliff Rd NE Atlanta, GA 30329	\$123 15

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

SCHEDULE #2, Page 11 of 11

Mission Assist
114 ½ E Third St
Fairmont, MN 56031

\$1,759 50

Street Ministries
PO Box 3456
Gresham, OR 97030

\$675 00

Total

\$78,716 18

Gifts to Other Non-Profits

Rainbow Project
Yunnan Province, China

\$331 37

San Diego Food Bank
2285 Decatur St
San Diego, CA 92106-6021

\$50 00

MediSend/International
6116 N Central Expy
Suite 305
Dallas, TX 75206

\$3,500 00

Total

\$3,881 37

Medical Assistance to Individuals

Lisa & Michael Molloy
Matawan, NJ

\$9,374 34

Jennifer Knoerdel
Redlands, CA

\$948 30

Ana Martinez
Long Beach, CA

\$200 00

Total

\$10,522 64

GRAND TOTAL

\$370,745 94

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

SCHEDULE #3, Page 1 of 5

II Non-Cash Grants Food Donated to Missionary Projects

Fair Market Value of Food Donated to Missionary Projects

Milk and Milk products, Assorted Produce, Meat, Canned Goods, Eggs, Juices, Cheese, Bread, Rice, Oats, Tea All food was obtained by donation from vendors Book Value is equal to the fair market value, which was determined by the reference to the usual retail cost normally charged by vendor

Fair Market Value of Vehicles Donated to the Missionary Project

Book Value of the vehicles is equal to the fair market value, which was determined by reference to the Kelly Blue book

Fair Market Value of Clothing Donated to Missionary Projects

Suits, Shirts, pants, dresses, underwear, coats, shoes, ties All clothing was obtained by donation from vendors Book value of the clothing is equal to the fair market value, which was determined by reference to the usual retail cost normally charged by vendor

Fair Market Value of Other Items Donated to Missionary Projects

Transport/shipping, Computer/Computer Equipment, Office Phone System, Copiers, Carpet, Office Desks, Furniture, Auto Parts/Tires, Cosmetics/Toiletries, Bedding, First-Aid & Medical Supplies, Sleeping Bags, Tents, Tarps, Building materials, Hardware Items, Paint, Fitness Equipment, Student Workbooks, Paper 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
Evangelism & Christian Education

Teens On Track
PO Box 8038
Anaheim, CA 92812

Program Support in the form of Other	\$1,108 50
Program Support in the form of Vehicle	\$78 80

Total	\$1,187 30
-------	------------

Eastern US Family Outreach
PMB 491, 3100 Briarcliff Rd NE

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

SCHEDULE #3, Page 2 of 5

Atlanta, GA 30329

Program Support in the form of Other	\$10,064 78
Program Support in the form of Vehicle	\$1,000 00
Total	\$11,064 78

Street Ministries
PO Box 3456
Gresham, OR 97030

Program Support in the form of Food	\$1,600 00
Program Support in the form of Clothes	\$1,000 00
Total	\$2,600 00

The Welcome House
93 Conestee Street
Asheville, NC 28801

Program Support in the form of Other	\$500 00
Program Support in the form of Vehicle	\$120 00
Total	\$620 00

Program Support for
Education and Community Development Programs

Family Mission Services
Apdo 5100 Suc J
Monterrey, NL CP 64841, MEXICO

Program Support in the form of Vehicle	\$2,800 00
Total	\$2,800 00

Program Support for
Food and Clothing Distribution

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

SCHEDULE #3, Page 3 of 5

Native American Outreach
1109 S Plaza Way, Ste 351
Flagstaff, AZ 86001

Program Support in the form of Vehicle	\$4,300 00
Total	\$4,300 00

MEND
8262 Bellhaven
La Palma, CA 90623

Program Support in the form of Other	\$1,050 00
Total	\$1,050 00

Love in Action, Guad
Calzada Club Atlas Sur #500A
Colonia Club Atlas de Golf
Tlaquepaque
Guadalajara, Jal , MEXICO

Program Support in the form of Vehicle	\$8,800 00
Total	\$8,800 00

Program Support for
Humanitarian Aid & Relief Work

New Horizons Project
3337 S Bristol
Santa Ana, CA 92704
Poona, INDIA

Program Support in the form of Digital camera	\$197 00
Total	\$197 00

Seek & Help Mission
PO Box 2818

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

SCHEDULE #3, Page 4 of 5

Smithfield, NC 27577

Program Support in the form of Clothing	\$995 50
Total	\$995 50

Program Support for
Motivational Programs

Cheer-Up Missions
596 E Marlin Ct
Terrytown, LA 70056

Program Support in the form of Food (Juice)	\$27,864 00
Total	\$27,864 00

Program Support for
Orphan and Street Youth Programs

Chemarea Dragoste
CP 63-18
Bucharest, Romania

Program Support in the form of Computer	\$433 00
Total	\$433 00

Amor en Accion, RD
Apdo 319
Santiago, DOMINICAN REPUBLIC

Program Support in the form of Vehicle	\$100 00
Total	\$100 00

Portland Family Mission
11918 SE Division, PMB #113
Portland, OR 97236

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

SCHEDULE #3, Page 5 of 5

Program Support in the form of Vehicle	\$200 00
Total	\$200 00

Food Assistance to Individuals	\$167 77
Disaster Relief to Individuals	\$175,729 26

These were supplies (camping & medical supplies) distributed in Orissa, India, during the flooding as well as the donated transport involved to fly the supplies from the States to India (as part of our Immediate Disaster Relief program)

Humanitarian Relief to Individuals	\$13,705 82
------------------------------------	-------------

These were supplies (tarps and food) distributed in Orissa, India, during the flooding (as part of our Immediate Disaster Relief program)

Total	\$189,602 85
-------	--------------

Medical Assistance to Organizations

Corp de Ayuda al Hospital Regional Casilla 101, Correo Villa de R Santiago, Chile	\$575,567 13
---	--------------

Caritas Chile Av Libertador Bernardo Ohigin #2182 Santiago, Chile	\$8,000 00
---	------------

Amicam Corp de Amigos del Hospital Las Bellotas 199 of 94 Santiago, Chile	\$225,268 00
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Total	\$808,835 13
-------	--------------

GRAND TOTAL	\$1,060,649 56
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Client 5001

Family Care Foundation

33-0734917

9/09/02

11 07AM

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

Publicly Traded Securities

Gross Sales Price	7,808
Cost or Other Basis	8,868

Total Gain (Loss) Publicly Traded Securities	\$ -1,060
--	-----------

Total Net Gain (Loss) From Noninventory Sales	\$ -1,060
---	-----------

Statement 2
Form 990, Part II, Line 22
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		\$ 370,745

Total Cash Grants and Allocations	\$ 370,745
-----------------------------------	------------

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		1,060,650

Total Noncash Grants and Allocations	\$ 1,060,650
Total Grants and Allocations	\$ 1,431,395

Statement 3
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank Charges	2,747	1,470	604	673
Contract Labor	-1,205			-1,205
Dir Serv -Retreat Support	16,652	16,652		
Educational Video Exp	1,747	1,747		
Insurance	8,186	6,951	607	628
Investment Fees	536		536	
Marketing & Advertising	44,638	1,225		43,413

Client 5001

Family Care Foundation

33-0734917

9/09/02

11 07AM

Statement 3 (continued)
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Payroll Fees	694	373	191	130
Property Tax	4,494	4,320	82	92
Publication	317	170	70	77
Repairs	9,339	8,977	171	191
Taxes & Licenses	442	237	97	108
Utilities	15,002	14,424	275	303
Vehicle Fuel & Maintenance	7,731	4,140	1,701	1,890
Workers Compensation	1,714	922	472	320
Total	\$ 113,034	\$ 61,608	\$ 4,806	\$ 46,620

Statement 4
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 5
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-nine countries, including the USA. 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	367,781	420,800
The Family Education Program provides knowledge and character building and guidance for youth, the leaders of tomorrow, to help strengthen them, their parents, and their communities. In 1997 Family Care Foundation licensed the worldwide distribution and broadcast three children's educational videoseries. The fee for service distribution and broadcast of these videos, emphasizing family values, is an important component of the Family Education Program		4,209
The Spiritual Retreat and Missionary Training Program provides resources for training and continuing education of		

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Statement 5 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
full time missionaries while in the USA on furlough The program also provides resources for individuals to have a time of spiritual refreshing and retreat If they choose, participants may study scripture, receive counsel, attend seminar and/or pray together Training in business and administrative skills are also taught to maximize effectiveness for a missionary or humanitarian project Missionary trainees and retreatants live on Family Care Foundation premises during their involvement with the program		118,181
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	1,063,614	1,073,330
	<u>\$ 1,431,395</u>	<u>\$ 1,616,520</u>

Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum Deprec	Book Value
Furniture and Fixtures	\$ 94,195	\$ 36,984	\$ 57,211
Buildings	370,000	26,722	343,278
Total	<u>\$ 464,195</u>	<u>\$ 63,706</u>	<u>\$ 400,489</u>

Statement 7
Form 990, Part IV, Line 58
Other Assets

Lease Purchase Option		\$ 9,606
	Total	<u>\$ 9,606</u>

Statement 8
Form 990, Part IV, Line 65
Other Liabilities

Temporary Loss on Investments		\$ -8,271
	Total	<u>\$ -8,271</u>

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Statement 9
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Grant Montgomery 1373 Marron Valley Road Dulzura, CA 91917	Program Dir 40	\$ 0	\$ 0	\$ 0
Dr. Christine Mlot 10612 S Morada Drive Orange, CA 92869	Treasurer/Dir 2	0	0	0
Robert Fernandez 1373 Marron Valley Road Dulzura, CA 91917	Director 2	0	0	0
Angela Smith 294945 Rancho Calif Rd Temecula, CA 92591	Director 2	0	0	0
Lawrence Corley 1373 Marron Valley Road Dulzura, CA 91917	Executive Dir 40	0	0	0
Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Statement 10
Form 990, Part VII, Line 103
Other Revenue

<u>Other Revenue</u>	<u>(A) Busi- ness Code</u>	<u>(B) Unrelated Business Amount</u>	<u>(C) Exclu- sion Code</u>	<u>(D) Excluded Amount</u>	<u>(E) Related or Exempt Function</u>
Bed & Breakfast			1	\$ 70	
Broadcast Income			15		\$ 2,800
Commission Income			2	48	
Retreat Income			1	500	
Video Licensing & Royalty			15		1,230
Wedding Income			1	5,523	
Total		<u>\$ 0</u>		<u>\$ 6,141</u>	<u>\$ 4,030</u>

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Statement 11
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
103b	The account video licensing and royalties represents video sales, licensing fees and royalties on videos from the Family Education program. These videos provide knowledge concerning character building and guidance for youth. This directly related to Family Care Foundations exempt purpose detailed on Form 990, Part III, Statement 5.
103b	The account Retreat Income-Income from Spiritual Retreat Program to offset some of the costs.

Statement 12
Schedule A, Part III, Line 2
Transactions with Trustees, Directors, Etc.

In order to pursue the Spiritual Retreat and Missionary Training Program, Family Care Foundation conducted a thorough search for a headquarters. A satisfactory site was found, but affordable financing could not be arranged. A Physician on the board of Directors had sufficient credit to purchase the property. With the Board Member in question recused from the voting, a quorum of the Board of Family Care Foundation voted to lease the property from the board member with an option on the property for 10 years or until affordable financing was available. The exact terms that the Board Member received were given to Family Care Foundation. No interest or other benefits are accruing to the Board Member.

Statement 13
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
Video Licensing	\$ 8,187	\$ 16,633	\$ 0	\$ 0	\$ 24,820
Net Rental Income	9,600	0	0	0	9,600
Wedding Income	1,000	0	0	0	1,000
Commission Income	590	0	0	0	590
Retreat Income	500	0	0	0	500
Total	\$ 19,877	\$ 16,633	\$ 0	\$ 0	\$ 36,510

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
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note 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)

Note Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Family Care Foundation	Employer Identification Number 33-0734917
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions. 1373 Marron Valley Road	
	City, Town, or Post Office. For a foreign address, see instructions. Dulzura, CA 91917	State ZIP Code

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 |

- 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 month for **990-T corporation**) extension of time until 8/15 20 02 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 01 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. \$ 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. \$ 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. \$ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶  Title ▶ COA Date ▶ 5/9/02

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 - Must File Original and One Copy.

Name of Exempt Organization: Family Care Foundation
Employer Identification Number: 33-0734917
Address: 1373 Marron Valley Road, Dulzura, CA 91917

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

Form 990 (checked), Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

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

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 organizations four digit Group Exemption Number (GEN)
If this is for the whole group, check this box
If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

I request an additional 3-month extension of time until 11/15 20 02
For calendar year 2001, or other tax year beginning 20 and ending , 20
If this tax year is for less than 12 months check reason Initial return Final return Change in accounting period
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 \$
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 \$
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 instructions \$

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: Pete Coulston Title: CPA Date: 8/2/02

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 or 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 due date of the return for which an extension was requested
Other

Director By

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

Name: Pete Coulston, CPA
Number and Street (include suite, room, or apartment number) or a P.O. Box Number: 511 S Coast Highway 101, #208
City or Town, Province or State, and Country (including postal or ZIP code): Encinitas, CA 92024

