Form 990

Return of Organization Exempt from Income Tax

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

2003

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 t	he 2003 calen	dar year.	or tax year beginning	, 2003, a	nd end	Ing		•
8		it applicable:						D Employer ide	ntification Number
	_	ddress change	Please use IRS label	Family Care Foundat:	ion		1	33-073	4917
		ame change	or print or type.	1373 Marron Valley	Road		ļ	E Telephone n	umber
		itial return	See specific	Dulzura, CA 91917			[8-3191 #10
	∏f,	nal return	instruc- tions.				Ţ.	Accounting method:	Cash X Accrual
	Ar	mended return						_	pecify)
	A	pplication pending	• Section	on 501(c)(3) organizations and a table trusts must attach a comp	4947(a)(1) nonexempt	На	and I are not applica	ble to section 52	
	_		charit (Form	table trusts must attach a comp 1 990 or 990-EZ).	leted Schedule A	H	(a) Is this a group	return for affiliat	es? Yes X No
G	Wah	site: * www.	-			Н	(b) if 'Yes,' enter r	number of affiliati	es ►
		-	<u>rumrr</u> A		·····	H	(C) Are all affiliate		<u></u>
J		nization type ck only one)		X 501(c) 3 ◄ (insert no.)	4947(a)(1) or 5	527	•	a list. See instru	•
<u>—</u>	Chec	k here ► it	the organ	nization's gross receipts are nor	mally not more than	Н	(d) Is this a separa		
	\$25.0	000. The organ	nization n	eed not file a return with the IRS	but if the organization	<u>n</u> }-	<u>_</u>	overed by a group	1.72 [4.8] 1.2
	recei	ived a Form 99 e states regui	90 Packag	je in the mail, it should file a ret	urn without financial da	ita. 📙		mption Numb	
			· · · · · · · · · · · · · · · · · · ·		122 670	— ™			zation is not required 30, 990-EZ, or 990-PF).
				b, 9b, and 10b to line 12 > 3		lancă			of some well of some it is
c.a				ses, and Changes in Net		nance	a (aee instruc	nons)	
				ants, and similar amounts receiv		14	3,067,	756	
						1b	3,001,	, 50.	
	1			ons (grants)	T T	1c			
	, d			1,208,574. noncash \$				1d	3,067,756.
	2	Program serv	asn Y	ue including government fees a	nd contracts (from Part		e 93)	2	27.00.7.100.
	3	•		assessments	•			· · · · · · · 	
	4			temporary cash investments				· · · · · · · · · · · · · · · · · · ·	1,190.
	5		_	from securities					
	6 a				1			600.	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				oss) (subtract line 6b from line				6c	9,600.
R				me (describe) 7	
Ĕ	8 a	Gross amour	nt from sal	les of assets other	(A) Securities		(B) Other		
REVENU		than inventor	y		20,587.	Ва			
Ę				is and sales expenses	25,182.	8b			
				le)Statement.1	<u>-4,595.</u>	8c ;			4 505
				nbine line 8c, columns (A) and (8d	-4,595.
				ivities (attach schedule). If any		j, check	c nere		•
	а			luding \$		اءه			
	1.	•		other than fundraising expenses		9a 9b			
			,	otner tnan tundraising expenses om special events (subtract line				9c	
				om special events (subtract line ry, less returns and allowances.				3 6	· · · · · · · · · · · · · · · · · · ·
				ld	Г	10b			
			*	ales of inventory (attach schedule) (subtr				10 c	-
	11			art VII, line 103)					24,546.
	12			es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1					3,098,497.
	13			n line 44, column (B))					2,574,778.
E X	14			eral (from line 44, column (C))					70,382.
Ē	15			44, column (D))					498,538.
EXPEZOEO	16	_	•	(attach schedule)					
E S	17			nes 16 and 44, column (A))					3,143,698.
	18			the year (subtract line 17 from li					-45,201.
N S				ances at beginning of year (from					330,688.
N SET	20			issets or fund balances (attach					
5	21			ances at end of year (combine l					285,487.

Form 990 (2003) Family Care Foundation 33-0734917

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 organizations.

	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
	Grants and allocations (att sch) See Stm 2					
	(cash \$ <u>561,846.</u>	·	2 222 225	0 000 705		
	non-cash \$ 1826939.)	22	2,388,785.	2,388,785.		
	Specific assistance to individuals (att sch) Benefits paid [®] to or for members (att sch)	23 24	+			
	Compensation of officers, directors, etc	25	66,000.	29,298.	21,866.	14,836.
	Other salaries and wages	26	8,000.	3,547.	2,649.	1,804.
	Pension plan contributions	27	0,000:	<u> </u>	2,0201	2,551.
	Other employee benefits	28	1,200.	533.	397.	270.
	Payroll taxes	29	6,084.	2,700.	2,015.	1,369.
	Professional fundraising fees	30	***************************************			_,
	Accounting fees	31	14,475.		14,475.	
	egal fees	32	5,143.		5,143.	
	upplies		9,174.	5,038.	2,322.	1,814.
	elephone		16,117.	8,848.	4,079.	3,190.
	Postage and shipping		5,845.	3,210.	1,480.	1,155.
	ecupancy	36	0,040.	5,210.1	*/ 400.	
	quipment rental and maintenance	37				
	rinting and publications	38	11,225.	6,163.	2,841.	2,221.
	ravet	39	8,978.	3,987.	2,974.	2,017.
	onferences, conventions, and meetings	40	4,514.	2,478.	1,143.	893.
	omerences, convenions, and meetings	41	26,059.	25,010.	588.	461.
	preciation, depletion, etc (attach schedule)	42	23,155.	22,223.	524.	408.
	epreciation, depretion, etc (attach schedule)	74	23,133.	20,223.	023.	-,00.
	ee Statement 3	43 a	548,944.	72,958.	7,886.	468,100.
		43 b	340, 344.	12,330.	1,7000.	
		43 c		<u> </u>		
_					,	
		43 d 43 e		<u></u>	· · · · · · · · · · · · · · · · · · ·	
To Or Ca	tal functional expenses (add lines 22 - 43), ganizations completing columns (B) - (D), rry these totals to lines 13 - 15	45 6	3,143,698.	2,574,778.	70,382.	498,538.
пу s, '		ial can e joint	npaign and fundraising s	; (il) the ar	3) Program services? mount allocated to Program ; and (Iv) th	ram services
	draising \$ Statement of Program Services	ilos 1	Accomplichments		····	
				+ 4		Program Service Expenses
	is the organization's primary exempt pur ganizations must describe their exempt p s served, publications issued, etc. Discuss and 4947(a)(1) nonexempt charitable	ourposi s achi trusts	e achievements in a clea evements that are not m must also enter the amo	r and concise manner, easurable. (Section 50 unt of grants & allocati	State the number of 1(c)(3) & (4) organons to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
	See Statement 5				· 	
		_·-·-				A F
			(Grants and	allocations \$		2,574,778.
		- · - · -	(Grants and			2,574,778.
			(Grants and			2,574,778.
				allocations \$		2,574,778.
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				allocations \$)	2,574,778.
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				allocations \$		2,574,778.
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			(Grants and	allocations \$)	2,574,778.
			(Grants and	allocations \$)	2,574,778.
			(Grants and	allocations \$		2,574,778.
			(Grants and	allocations \$		2,574,778.
	Other program services		(Grants and	allocations \$ allocations \$ allocations \$		2,574,778.

Part IV Balance Sheets (See Instructions)

Note:	Wh	nere required, attached schedules and amounts within lumn should be for end-of-year amounts only.	the description	(A) - Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		32,003.	45	44,611.
	46	Savings and temporary cash investments		216,373.	46	200,978.
						E R CONTRACTOR
		Accounts receivable.	47 a		1000	
	h	Less: allowance for doubtful accounts	47 b	29,785,	47 c	
		enc a	REGER		VER!	
		Pledges receivable.	48 a		Hiller	
		Less: allowance for doubtful accounts	48 b		48 c	
		Grants receivable			49	
damen a		Receivables from officers, directors, trustees, and k employees (attach schedule)	Annelson - mil		50	
ê.	51 a	Other notes & itsims receivable (attach sch)	51 a		7530	
6	b	Less: allowance for doubtful accounts	51 b		51 c	
		Inventories for sale or use			52	9,263.
		Prepaid expenses and deferred charges		21,985.	53	9,249.
	54	Investments - securities (attach schedule).	Cost FMV	22,745.	54	13,029.
	55 a	Investments - land, buildings, & equipment: basis	55 a		3254	
	b	Less: accumulated depreciation (attach schedule)	551		55 c	
	56	Investments - other (attach schedule).			56	
+		Land, buildings, and equipment; basis.	57a 463,210.		100	
	b	Lass: accumulated depreciation (attach schedule) Statement 6	57b 48,240.	420,218.	57 c	414,970.
	58	Other assets (describe *	1.		58	-
	59	Total assets (add lines 45 through 58) (must equal	(me 74)	743,109.	59	692,100.
	60	Accounts payable and accrued expenses.		33,611.	60	21,821.
	61	Grants payable			61	
A	62	Deferred revenue	20 445 7 (1/2)		62	
	63	Loans from officers, directors, tructees, and key employees (affail)	r.st.liedule).	1	63	
1	64 a	Tax-exempt bond liabilities (attach schedule)			64a	
H		Mortgages and other notes payable (attach schedule).		385,120.	64b	380,559.
H.H	65	Other Habilites (describe + See Statement	7	-6,310.	65	4,233.
		Total liabilities (add lines 60 through 65)		412,421.	66	406,613.
i C	rgan	izations that follow SFAS 117, check here • [X] as through 69 and lines 73 and 74.	nd complete lines 67	1		
11	67	Linestricted		212,035.	67	147,729.
- Contract	68	Temporarily restricted		118,653.		137,758.
4.1		Permanently restricted		0.000	69	
2 0	rgan	rizations that do not follow SFAS 117, check here =	and complete lines		THE REAL PROPERTY.	
W		70 through 74	PENCOSITINI SERVERANTI.		開題	
25	70				70	
8		Paid-in or capital surplus, or land, building, and equ			71	
11	72	Rétaines earnings, endowment, accumulated incom-	re, or other funds		72	
omischille dach	73	Total net assets or fund balances (add lines 67 thr. 72; column (A) must equal line 19; column (B) must	ough 69 or lines 70 through if equal line 21)	330,688.	73	285,487.
9		Total liabilities and net assets/fund balances (add		743,109.	74	692,100.

Form 990 is evaluable 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 V List of Officers, Directors,	Trustees, and Key Empl	oyees (List each one	e even if not compensati	ed; see 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	(E) Expense account and other allowances
Grant Montgomery 1373 Marron Valley Road Dulzura, CA 91917	Program Dir. 40	36,000.	0.	0.
Dr. Christine Mlot 10612 S. Morada Drive Orange, CA 92869	Treasurer/Dir:	0.	0.	0.
Cheryl Brown 1373 Marron Valley Road Dulzura, CA 91917	Director 5	0.	0.	0.
Angela Smith 294945 Rancho Calif. Rd. Temecula, CA 92591	Director 5	0.	0.	0.
Ken Kelly 11482 Alps Way Escondido, CA 92026	Director 5	0.	0.	0.
Lawrence Corley 1373 Marron Valley Road Dulzura, CA 91917	Executive Dir 40	30,000.	0.	0,

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?...... If 'Yes,' attach schedule - see instructions.

X No

78 Dut the organization regoge in may actively not previously reported to the IRS? If "Yes," and attach a defauled description of each activity. 79 Were any changes made in the organization or governing documents but not reported to the IRS?. 71 If "Yes," stated a conformed copy of the changes. 73 D of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 D of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 D N A 78 D W A 78 D W A 78 D W A 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80 If "Yes," distinct the rame of the organization "N/A" 81 a Enter direct and indirect political expenditures. See line 81 instructions. 81 a Enter direct and indirect political expenditures. See line 81 instructions. 81 a D b dits organization receive demands services or the use of malerials, equipment, or facilities at no charge or at substantially less than fair reflail value? 82 b D in expenditures and the public inspection requirements for returns and exemption applications? 83 b D b dits organization solicit any contributions or gifts that were not tax deductible? 83 b It "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were more than the organization solicit any contributions or gift	di.	Other Information (See instructions.)		Yes	No
77 Were any changes made in the organizing or governing documents but not reported to the IRS7. 17 If Yes, 'flatch' a conformed copy of the changes. 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 by the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 by the Yes, 'has if filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, 'attach a statement. 79 Was there a liquidation dissolution, termination, or substantial contraction during the year? If Yes, 'attach a statement. 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, 'attach a statement. 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, 'attach a statement. 79 Was there a liquidation or the termination, or substantial contraction during the year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 79 Was there a liquidation or the termination or year. 80 If Yes, 'attach a statement. 80 If Yes, 'attach a first return the year? 81 Earler direct and indirect political expenditures. See line 81 instructions. 81 Earler direct and indirect political expenditures. N/A and check whether it is expenditured. 82 By If Yes, 'attach a first return the year? 83 by If Yes, 'attach a first return the year? 84 by If Yes, 'attach a first return the year of the year year. 85 by If Yes, 'attach a first return the year of the year year. 85 by If Yes, 'attach and a first return the year of the year year. 85 by If Yes, 'attach a return the year of year year. 85 by If Yes, 'attach a return the year year. 85 by If Yes, 'attach a return the year year. 85 by If Yes, 'attach a return the year year. 86 by If Yes, 'at the organization school with year year. 87 by If Yes, 'attac	76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes.'	76	·	x
If Yes, attach a conformed copy of the changes. The Bot District of the State of the regimentation have unrested business gross income of \$1,000 or more during the year covered by this return? **Bab** X	77	•			
b If Yes, has it field a tax return on Form 990-T for this year? Was there a situatedion, desolution, termination, or substantial contraction during the year? If Yes, attach a statement 80 a is the organization related (other than by association with a statewide or nationwide organization) through common membership, operaning bodies, studetes, officies, etc. Ic any other exempt or nonexempt organization. 80 a is the organization related (other than by association with a statewide or nationwide organization) through common membership, operaning bodies, studetes, officies, etc. Ic any other exempt or nonexempt organization. 81 a Enter direct and indirect political expenditures. See line 81 instructions. 82 a Did the organization release donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair relatifiation. 82 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 I (See instructions in Part III). 83 b Did the organization comply with the public inspection requirements relating to-quid pro quo contributions? 83 b Did the organization solicit any contributions or gifts that were not tax deductible? 84 b Did the organization include with ever substantially all dues nondeductible by members? 85 50 (C)(A), (B), or (B) organizations. A Were substantially all dues nondeductible by members? 85 50 (C)(A), (B), or (B) organizations. A Were substantially all dues nondeductible by members? 85 50 (C)(A), (B), or (B) organizations. A Were substantially all dues nondeductible by members? 85 65 10 N/A 86 50 N/A 87 17 Yes was answered to either 85 ar 855, do not complete 85c through 85h below unless the organization received a water for proxy (ax weed for the proxy year. 85 65 00 (C)(A), or (B) organizations in the proxy part of the proxy p					
79 Was mere a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. Itemination, or substantial contraction during the year? If "Yes," attach a statement. Itemination will be a statement to the property of the p	78 2	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
year? If "Yes," attach a statement. 78 A be a is the organization related (bither than by association with a statewide or nationwide organization) through common membership, governing bodies, rustees, officers, etc, it any other exempt or nonexempt organization? 80 a	١	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N	/A
year? If "Yes," attach a statement. ### Sea is the organization related (bither than by association with a statewide or nationwide organization) through common membership, governing bodies, rustless, officers, etc, to any other exempt or nonexempt organization? ### Bit Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt. ### Did the organization receive donated expenditures. See line 8 instructions. ### Bit 0. ### Did the organization receive donated expenditures or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 2. ### Bit 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 I (*) See instructions in Part III) 3. ### Bit 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 I (*) See instructions in Part III) 3. ### Bit 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) 3. ### Bit 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) 3. ### Bit 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 (*) 4. ### Bit Yes, "you may indicate the value of these items here. Do not include this amount as the part I or as an expense in Part II (*) See instructions in Part I or as an expense in Part II (*) See instructions in Part I or as an expense in Part II (*) See instructions in Part I or as an expense in Part II (*) See instructions in Part I or as an expense in Part II (*) See instructions or grits were not tax deductible? ### Bit Yes, "did the organization include with every see in the part I was	79	Was there a liquidation, dissolution, termination, or substantial contraction during the		ة بالمراجعة	
80 a is the organization related (other than by association with a statewide or nationwide organization) through common membership, opverning bodies, fusitees, offices, etc. lo any other exempt or nonexempt organization? 80 a X Dit (**st.*) enter the name of the organization * N/A and check whether it is exempt or inonexempt. 81 a Enter direct and indirect political expenditures. See line 81 instructions. 82 a Did the organization file Form 1120-POL for this year? 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? 82 a Did the organization comply with the dublic inspection requirements for returns and exemption applications? 83 a Did the organization comply with the dublic inspection requirements for returns and exemption applications? 83 a Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84 b It (**rest.*) did the organization include with every solicitation an express statement that such contributions or gifts were not too diductible. 85 501c/9/6, 50 ref) organizations a Were substantially all dues nondeductible by members? 85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 11 'Yes' was answered to ether 85 or 855, do not complete 85c through 85h below unless the organization received a waver for proxy tax lowed for the prior year. 85 c	•	year? If 'Yes,' attach a statement	79		
b If Yes, 'enter the name of the organization * N/A and check whether it is exempt or nonexempt. 18 a Enter direct and indirect political expenditures. See line 81 instructions. 18 b X and the organization file Form 1128-POL for this year? 28 a bit the organization file Form 1128-POL for this year? 29 b bit where organization receives domated services or the use of materials, equipment, or facilities at no charge or at a substantially less than fair rental value? 29 b b b if Yes, 'you may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part III. (See instructions in Part III.). 30 b bit where organization comply with the disclosure requirements for instrums and exemption applications? 30 b bit where granization comply with the disclosure requirements for instrums and exemption applications? 31 b bit Yes,' did the organization solicit any contributions or gifts that were not tax deductible? 32 b bit where granization include with every solicitation an express sfatement that such contributions or gifts were not tax deductible? 33 b bit where you did not granizations. A Were substantially all dues nondedictible by members? 34 b bit the organization make only in-house lobbying expenditures of \$2,000 or less? 11 Yes' was answered to either 85 and 85 b, do not complete 85c through 85h below unless the organization received a ware for proxy tax owed for the prior year. 25 b complete the year of the prior year. 26 bection 162(c) lottiging and political expenditures in the amount of line 89f bit in resonable estimate of dues allocable moderable biologing and political expenditures. 26 b complete Part IX. 27 b Gross receipts, included on line 12, for public use of club facilities. 28 b lines organizations. Enter: a initiation fees and capital contributions included on line 89 b lines were seed, does the organization own a 50% or greater interest in a taxable corporation or partneyship or an entity disregarded as separate from the organization u	80 :	als the organization related (other than by association with a statewide or nationwide organization) through common			4
81 a Enter direct and indirect political expenditures. See line 81 instructions. 81 a Enter direct and indirect political expenditures. See line 81 instructions. 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? 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? 83 a Did the organization receive with the public inspection requirements for returns and exemption applications? 83 b Did the organization comply with the public inspection requirements for returns and exemption applications? 83 b Did the organization society and your contributions or girls that were not tax deductible? 84 b Did the organization include with every solicitation an express sfatement that such contributions or girls were not tax deductible? 85 501(c)(4), (3), or (8) organizations, a Were substantially all dues nondeductible by members? 85 b Did the organization make only in house lobbying expenditures of \$2,000 or less? 11 Yes' was answered to either \$50 or 850, do not complete 856 through 856 below unless the organization recoved a waiver for proxy tex owed for the prior year. 85 C Dust, assessments, and similar amounts from members. 85 Did N/A 85 Solicity organization elect to pay the section 6033(e)(1)(A) dues notices. 85 Did N/A 85 Solicity organization election proved. 85 Did N/A 85 Solicity organization section solicity organization says to add the amount on less to its resonable estimate of deep allowed the moderatible biological expenditures for the fillowing tay yes? 85 Solicity organizations. Enter: a limitation fees and capital contributions included on line 12. for public use of club facilities. 86 Solicity organizations. Enter: a Cross income from members or shareholders. 87 Did N/A 87 Did Solicity organizations. Enter: a Cross income from members or shareholders. 89 Solicity organiz			80 a	*A *	X
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b Gross receipts, included on line 12, for public use of club facilities. 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 88 6b N/A 87 N/A 87 N/A 88 6b N/A 87 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? 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. 88 b 501(c)(3) and 501(t)(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. C Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. D . 90 a List the states with which a copy of this return is filed ► California b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90 b Lost the states with which a copy of this return is filed ► California b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 91 The books are in care of ► Lawrence Corley Telephone number ► 619-468-3191 10	ı		85 h	N	A
b Gross receipts, included on fine 12, for public use of club facilities	86				
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 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? 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \(\begin{array}{c} \ 0 \); section 4912 \(\begin{array}{c} \ 0 \); section 4955 \(\begin{array}{c} \ 0 \). 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. c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. 90 a List the states with which a copy of this return is filed \(\begin{array}{c} \ California \) b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 91 The books are in care of \(\text{Lawrence Corley} \) Telephone number \(\text{619-468-3191} \) 1 tocated at \(\text{1373 Marron valley Road, Delzura, CA} \) 2/(P + 4 \(\text{91917} \) 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in tieu of Form 1041 - Check here. N/A N/A					3 11 1
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). 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? 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(t)(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. c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. 90 a List the states with which a copy of this return is filed * California* b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.). 90 b 0 91 The books are in care of * Lawrence Corley Telephone number * 619-468-3191 tocated at * 1373 Marron valley Road, Delzura, CA ZIP + 4 * 91917 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A N/A				# 144 ki	4
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? 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? 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(e)(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. c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. 90 a List the states with which a copy of this return is filed • Callfornia b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90 b 0 91 The books are in care of • Lawrence Corley Telephone number • 619-468-3191 Located at • 1373 Marron Valley Road, Delzura, CA 2IP + 4 > 91917 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. N/A	87	501(c)(12) organizations. Enter: a Gross income from members or shareholders			
Section 4911	I	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			N. Carlot
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \(\bigcup 0\) section 4912 \(\bigcup 0\) section 4955 \(\bigcup 0\) 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. c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. 90 a List the states with which a copy of this return is filed \(\bigcup California \) b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 91 The books are in care of \(\bigcup Lawrence Corley \) tocated at \(\bigcup 1373 \) Marron valley Road, Delzura, CA 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. Value of the year under:	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?	ee.		,
section 4911 O. : section 4912 O. : section 4955 O. : 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 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. O. : section 4958 excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction from a prior year? If 'Yes,' attach a statement explaining each transaction from a prior year? If 'Yes,' attach a statement explaining each transaction from a prior year? If 'Yes,' attach a statement explaining each transaction from a prior year? If 'Yes,' attach a statement explaining each transaction from a prior year? If 'Yes,' attach a statement explaining here it is attach a statement explaining the year. 89b X C Enter: Amount of tax exempt interest received or accrued during the excess benefit transaction 4958 excess be			- 00		
b 501(c)(3) and 501(a)(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. c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. 90 a List the states with which a copy of this return is filed California b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 91 The books are in care of Lawrence Corley Telephone number 619-468-3191 tocated at 1373 Marron valley Road, Delzura, CA ZIP + 4 > 91917 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A N/A	034				i Tione
explaining each transaction c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. 90 a List the states with which a copy of this return is filed > California b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.). 91 The books are in care of > Lawrence Corley Telephone number > 619-468-3191 tocated at > 1373 Marron valley Road, Delzura, CA ZIP + 4 > 91917 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 N/A	ŀ			X 1564-14588 t	PROPERTY.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization. 90 a List the states with which a copy of this return is filed > California b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.). 91 The books are in care of > Lawrence Corley 10 Telephone number > 619-468-3191 11 Located at > 1373 Marron valley Road, Delzura, CA 12 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. 12 And enter the amount of tax-exempt interest received or accrued during the tax year. 13 And Park Park Park Park Park Park Park Park		explaining each transaction	89 b		1 X
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.). 1 The books are in care of Lawrence Corley 1 tocated at 1373 Marron valley Road, Delzura, CA 2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here. 2 and enter the amount of tax-exempt interest received or accrued during the tax year. 90b 019-468-3191 ZIP + 4 > 91917	•	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.). 1 The books are in care of Lawrence Corley 1 tocated at 1373 Marron valley Road, Delzura, CA 2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here. 2 and enter the amount of tax-exempt interest received or accrued during the tax year. 90b 019-468-3191 ZIP + 4 > 91917	•	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
91 The books are in care of ► Lawrence Corley Telephone number ► 619-468-3191 tocated at ► 1373 Marron valley Road, Delzura, CA ZIP + 4 ► 91917 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	90 a	List the states with which a copy of this return is filed California		+ - -	
tocated at > 1373 Marron valley Road, Delzura, CA ZIP + 4 > 91917 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 N/A					0
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	91				
and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A					
	92		N/	Α	-
	D A A				

art VIII Analysis of Income-Produc	Unrelated	business income	Excluded by section		(E)
ite: Enter gross amounts unless nerwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:					
b					
c					
d					
ė	_	-		-	
Medicare/Medicaid payments					
g Fees & contracts from government agencies					
Membership dues and assessments.			14	1,190.	
5 Interest on savings & temporary cash invents .					THE RESERVE
6 Dividends & interest from securities.		Charles Control	SHOW THE RESIDENCE OF THE PERSON NAMED IN	WATER STREET,	DEAD PROFILE
P7 Net rental income or (loca) from real estate:		THE RESERVE	16	9,600.	
a debt-financed property					
b not debt-financed property					
38 Net rental income or (lisss) from pers prop		-			
99 Other investment income. 00 Gain or (loss) from sales of assets					-4,59
other than inventory					-4,55
01 Net income or (loss) from special events					
02 Gross profit or (loss) from salus of inventory			-		STORAGE STATE OF THE
03 Other revenue: a	THE PERSON OF	3420G4E00	SH BUSINESS AND RESIDENCE	HINNEY STREET	2
b Bed & Breakfast			1		2,80
c Broadcast Income.			15	1,183.	2,01
d Deposit Refund			1	1,103.	20,2
e Wedding Income			1	11,973.	
04 Subtotal (add columns (B), (D), and (E))	REAL PROPERTY.		THE SECTION AND PERSONS ASSESSED.	The state of the s	30,7
05 Total (add line 104, columns (B), (D).	and (E))				2011
to the standard of Book I should be	esal the amoun	fing line 12. Pag	hanne i mare i su encentra a accominante de la con-		
PRIVILL Delationship of Activities	to the Acco	mplishment of	Exempt Purposes	(See algurations)	DO SONOTICE SERVICE AND
ine No. Explain how each activity for who of the organization's exempt pur	ch income is re	eported in column	(E) of Part VII contribu	ified importantly to t	he accomplishment
 of the organization's exempt pur 	poses (other th	an by providing it	inds for such purposes,		
See Statement: 8					
		- +			
Part IX Information Regarding Ta	xable Subs	diaries and Di	sregarded Entities	(See instructions.)	
(A) +	(B)		(C)	(D)	(E)
	2500000	and Made	re of activities	Total	End-of-year
Name, address, and EIN of corporation, partnership, or disregarded entity	ownership is	statest	ile or accivities	income	assets
I/A		1			
1/6		1 -			
		4 .			-
		8			1
Part X Information Regarding To a Cid the organization, during the year, receive any	ansfers Ass	sociated with I	Personal Benefit C	ontracts (See ins	tructions.)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2003

OMB No. 1545-0047

Department of the Treosury Internal Revenue Service MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Employer identification number 33-0734917 Family Care Foundation 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 (c) Compensation (d) Contributions (e) Expense employee paid more than \$50,000 employee benefit hours per week account and other plans and deferred devoted to position allowances compensation Total number of other employees paid over \$50,000 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 (c) Compensation (b) Type of service Total number of others receiving over

\$50,000 for professional services

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 th	e instructions for con	verting from the accr			-0.51
begi	ndar year (or fiscal year oning in).	(a) 2002	(b) 2001	2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,984,215.	1,770,787.	826,073.	595,747.	6,176,822.
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.	=		* 1		525
18	Gross income from interest, dividends, amounts received from payments on securities learn (section 512(a)(5)), rants, myaitles, and unrelated business trabble income (less section 511 toxes) from businesses acquired by the organization after June 30, 1975.	3,542.	2,427.	4,378.	3,738.	14,085.
19	Net income from unrelated business activities not included in line 18.					- 53
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalt	1		+2		
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. 9.	71 656	19,771.	19,877.	16,633.	87,937.
-	- Control of the state of the s	31,656.				6,278,844.
23	Total of lines 15 through 22 Line 23 minus line 17	3,019,413.		The state of the s	616,118.	6,278,844
25		30,194.	17,930.		6,161.	COLUMN TO SERVICE STATE OF THE PARTY OF THE
26				column (e), line 24	► 26a	125,577
100	b Prepare a list for your records to show th supported organization) whose total gifts column. Enter the total of all these excess	e name of and amount cont for 1999 through 2002 exce amounts.		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	200	
	c Total support for section 509(a)(1) test: Enter line 24,	column (e)		> 26c	6,278,844
	d Add: Amounts from column (e) f	for lines: 18	14,085.	19 26b	26d	102,022
	e Public support (line 26c minus li	au Stational	01,337.	200	≥ 26e	6,176,822
	Public support percentage (line	26e (numerator) divi	ded by line 26c (den	ominator))	The state of the s	98.38 %
	Organizations described on line		bed by line 200 (own	Ommator J.		
	a For amounts included in lines 15 name of, and total amounts received amounts for each year.	5, 16, and 17 that were eived in each year fro	m, each 'disqualified	person. Do not file th	is list with your retur	TIL Chief the Sum of
	(2002) b-For any amount included in line 17	(2001) = = = = =	(2000) _	as Menualitat passage	5 numerous a liet for un	or records to
	show the name of, and amount \$5,000. (Include in the list organ computing the difference between	received for each yea nizations described in en the amount receive	ir, that was more that lines 5 through 11, a ed and the larger am	ount described in (1) or	Do not file this list w r (2), enter the sum of	ith your return. After If these differences
	(2002)	(2001)	(2000)_		- (1999)	
	(2002) c Add: Amounts from column (e) 17 d Add: Line 27a total	for lines: 15		21	27.0	
	4 5 d to 1 in 20 10 10 17	20	and line 27h total		27 d	
	d Add: Line 27a total e Public support (line 27c total mi	nes line 27d totals	III III E I VIIII		> 27e	No.
	f Total support for section 509(a)	(2) test: Enter amoun	t from line 23, colum	n (e) ► 271		THE REPORT
	g Public support percentage (line	27e (numerator) div	ided by line 27f (den	ominator))		
	h Investment income percentage	(line 18, column (e) (numerator) divided t	by line 271 (denominate	The second secon	
26	Unusual Grants: For an organiz list for your records to show, for nature of the grant. Do not file	ration described in lin	e 10, 11, or 12 that r	eceived any unusual g	rants during 1999 thr	ough 2002, prepare of description of the

50	thedule A (Form 990 or 990-EZ) 2003 Family Care Foundation - 33-07349	17	F	age 4
P	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
2	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		
3	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		
3	1 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	SHE		100
		- 188		
		- 855	NA.	THE REAL PROPERTY.
3	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	(開)	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
£	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	. 32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		_	1000
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
		- 25	HE	园
3	3 Does the organization discriminate by race in any way with respect to:			
7.1	a Students' rights or privileges?	. 33 a		-
	b Admissions policies?	. ззь		1
	c Employment of faculty or administrative staff?	. 33 c		-
	d Scholarships or other financial assistance?	. 33 d		
Ī	e Educational policies?	. 33 e		
	f Lise of facilities?	331		
				Т
	g Athletic programs?	. 33 g		+
	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,)	1		
		-20		
		-	图	標
		-	ROCKE	NAME OF TAXABLE PARTY.
3	4 a 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.	服	SACTION OF	
3	5 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		
_		-	-	-

Par	t VI-A	Cobbying Exp	enditures by Elect ONLY by an eligible	cting Public Charit organization that filed	ties (See instru Form 5768)	ctions.)				N/A
Che	k = a	if the organizat	ion belongs to an aff	liated group. Check	► b if you	checke	d 'a' and 'I	imited	contr	of provisions apply.
			nits on Lobbying expenditures' means a	Expenditures amounts paid or incurre	ed.)		Attiliate tot	d grou	p	(b) To be completed for ALL electing organizations
36	Total lo	bbying expenditure	s to influence public	opinion (grassroots lot	obying)	36				
37	Total lo	obying expenditure	s to influence a legis	lative body (direct lobb	ying)	37				
38				37)						
39										
40				38 and 39}		40		Co. of Co.		
41				t from the following tal		ASSET LA			234	7000
		nount on line 40 is	S	lobbying nontaxable a		原排出				
				of the amount on line 100 plus 15% of the excess of		能遊園				
				300 plus 10% of the excess of		41	- ATTENDED	OCHINA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	and the	
				000 plus 5% of the excess or		5000	Series and	STATE OF THE PARTY NAMED IN	Secret 1	
				00,000	4 C. S.	III III		1275	900	些
42	Grassro	ots nontaxable am	ount (enter 25% of li	ne 41)		42				
43	Subtrac	t line 42 from line	36. Enter -0- if line 4	2 is more than line 36		43				
44				I is more than line 38		44				
	Caution	: If there is an am	punt on either line 4	3 or line 44, you must :	file Form 4720.	HE !		YHEL	14	O PER HISTORY
	i i	(Some organiza	itions that made a se	Averaging Period ction 501(h) election d e the instructions for li	o not have to co	mplete a	h) all of the fi	ve coli	umns	below.
	18		- 1	Lobbying Expen	ditures During 4	-Year A	veraging l	Period		
	Calenda (or fisca beginni		(a) 2003	(b) 2002	(c) 2001			d) 000		(e) Total
45	Lobbyin	g nontaxable			1.53					
46	Lobbying (150% of	oeiing amount line 45(e))							運	
47	Total le expend									
48		ots non- amount		AT AN ADDRESS OF THE PARTY OF T		-			-	
49	Grassroot (150% of	s ceiling amount line 48(e))				NEW YEAR	Dog			
	expend		uitu ku Nanalast	ing Public Charitie						
12.592	C. VIEW	For reporting onl	y by organizations th	at did not complete Pa	rt VI-A) (See in:	struction	s.)			N/A
Duri	ng the ye	ar, did the organiz	ration attempt to influ	ence national, state or	local legislation	, includi	ng any	25	W 1	77.54
atter	ript to in	fluence public opin	iion on a legislative n	ence national, state or natter or referendum, t	brough the use	of:		Yes	No	Amount
				10.000000000000000000000000000000000000						11/4/2 No. 19810
				on in expenses report						STATE OF THE PARTY
		the state of the s		ents						
				oses				\vdash		
				ernment officials, or a s, speeches, lectures,						
				jh h.)				1000		
		and the second second second second second	the second second second second second second	nt giving a detailed desc						
ВАА		217 21 212 20070.	A SOUTH OF STREET	The state of the s	Secure of the south	Annual States		edule /	A (For	m 990 or 990-EZ) 200

Schedule A (Form 990 or 990-EZ) 2003 Family Care Foundation 33-0734917 Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

a Translat	a from the reporting on	nanization to a	noncharitable exempt organization	g with any other organization descri ng to political organizations? n of:		Yes	No
					51 a (I)		X
(ii)Othe	er assets	41.000000000000000000000000000000000000			a (ii)		-
and the second second	and a self-a server				9.752.6		Х
(i)Sale	es or exchanges of ass	ets with a none	haritable exempt organization		b (ii)		X
(ii)Puri	chases of assets from a	noncharitable	exempt organization	**************************************	. b (iii)		Х
(iii)Ren	tal of facilities, equipm	ent, or other a	55615		b (iv)		X
4 4 4	Committee of the Commit						X
4 44 69	to see and seemings of	r marchaestrin	or fundraising solicitations		2 7417		X
e Sharine	of facilities, equipmen	t, mailing lists.	other assets, or paid employees.	lump (b) should always show the fail	c c	tin of	X
d if the ar	nswer to arry of the about of the about of the assets, or se	we is "Yes," co vices given by ingement, sho	mplete the following schedule, Col the reporting organization. If the o w in column (d) the value of the go	umn (b) should always show the fair organization received less than fair oods, other assets, or services recei	market valu ved:	e in	
(a) ine no.	(b) Amount involved		(c) ncharitable exempt organization	(d) Description of transfers, transactions, a	nd sharing arr	идети	ds
N/A				1			-
		7					
6							
-							_
- 4						_	_
-					_	_	_
-						_	_
							_
				1			
		_					
_							
-							
						_	
52 a ls the descri	organization directly of bed in section 501(c) of s, complete the following	indirectly affil if the Code (of	iated with, or related to, one or mo her than section 501(c)(3)) or in se	ore tax-exempt organizations ection 5277	►□	res [K)
	(a)		(b) Type of organization	(c) Description of rel	ationship		
	Name of organization	1	Type of organization	Date in the second			
1/A							
			+			-	
							_
-						_	_
						_	_
							_
		7					
							_
							=

2003	Federa	I Staten	nente				
Client 5001							Page
11/09/04	r amily (Care Found	lation	_			33-07349
Statement 1 Form 990, Part I, Line 8 Net Gain (Loss) from Noninventory Sa	ales						03:52
Publicly Traded Securities	VAT-51						
Gross Sales Price: Cost or Other Basis:	20,58° 25,182	7.	-	1			
Tot	al Gain (Loss) Pub	licly T	rade	d Securities	\$	-4,595.
Tota	l Net Gair	(Loss)	From No	ninv	entory Sales	\$	-4,595.
Statement 2 Form 990, Part II, Line 22						_	
Grants and Allocations				=			
Cash Grants and Allocations	_						
Class of Activity: Donee's Name: Donee's Address:	Various Various Various	- See Sc	hedule	#2:			
Relationship of Donee: Amount Given:	Various Various	60		5			was week
*	70	ntal Caek	Cranke	. 10		\$	504,040,
Noncash Grants and Allocations		- var can	Grants	ano	Allocations	\$ \$	561,846.
Class of Activity: Donee's Name: Donee's Address: Relationship of Donee:	Various	-See Sche	edule #3				
Fair Market Value:	Various			ŧ.			7 005 000
	Total	Noncash	Grants	and	Allocations		1,826,939.
					Allocations		
Statement 3 Form 990, Part II, Line 43 Other Expenses				*			
Bank Charges		(A) Total	(B) Progr Service	am	(C) Management & General	Fun	(D) draising
Ontract Labor Dir. ServRetreat Support ducational Video Exp /R: Car Repairs		4,301. 580. 23,372. 4,140.	23,	361. 258. 372. 140.	1,089. 192.		851. 130.
/R:Car Intermediary Fees /R:Towing/Car auction costs		2,225. 71,728. 30,650.				3	2,225. 171,728. 30,650.

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Family Care Foundation

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

	9	(A)	(B) Program	(C) Management	(D)
Insurance	1		tal	Services	& General	Fundraising
Investment Fees Marketing & Advertising			455. 455.	8,770.	1,260. 455.	961.
Payroll Fees Property Tax Publication Rents Repairs Taxes & Licenses Utilities Vehicle Fuel & Maintenance Workers Compensation	*	10 1 14 12	727. 103. 15. 592. ,992. ,056. ,764. ,850. ,594.	323. 99. 8. 568. 10,549. 580. 14,169. 7,054. 707. 72,958.	241. 2. 4. 13. 248. 267. 334. 3,253. 528.	257,809. 163. 2. 3. 11. 195. 209. 261. 2,543. 359. \$ 468,100.

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

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-three countries. These projects provide services to a varied constituency, including guidance to youth at risk, collections and distribution of numanitarian aid, support for foreign and domestic Christian Missions, educational and vocational services for the nandicapped, assistance to shelters and food kitchens, and comfort and care to the sick and elderly.		
The Family Education Program provides knowledge and character building and guidance for youth, the leaders of commrow, 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 in important component of the Family Education Program.		646,924
the ramily Education Program.		4,810

200	13
Clie	4 5

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

E	le	3	di	ri	b	ti	on	

Grants and Allocations

Program Service Expenses

The Spiritual Retreat and Missionary Training Program provides resources for training and continuing education of 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 retreatents live on Family Care Foundation premises during their involvement with the program.

135,360.

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.

1,787,684.

0. \$2,574,778.

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

Accum. Book Category Deprec. Value 7,572. 72,326. 135,362. 199,710. 414,970. Automobiles / Transportation Equipment 9,420. \$ 1,848. \$ Furniture and Fixtures 110,212. 37,886. Buildings 143,868. 8,506. 199,710. 463,210. Land Total \$ 48,240. \$

Statement 7 Form 990, Part IV, Line 65 Other Liabilities

Temporary Loss on Investments......

Total \$

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Client 5001	-	Family C		Page 4 33-0734917			
11/09/04 Stateme		4				05:00PM	
Form 99	00, Part VIII iship of Activities to the Acc	omplishment	of Exempt Pur	poses			
Line #		Explanat	tion of Acti	vities			
103b	The account video licensing fees and ro These videos provide for youth. This dire purpose detailed on F	yalties on knowledge c ctlv relate	videos from oncerning ch d to Family	the Family aracter bui Care Founda	Education policy and on	uidance	
103b	The account Retreat I some of the costs.	ncome-Incom	e from Spiri	tual Retrea	t Program to	o offset	
Stateme Schedul Other In	le A, Part IV-A, Line 22	_(a) 2002	(b) 2001	(c) 2000	_(d) 1999	(e) Total	
Net Rem Wedding Commiss Broadca Retream	Licencing ntal Income g Income sion Income ast Income t Income Breakfast Total	9,1600. 21,411. 0. 0. 645.	\$ 1,230. 9,600. 5,523. 48. 2,800. 500. 70. \$ 19,771.	9,600.	0. 0. 0. 0.	28,800. 27,934. 638. 2,800.	