

Return of Organization Exempt From Income Tax

1998

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

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

A For the 1998 calendar year, OR tax year period beginning, 1998, and ending, 19

- B Check if: Change of address, Initial return, Final return, Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific instructions.

C Family Care Foundation, 10612 South Morada Drive, Orange, CA 92869

D Employer identification number 33-0734917, E Telephone number 909-676-2682, F Check If exemption application is pending

G Type of organization Exempt under section 501(c) (3) (insert number) OR section 4947(a)(1) nonexempt charitable trust. Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? (b) If "Yes," enter the number of affiliates for which this return is filed: (c) Is this a separate return filed by an organization covered by a group ruling? I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) J Accounting method: Cash Accrual Other (specify)

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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for 1a-1d, 2, 3, 4, 5, 6a-6c, 7, 8a-8d, 9a-9c, 10a-10c, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21.

SCANNED AUG 17 1998 RECEIVED AUG 17 1998

Part I Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 17.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 2 Grants and allocations (att. sch.) See . Stm... 2, 3 Specific assistance to individuals (att. sch.) St... 3, 4 Benefits paid to or for members (att. sch.)..., 5 Compensation of officers, directors, etc..., 6 Other salaries and wages..., 7 Pension plan contributions..., 8 Other employee benefits..., 9 Payroll taxes..., 0 Professional fundraising fees..., 1 Accounting fees..., 2 Legal fees..., 3 Supplies..., 4 Telephone..., 5 Postage and shipping..., 6 Occupancy..., 7 Equipment rental and maintenance..., 8 Printing and publications..., 9 Travel..., 0 Conferences, conventions, and meetings..., 1 Interest..., 2 Depreciation, depletion, etc. (attach schedule)..., 3 Other expenses (itemize): a Statement 4, b, c, d, e, 4 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 20.)

Table with 2 columns: Description, Program Service Expenses. Row a: See Statement 6, (Grants and allocations \$ 256,610), 383,671. Row b: (Grants and allocations \$), Row c: (Grants and allocations \$), Row d: (Grants and allocations \$), Row e: Other program services (attach schedule) (Grants and allocations \$), Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 383,671

Part IV Balance Sheets (See Specific Instructions on page 20.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash - non-interest-bearing	14,074	45	8,808
	46 Savings and temporary cash investments	159,429	46	76,810
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
	51 a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	2,207
	53 Prepaid expenses and deferred charges	1,238	53	2,898
	54 Investments - securities (attach schedule)		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	57a	10,875		
b Less: accumulated depreciation (attach schedule) Stmt. 7.	57b	2,687	57c	8,188
58 Other assets (describe ▶ See Statement 8)		2,000	58	1,000
59 Total assets (add lines 45 through 58) (must equal line 74)		182,893	59	99,911
LIABILITIES	60 Accounts payable and accrued expenses	729	60	
	61 Grants payable		61	
	62 Deferred revenue		62	7,875
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)		729	66	7,875
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	92,395	67	29,766
	68 Temporarily restricted	89,769	68	62,270
	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)		182,164	73	92,036
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		182,893	74	99,911

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 22.)

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

Total revenue, gains, and other support per audited financial statements	a	343,272
Amounts included on line a but not on line 12, Form 990:		
(1) Net unrealized gains on investments		\$
(2) Donated services and use of facilities		\$
(3) Recoveries of prior year grants		\$
(4) Other (specify):		\$
Add amounts on lines (1) through (4)	b	
Line a minus line b	c	343,272
Amounts included on line 12, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990		\$
(2) Other (specify):		\$
Add amounts on lines (1) and (2)	d	
Total revenue per line 12, Form 990 (line c plus line d)	e	343,272

Total expenses and losses per audited financial statements	a	433,400
Amounts included on line a but not on line 17, Form 990:		
(1) Donated services and use of facilities		\$
(2) Prior year adjustments reported on line 20, Form 990		\$
(3) Losses reported on line 20, Form 990		\$
(4) Other (specify):		\$
Add amounts on lines (1) through (4)	b	
Line a minus line b	c	433,400
Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990		\$
(2) Other (specify):		\$
Add amounts on lines (1) and (2)	d	
Total expenses per line 17, Form 990 (line c plus line d)	e	433,400

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 22.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Grant Montgomery 29495 Rancho California Rd Temecula, CA 92591	President/Dir 50 Paid as Program Director	36,000	0	0
Christine Mlot 10612 S. Morada Drive Orange, CA 92869	Treasurer/Dir None	0	0	0
Philip Sherwood 350 Fernbanks Rd. Rockcliffe Park, K1M 0W8 CANADA	Secretary/Dir None	0	0	0
Angela Smith 2575 N. Beltline Rd. # 125 Irving, TX 75062	Director 40 as Secretary Jun-May 98	5,000	0	0
Marc Desruisseaux Bombay, India	Director None	0	0	0
Lawrence Corley 29495 Rancho Calif. Rd. #271 Temecula, CA 92591	Executive Dir 50	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? Yes No
If "Yes," attach schedule - see Specific Instructions on page 22.

Part VI Other Information (See Specific Instructions on page 23.)

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... 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. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b If "Yes," has it 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. 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? 80b If "Yes," enter the name of the organization N/A and check whether it is exempt OR nonexempt. 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 81a 0 81b Did the organization file Form 1120-POL for this year? 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? 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 for reporting 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 85 501(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? 85b N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. 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 in 85f? 85g N/A 85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A 86 501(c)(7) organizations. - Enter: 86a 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 87 501(c)(12) organizations. - Enter: 87a 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? 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 89b 501(c)(3) and 501(c)(4) organizations. - Did the organization engage in any section 4958 excess benefit transaction during the 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 in 89c, above, reimbursed by the organization. 0 90a List the states with which a copy of this return is filed California 90b 3 91 The books are in care of Lawrence Corley Telephone no. 909-676-2682 Located at 29495 Rancho California Road, TemeculaCA ZIP + 4 92596 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

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 27.)

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	
03 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
04 Membership dues and assessments					
05 Interest on savings & temporary cash investments			14	5,545	
06 Dividends and interest from securities					
07 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
08 Net rental income or (loss) from personal property					
09 Other investment income					
10 Gain/loss from sales of assets other than inventory					
11 Net income or (loss) from special events					
12 Gross profit or (loss) from sales of inventory			6	72	
13 Other revenue: a					
b					
c					
d					
e					
14 Subtotal (add columns (B), (D), and (E))				5,617	
15 Total (add line 104, columns (B), (D), and (E))					5,617

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 Specific Instructions on page 28.)

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

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on line 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

including accompanying schedules and statements, and to the best of my knowledge and belief, the information furnished is true and correct, and the information of which preparer (other than officer) is based on all information of which preparer has knowledge.

7/31/99 Lawrence Corley

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.

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

1998

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 on page 1. 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 on page 1. 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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ _____ 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Part V.	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b 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. (See instructions on page 2.)		

Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)

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, page 4.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and 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 on page 4.)

(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 on page 4.)

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) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	357,013				357,013
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	350				350
18 Gross income from interest, dividends, amounts received from payments on securities (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	3,613				3,613
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 sch. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	360,976				360,976
24 Line 23 minus line 17	360,626				360,626
25 Enter 1% of line 23	3,610				

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	7,213
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. See Statement . . . 9 . . .	26b	226,596
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	360,626
d Add: Amounts from column (e) for lines: 18 <u>3,613</u> 19 _____ 22 _____ 26b <u>226,596</u>	26d	230,209
e Public support (line 26c minus line 26d total)	26e	130,417
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	36.16%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A (1997) _____ (1996) _____ (1995) _____ (1994) _____		
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: (1997) _____ (1996) _____ (1995) _____ (1994) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total and line 27b total	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions on page 4.)

part v **Private School Questionnaire** (See instructions on page 4.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 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?

	Yes	No
29		
30		
31		

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?

32a		
32b		
32c		
32d		

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 33 Does the organization discriminate by race in any way with respect to:
 - a Students' rights or privileges?
 - 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?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 34a Does the organization receive any financial aid or assistance from a governmental agency?
 - 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.

34a		
34b		

- 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.

35		
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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions on page 6.) **N/A**
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group.
 Check here **b** if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37													
38	Total lobbying expenditures (add lines 36 and 37).....	38													
39	Other exempt purpose expenditures.....	39													
40	Total exempt purpose expenditures (add lines 38 and 39).....	40													
41 Lobbying nontaxable amount. Enter the amount from the following table -															
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000 ..</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000 ..</td> <td>\$225,000 plus 5% of the excess over \$1,500,000..</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000.....	20% of the amount on line 40.....	Over \$500,000 but not over \$1,000,000.....	\$100,000 plus 15% of the excess over \$500,000 ..	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000 ..	\$225,000 plus 5% of the excess over \$1,500,000..	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000.....	20% of the amount on line 40.....														
Over \$500,000 but not over \$1,000,000.....	\$100,000 plus 15% of the excess over \$500,000 ..														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000 ..	\$225,000 plus 5% of the excess over \$1,500,000..														
Over \$17,000,000	\$1,000,000														
41															
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 on page 7.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
45	Lobbying nontaxable amount.....				
46	Lobbying ceiling amount (150% of line 45(e)).....				
47	Total lobbying expenditures.....				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e)).....				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A
 (For reporting only by organizations that did not complete Part VI-A) (See instructions on page 8.)

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:	Yes	No	Amount
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).....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with columns: Yes, No. Rows for 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization.

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

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Client 5001

Family Care Foundation

33-0734917

07/30/99

07:33 am

Statement 1
Form 990, Part I, Line 10
Gross Profit (Loss) from Sales of Inventory

Items Sold	Amount
-----	-----
Sale of Educational Videos	\$ 765
Gross sales	\$ 765
Less returns & allowances	0
Net sales	\$ 765
Less: Cost of goods sold	693
Gross profit from sales of inventory	<u>\$ 72</u>

Statement 2
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations:

Class of Activity:	Cash Grants	
Donee's Name:	Missionary Support	
Donee's Address:	Various-See Schedule #2	
Amount Given:		195,316

Total Cash Grants and Allocations		\$ 195,316

Noncash Grants and Allocations:

Class of Activity:	Direct Services	
Donee's Name:	Missionary Support	
Donee's Address:	Various-See Schedule #3	
Date of Gift:	Various	
Fair Market Value:		61,294

Total Noncash Grants and Allocations		\$ 61,294

Total Grants and Allocations		<u>\$ 256,610</u>

Client 5001 Family Care Foundation 33-0734917

07/30/99 07:33 am

Statement 3
Form 990, Part II, Line 23
Specific Assistance to Individuals

Food, shelter and clothing	See Schedule # 4	\$	12,180
	Total	\$	<u>12,180</u>

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

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advert. & Marketing	\$ 6,016	6,016		
Bank Charges	1,234	304		930
Contract Labor	11,000	11,000		
Educational Video Exp	22,315	22,315		
Insurance	2,105	694	1,411	
Publication	224		224	
Taxes & Licenses	375		375	
Utilities	759	252	507	
Writedown of Gift to FMV	1,400		1,400	
Total	<u>\$ 45,428</u>	<u>40,581</u>	<u>3,917</u>	<u>930</u>

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

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

Client 5001

Family Care Foundation

33-0734917

07/30/99

07:33 am

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

Description	Grants and Allocations	Program Service Expenses
<p>The Mission Support and Humanitarian Services Program seeks and provides funding for projects and missions operating under it's umbrella in thirty-five 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.</p>	\$ 256,610	305,483
<p>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 video series. The fee for service distribution and broadcast of these videos, emphasizing family values, is an important component of the Family Education Program. In 1998 the videos have been made available, but there are negligible sales to date.</p>	0	78,188
	<u>\$ 256,610</u>	<u>383,671</u>

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

Asset	Basis	Accumulated Depreciation	Book Value
Furniture and fixtures	\$ 10,875	2,687	8,188
Total	<u>\$ 10,875</u>	<u>2,687</u>	<u>8,188</u>

Client 5001

Family Care Foundation

33-0734917

07/30/99

07:33 am

Statement 8
Form 990, Part IV, Line 58
Other Assets

	Ending
Donated Ambulance	\$ 1,000
Total	<u>\$ 1,000</u>

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

SCHEDULE #2, Page 1 of 7

I. Cash Grants and Allocations:

Missionary Support for Missions Providing:
Services to Youth at Risk

From The Heart 4804 Mission Street #205 San Francisco, CA 94112.....	\$28,925.00
Reachout 10013 NE Hazel Dell Ave. # 256 Vancouver, WA 98685.....	\$311.50
Total.....	\$29,236.50

Missionary Support for Missions Providing:
Training Young Missionaries.

Tampa Family Missions 3225 S. MacDill #129-184 Tampa, FL 33629.....	\$13,734.20
Teens on Track P.O. Box 8038 Anaheim, CA 92812.....	\$2,429.70
Healing Hearts, USA 7781 S. US 31 # 171 Indianapolis, IN 46227.....	\$2,670.00
Atlanta Family Outreach PO Box 922482 Norcross, GA 30092- 8344.....	\$1,424.00
Stand Up for Jesus Carl Arnold P.O. Box 34531 San Antonio, TX 78218.....	\$9,674.30

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

SCHEDULE #2, Page 2 of 7

The Bus Project
P.O. Box 34531
San Antonio, TX 78265.....\$445.00

Total.....\$30,377.20

Missionary Support for Missions Providing:
Food and Clothing Distribution

Love in Action
P.O. Box 223564 Dallas, TX 75222-
3564.....\$1,780.00

Native American Outreach
1109 South Plaza Way Suite 351 Flagstaff, AZ
86001.....\$222.50

Side by Side, International
1-14-8 Mishuku, Setagaya-ku Tokyo, JAPAN 154-
0005.....\$445.00

Total.....\$2,447.50

Missionary Support for Missions Providing:
Evangelism

Family Missions K.C.
P.O. Box 7590 Kansas City, MO
64116.....\$445.00

Lifeline Ministries
6112 N. Mesa Ste. 132 El Paso, TX
79912.....\$1,259.35

Family Missions Central Indiana
3744 W. 97th Street Carmel, IN

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

SCHEDULE #2, Page 3 of 7

46032.....\$2,165.35

Family Christian Outreach
835 E. Lamar Blvd. #219Arlington, TX
76011.....\$667.50
Hope Reach Missions
1339 East Katella Ave.
#163Orange, CA 92867.....\$213.60

China Bible Study
156 NE Marine DrivePortland, OR
97211.....\$62.30

Making a Better World
CP 444
Verona, Italy, 37100.....\$6,200.00

Change the World
PO Box 863
656015 Barnaul
Russia.....\$253.65

Philippine/China Mission
BLK 7, LOT 68, Villa Carolina
ITunasan, Muntinlupa City
1799PHILIPPINES.....\$331.08

Youth Mission Network
PO Box 63803Nairobi, Kenya.....\$529.55

Total.....\$12,127.38

Missionary Support for Missions Providing:
Humanitarian Aid & Relief Work

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

SCHEDULE 2, Page 4 of 7

Portland Family Mission
156 NE Marine DrivePortland, OR
97211.....\$3,284.00

Family Missions DC/Milk 4 Many
2105 Briggs RoadSilver Spring, MD
20906.....\$7,148.89

Family International Volunteer Service Croatia
Prigradska 31Brezovica, Zagreb,
CROATIAHrvatski Leskovac,
10251.....\$5,519.00

Family Missions/Corazones Unidos
Box 620020e III
Dallas, TX 75262-0020.....\$15,189.76

Silver Lining
Perla 190, Colonia MiravalleSaltillo,
Coahuila MEXICO 25060.....\$523.25

Helping Hands, Korea
Timothy PetersK.P.O. Box 677Seoul 110-110,
KOREA.....\$115.70

Total.....\$31,780.60

Missionary Support for Missions Providing:
Orphan Ministries

Family Educational Services [FES]
PO Box 3168IslamabadPakistan,
44000.....\$890.00

Love's Bridge, Perm
614077PO Box 5886Perm-77
Russia.....\$410.29

P.E.A.R.L.

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

SCHEDULE #2, Page 5 of 7

Postfach 3943 D-89029Uim,
GERMANY.....\$1,839.00

Total.....\$3,139.29

Missionary Support for Missions Providing:
Publications

Asia Vision
Suite #127
173/3 Surawong Rd. Bangrak
Bangkok, 10500,
THAILAND.....\$15,535.00

Chinese Christian Lit Production Center [CCLPC]
PO Box 1501Taichung, Taiwan,
ROC.....\$4,000.00

East Europe Christian Correspondence Center [EECCC]
PF 737 1462
Budapest, Hungary.....\$50,400.00

Total.....\$69,935.00

Missionary Support for Missions Providing:
Bible/Christian Education

Love in Action, Guadalajara
Calzada Club Atlas Sur #500A 1415
Colonia CLub Atlas de Golf
Tlaquepaque. Guad, JALISCO.....\$2,367.40

Total.....\$2,367.40

Missionary Support for Missions Providing:
Services to the sick

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

SCHEDULE #2, Page 6 of 7

"Caring Hearts", Hungary
Ordogarok utca 131/BBudapest
1029HUNGARY.....\$884.00

Reaching Out—Peru
Solomon WeilerCasilla 41-0063Lima 41,
PERU.....\$769.77

Total.....\$1653.77

**Missionary Support for Missions Providing:
Services to Children**

Casa Cumbre Presentations
Calle Mendoza 115Esq.Pisac. Urb.Higuereta Surco
Lima, Peru, 41.....\$5,725.00
Total.....\$5,725.00

**Missionary Support for Missions Providing:
Services to the Handicapped**

Love in Action, Pakistan
P.O. Box 1055Karachi, Pakistan,
74200.....\$4,420.00

Total.....\$4,420.00

**Missionary Support for Missions Providing:
Drug Prevention Rehabilitation**

Healing Colombia
Apartado Aereo 350939
Santafe de Bogota
COLOMBIA.....\$1,750.00

Total.....\$1,750.00

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

SCHEDULE #2, Page 7 of 7

Missionary Support for Missions Providing:
Prison Ministry

Action in Focus, Kenya
P.O.Box 58282 Nairobi, KENYA,
AFRICA.....\$356.00

Total.....\$356.00

Grand Total Cash.....\$195,316

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, Juices, Cheese, Bread, Tortilla Chips. All food was obtained by donation from vendors. Book value 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 Vehicles Donated to Missionary Projects:

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:

Shirts, pants, dresses, underwear, coats. 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:

Prescription Glasses, Digital Cameras, Hearing aids, Office Materials, Printers, Computers, Flowers, Plumbing Materials, Floor Tiles, Office Desks, Lawnmowers, Furniture, Chairs, Auto Parts, Luggage, Sunglasses, Telephones, Utilities. 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.

Missionary Support for Missions Providing:
Services to Youth at Risk

From The Heart
4804 Mission Street #205 San Francisco, CA 94112

Mission Support in the form of: Clothes.....	\$980.00
Mission Support in the form of: Other.....	\$8,233.95
Mission Support in the form of: Medical.....	\$224.97

Total..... \$9438.92

Reachout

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

SCHEDULE #3, Page 2 of 5

10013 NE Hazel Dell Ave. # 256 Vancouver, WA 98685

Mission Support in the form of: Other.....\$350.26
Total.....\$350.26

Missionary Support for Missions Providing:
Evangelism

Family Missions Central Indiana
3744 W. 97th Street Carmel, IN 46032

Mission Support in the form of: Other.....\$439.00
Total.....\$439.00

Family Christian Outreach
835 E. Lamar Blvd. #219 Arlington, TX 76011

Mission Support in the form of: Vehicle.....\$3,000.00
Total.....\$3,000.00

China Bible Study
156 NE Marine Drive Portland, OR 97211

Mission Support in the form of: Clothes.....\$195.73
Mission Support in the form of: Other.....\$409.92
Total.....\$605.65

Unrestricted Contributions

Mission Support in the form of: Other
Gift in kind: Digital Cameras to

David Nelson.\$778.00
A Familia Brasil (Jefferson Louback)\$389.00
Vida Vision.....\$778.00

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

SCHEDULE #3, Page 3 of 5

East Euro. Christian Corres.	\$1,167.00
The Family Taiwan.....	\$389.00
The Family Australia.....	\$389.00
Heart to Heart Mission Bangkok.....	\$778.00
Atlanta Family Outreach.....	\$778.00

Mission Support in the form of: Clothes:
Prima/ Kids (Italy)\$1,150.50

Total.....\$6,596.50

Missionary Support for Missions Providing:
Food and Clothing Distribution

Meet the Need
1704 Old Canyon Drive
Hacienda Heights, CA 91745

Mission Support in the form of: Other.....\$1,599.90

Total.....\$1,599.90

Reaching Out Colorado
98 S. Wadsworth Blvd. #127-202Lakewood, CO 80226

Mission Support in the form of: Food.....	\$6,343.07
Mission Support in the form of: Other.....	\$947.30
Mission Support in the form of: Vehicle.....	\$1,600.00

Total.....\$8,890.37

Mission Outreach Colorado
6834 S. University Blvd. #119
Littleton, CO 80122

Mission Support in the form of: Vehicle.....\$4,000.00

Total.....\$4,000.00

Missionary Support for Missions Providing:

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

SCHEDULE #3, Page 4 of 5

Prison Ministry

Focus on Kids- Italy
Viale Leopardi 5B24020 Selvin (BG) ITALY,

Mission Support in the form of: Clothes.....\$155.00
Mission Support in the form of: Other.....\$150.00
Total.....\$305.00

Missionary Support for Missions Providing:
Humanitarian Aid & Relief Work

Family Missions DC/Milk 4 Many
2105 Briggs RoadSilver Spring, MD 20906

Mission Support in the form of: Other.....\$1,740.00
Total.....\$1,740.00

Family Missions/Corazones Unidos
Box 620020e III
Dallas, TX 75262-0020

Mission Support in the form of: Vehicle.....\$20,268.26
Total.....\$20,268.26

Love in Action, GUAD
Calzada Club Atlas Sur #500A
Colonia CLub
Atlas de GolfTlaquepaque. Guad, JALISCO

Mission Support in the form of: Other.....\$300.00
Total.....\$300.00

Change the World

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

SCHEDULE #3, Page 5 of 5

P.O. Box 863
656015 Barnaul, Russia.

Mission Support in the form of: Other.....\$200.00

Total.....\$200.00

Missionary Support for Missions Providing:
Training Young Missionaries

Stand Up for Jesus
Carl Arnold P.O. Box 34531
San Antonio, TX 78218

Mission Support in the form of: Food.....\$3,559.62

Total.....\$3,559.62

Atlanta Family Outreach
PO Box 922482 Norcross, GA 30092-8344

Grand Total.....\$61,294

Family Care Foundation
F.E.I.N. 33-0734917
Federal Form 990, Part II, Line 23

SCHEDULE #4, Page 1 of 1

III.

**Non-Cash Grants and Allocations of Food Provided to Needy
Individuals and Organizations**

Fair Market Value of Food Assistance to Organizations:

Milk and Milk products, Assorted Produce, Meat, Canned Goods, Juices, Cheese, Bread,
Tortilla Chips. All Food was obtained by donation from vendors. Book value is equal to the
fair market value, which was determined by reference to the usual retail cost normally
charged by vendor.

Food assistance provided to needy individuals and organizations by project:

Meet the Need 1704 Old Canyon Drive Hacienda Heights, CA 91745.....	\$12,180.56
Total.....	<u>\$12,180.56</u>

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name: Family Care Foundation; Employer Identification number: 33-0734917; Address: 10612 South Morada Drive, Orange, CA 92869

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

- 1 I request an extension of time until 8/15, 1999, to file (check only one): Form 706-GS(D), Form 990-T (401(a) or 408(a) trust), Form 1120-ND (sec. 4951 taxes), Form 8612, Form 706-GS(T), Form 990-T (trust other than above), Form 3520-A, Form 8613, Form 990 or 990-EZ, Form 1041 (estate) (see instructions), Form 4720, Form 8725, Form 990-BL, Form 1041-A, Form 5227, Form 8804, Form 990-PF, Form 1042, Form 6069, Form 8831

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

- 2a For calendar year 98, or other tax year beginning and ending; b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period; 3 Has an extension of time to file been previously granted for this tax year?; 4 State in detail why you need the extension: Necessary documents were not available at filing date.

Table with 3 rows (5a, 5b, 5c) and 2 columns (Description, Amount). 5a: Tentative tax, less any nonrefundable credits. 5b: Refundable credits and estimated tax payments made. 5c: Balance due.

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: [Handwritten Signature], Title: CPA, Date: 5/5/99

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your 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 return. Please attach this form to your return.
We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
Other:

Director: _____ By: _____ Date: _____

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: Pete Coulston, CPA; Address: 511 S. Coast Highway 101, #208, Encinitas, CA 92024

EXTENSION APPROVED MAY 26 1999