

**Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

OMB No. 1545-0056

If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.

A User Fee must be attached to this application.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

Complete the Procedural Checklist on page 7 of the instructions.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) <i>Family Care Foundation</i>		2 Employer identification number (EIN) (If none, see page 2 of the instructions.) <i>33 0734917</i>
1b c/o Name (if applicable) <i>N/A</i>		3 Name and telephone number of person to be contacted if additional information is needed <i>Lawrence Corley</i> <i>(714) 288-9685</i>
1c Address (number and street) <i>10612 S. Morada Drive</i>	Room/Suite	
1d City or town, state, and ZIP code <i>Orange CA 92669</i>		4 Month the annual accounting period ends <i>December</i>
5 Date incorporated or formed <i>1-2-97</i>	6 Activity codes (See page 3 of the instructions.) <i>006 008 560</i>	7 Check here if applying under section: <i>a</i> <input type="checkbox"/> 501(e) <i>b</i> <input type="checkbox"/> 501(f) <i>c</i> <input type="checkbox"/> 501(k)
8 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? If "Yes," attach an explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9 Is the organization required to file Form 990 (or Form 990-EZ)? If "No," attach an explanation (see page 3 of the Specific Instructions). <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10 Has the organization filed Federal income tax returns or exempt organization information returns? If "Yes," state the form numbers, years filed, and Internal Revenue office where filed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

11 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See **Specific Instructions for Part I, Line 11**, on page 3.) Get Pub. 557, **Tax-Exempt Status for Your Organization**, for examples of organizational documents.)

- a** ☒ Corporation—Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b** ☐ Trust—Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c** ☐ Association—Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here ☐

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please
Sign
Here

L R Corley
(Signature)

Executive Director
(Title or authority of signer)

FEB 1, 1997
(Date)

Part II Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. **Do not merely refer to or repeat the language in the organizational document.** List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

See attached page

- 2 What are or will be the organization's sources of financial support? List in order of size.

Contributions

Sale of educational material related to mission

- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

See attached page

Family Care Foundation
IRS Form 1023
Part II, 1 Narrative Description

The Family Care Foundation is organized as a Christian-based, human service agency dedicated to serving the poor and needy, and strengthening communities, families and children.

The mission of the Family Care Foundation is to implement a two-fold plan for the betterment of the community. This requires enhancing the quality of life for all members of the community, especially those who are poor, suffering, or are otherwise disadvantaged. It also calls for investing in today's children --the leaders of tomorrow-- through knowledge and character-building education and guidance for them, their parents and their communities.

We endeavor to provide counseling, guidance and humanitarian support to meet the emotional, spiritual and physical needs of people, as well as, to empower individuals, parents and communities to create a stable, peaceful, secure environment in which children and families can flourish, strengthen families, provide education and guidance to children, and to enhance the quality of life for all members of the community, especially the poor and disenfranchised.

Our mission gives witness to our Christian beliefs and message of love and hope. We believe in:

- The love of God that calls us to serve
- Service to all in need regardless of race, religion or national origin
- The work of Christian missions worldwide, in their effort to provide Christian opportunities and education
- Excellence in service

Serving the Poor, the Needy and the Otherwise Disadvantaged

The Family Care Foundation strives to respond to all people in need regardless of race, religion, national origin or social position. We endeavor to cooperate with people and organizations from all cultural, religious and ethnic backgrounds in our efforts to bring relief and hope to those in need. We welcome the cooperation and assistance from like-minded individuals, businesses and organizations in helping the poor and disadvantaged.

The Family Care Foundation's goals in helping the needy include, but are not limited to:

- Assisting in disaster relief efforts and providing counseling and comfort to victims and others in need.
- Collecting and distributing humanitarian aid to needy and war-torn communities, as well as to orphanages, hospitals, refugee camps and other institutions.
- Helping the homeless by operating or assisting shelters and food kitchens.
- Providing guidance to street children, drug addicts, gang members and others at risk.
- Visiting and giving rehabilitative counseling to juvenile delinquents and prison inmates.
- Visiting, comforting and caring for the sick and elderly.
- Educating the underprivileged, and helping teachers and students with particular educational needs in Third World countries.
- Conveying a message of hope to people who are suffering.

Family Care Foundation
IRS Form 1023
Part II, 1

Strengthening Communities, Families and Children

The world's most precious, yet vulnerable, resource is its children. Children are our future. What children become, and the future society they create, largely depends on what children learn in the present. Children flourish when nurtured in a peaceful, stable environment, with loving, caring parents and communities who teach them positive values. Thus we strive to provide the conditions, training and resources needed to help children grow mentally, physically and spiritually in those values that assure a fruitful and happy life.

The Family Care Foundation's goals in helping children and families flourish include, but are not limited to:

- Enhancing parental education through the development and dissemination of support materials and services that assist in strengthening family values and create loving family relationships.
- Producing character-building materials for children and families.
- Publishing educational, personal development and other materials in all forms of media and communication, and in a variety of languages.
- Providing assistance to single-parent families.
- Providing educational and learning opportunities for children, and sponsoring seminars, events and performances that promote family and Christian values.

In 1997, the first year of operation, the Family Care Foundation has the following objectives:

- 1) Develop a strong Board and recruit and train volunteers to serve on various committees, in a fund raising capacity and to begin providing services outlined in the mission.
- 2) Conduct a fund raising campaign concentrating on Board members, volunteers, and selected individuals, corporations, and foundations.
- 3) Create a comprehensive strategic plan to effectively expand the Foundation and carry out its mission over the next 2 to 4 years.
- 4) Develop family values educational materials and a plan to distribute them.
- 5) Begin providing service related to the Foundation's mission.
- 6) Determine staffing needs and fill the appropriate positions.

In the subsequent years, the fund raising program, volunteer recruitment, and service to the community as stated in the mission will expand.

Family Care Foundation
IRS Form 1023
Part II, 3 Fund Raising Program

The Family Care Foundation will launch an \$800,000 fund raising campaign in 1997 to implement stated goals and objectives outlined in our organization's Mission Statement.

The campaign has been divided into four phases:

Phase I - Goal \$100,000. The Family Campaign seeks gifts from Board members, staff, volunteers, vendors and associated friends.

Phase II - Goal \$500,000. the Pacesetter and Major Gifts Campaign seeks support from community individuals, businesses and foundations who can contribute gifts of \$5,000 or more.

Phase III - Goal \$100,000 This phase will consist of a broad based community appeal.

Phase IV - Goal \$100,000 Special events will be conducted to raise support for this phase.

Solicitations will be conducted primarily by members of the Board of directors, staff and volunteers. The campaign will be managed by an onsite campaign/development director.

Once the initial campaign is complete, the Family Care Foundation will continue its fund raising efforts on an annual basis primarily through direct mail appeals, grantsmanship, personal solicitations and special events.

Part II Activities and Operational Information (Continued)**4** Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
Grant Montgomery, Pres., 1516 Glasgow St RR4 Kitchener Ontario CANADA N2G 3W7	Ø
Christine Mlot, V.P., 10612 S. Morada Drive, Grange CA 92669	Ø
Thomas Hack, V.P., 10612 S. Morada Drive, Grange CA 92669	Ø
Patricia Boyer, Treas., 1081 Americana Lane, Apt 2090, Mesquite TX 75150	Ø
Philip Sherwood, Secretary, 350 Fernbanks Road, Rockcliffe Park, Ottawa, Ontario, CANADA K1M 0W8	Ø

- c** Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? ☐ Yes ☒ No
If "Yes," name those persons and explain the basis of their selection or appointment.

- d** Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See **Specific Instructions** for Part II, Line 4d, on page 3.) ☐ Yes ☒ No
If "Yes," explain.

- 5** Does the organization control or is it controlled by any other organization? ☐ Yes ☒ No
Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? ☐ Yes ☒ No
If either of these questions is answered "Yes," explain.

- 6** Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? ☐ Yes ☒ No
If "Yes," explain fully and identify the other organizations involved.

- 7** Is the organization financially accountable to any other organization? ☐ Yes ☒ No
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

Part II Activities and Operational Information (Continued)

- 8** What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If "None," indicate "N/A."

N/A

- 9** Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? ☐ Yes ☒ No

- 10a** Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? ☐ Yes ☒ No

- b** Is the organization a party to any leases? ☐ Yes ☒ No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

- 11** Is the organization a membership organization? ☐ Yes ☒ No

If "Yes," complete the following:

- a** Describe the organization's membership requirements and attach a schedule of membership fees and dues.

- b** Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

- c** What benefits do (or will) the members receive in exchange for their payment of dues?

- 12a** If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? ☐ N/A ☒ Yes ☐ No

If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

The majority of the programs and services will be provided at no charge to the beneficiary. Clients may be charged for the purchase of educational materials including publications, video tapes and audio tapes.

- b** Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? ☐ N/A ☐ Yes ☒ No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

- 13** Does or will the organization attempt to influence legislation? ☐ Yes ☒ No

If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

- 14** Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? ☐ Yes ☒ No

If "Yes," explain fully.

Part III Technical Requirements

- 1** Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? ☒ **Yes** ☐ **No**
If you answer "Yes," do not answer questions on lines 2 through 7 below.

- 2** If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 8.

Exceptions—You are not required to file an exemption application within 15 months if the organization:

- ☐ **a** Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See Specific Instructions, Line 2a, on page 4;
- ☐ **b** Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- ☐ **c** Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

- 3** If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? ☐ **Yes** ☐ **No**

If "Yes," your organization qualifies under section 4.01 of Rev. Proc. 92-85, 1992-2 C.B. 490, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 7.

If "No," answer question 4.

- 4** If you answer "No" to question 3, has the organization been contacted by the IRS regarding its failure to file Form 1023 within 27 months from the end of the month in which the organization was created or formed? ☐ **Yes** ☐ **No**

If "No," your organization is requesting an extension of time to apply under the "reasonable action and good faith" requirements of section 5.01 of Rev. Proc. 92-85. Do not answer questions 5 through 7.

If "Yes," answer question 5.

- 5** If you answer "Yes" to question 4, does the organization wish to request relief from the 15-month filing requirement? ☐ **Yes** ☐ **No**

If "Yes," give the reasons for not filing this application prior to being contacted by the IRS. See Specific Instructions, Line 5, on page 4 before completing this item. Do not answer questions 6 and 7.

If "No," answer question 6.

- 6** If you answer "No" to question 5, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? ☐ **Yes** ☐ **No**

- 7** If you answer "Yes" to question 6 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here ☐ and attach a completed page 1 of Form 1024 to this application.

Part III Technical Requirements (Continued)**8** Is the organization a private foundation?☐ **Yes** (Answer question 9.)☒ **No** (Answer question 10 and proceed as instructed.)**9** If you answer "Yes" to question 8, does the organization claim to be a private operating foundation?☐ **Yes** (Complete Schedule E.)☐ **No**

After answering question 9 on this line, go to line 15 on page 7.

10 If you answer "No" to question 8, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

- | | | |
|--|---|--|
| a <input type="checkbox"/> | As a church or a convention or association of churches
(CHURCHES MUST COMPLETE SCHEDULE A.) | Sections 509(a)(1)
and 170(b)(1)(A)(i) |
| b <input type="checkbox"/> | As a school (MUST COMPLETE SCHEDULE B.) | Sections 509(a)(1)
and 170(b)(1)(A)(ii) |
| c <input type="checkbox"/> | As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (MUST COMPLETE SCHEDULE C.) | Sections 509(a)(1)
and 170(b)(1)(A)(iii) |
| d <input type="checkbox"/> | As a governmental unit described in section 170(c)(1). | Sections 509(a)(1)
and 170(b)(1)(A)(v) |
| e <input type="checkbox"/> | As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d , g , h , or i (MUST COMPLETE SCHEDULE D.) | Section 509(a)(3) |
| f <input type="checkbox"/> | As being organized and operated exclusively for testing for public safety. | Section 509(a)(4) |
| g <input type="checkbox"/> | As being operated for the benefit of a college or university that is owned or operated by a governmental unit. | Sections 509(a)(1)
and 170(b)(1)(A)(iv) |
| h <input checked="" type="checkbox"/> | As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. | Sections 509(a)(1)
and 170(b)(1)(A)(vi) |
| i <input type="checkbox"/> | As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2) |
| j <input type="checkbox"/> | The organization is a publicly supported organization but is not sure whether it meets the public support test of block h or block i . The organization would like the IRS to decide the proper classification. | Sections 509(a)(1)
and 170(b)(1)(A)(vi)
or Section 509(a)(2) |

If you checked one of the boxes **a** through **f** in question 10, go to question 15. If you checked box **g** in question 10, go to questions 12 and 13. If you checked box **h**, **i**, or **j**, in question 10, go to question 11.

Part III Technical Requirements (Continued)

- 11** If you checked box **h**, **i**, or **j** in question 10, has the organization completed a tax year of at least 8 months?
- ☐ Yes—Indicate whether you are requesting:
- ☐ A definitive ruling (Answer questions 12 through 15.)
- ☐ An advance ruling (Answer questions 12 and 15 and attach two Forms 872-C completed and signed.)
- ☒ No—**You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the application.**

- 12** If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

New organization. No unusual grants received or anticipated.

- 13** If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here ☐ and:

- a** Enter 2% of line 8, column (e), Total, of Part IV-A. _____
- b** Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line **13a** above.

- 14** If you are requesting a definitive ruling under section 509(a)(2), check here ☐ and:

- a** For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see **Specific Instructions**, Part II, Line 4d, on page 3.)
- b** For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

15 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)	Yes	No	If "Yes," complete Schedule:
Is the organization a church?		<input checked="" type="checkbox"/>	A
Is the organization, or any part of it, a school?		<input checked="" type="checkbox"/>	B
Is the organization, or any part of it, a hospital or medical research organization?		<input checked="" type="checkbox"/>	C
Is the organization a section 509(a)(3) supporting organization?		<input checked="" type="checkbox"/>	D
Is the organization a private operating foundation?		<input checked="" type="checkbox"/>	E
Is the organization, or any part of it, a home for the aged or handicapped?		<input checked="" type="checkbox"/>	F
Is the organization, or any part of it, a child care organization?		<input checked="" type="checkbox"/>	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?		<input checked="" type="checkbox"/>	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . .		<input checked="" type="checkbox"/>	I

Part IV Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A. Statement of Revenue and Expenses

	Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
	(a) From 1-1-97 to 1-31-97	(b) 19.97	(c) 19.98	(d) 19.....	
Revenue					
1 Gifts, grants, and contributions received (not including unusual grants—see pages 5 and 6 of the instructions)	2000	800,000	800,000		
2 Membership fees received	0	0	0		
3 Gross investment income (see instructions for definition)	0	0	20,000		
4 Net income from organization's unrelated business activities not included on line 3	0	0	0		
5 Tax revenues levied for and either paid to or spent on behalf of the organization	0	0	0		
6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)	0	0	0		
7 Other income (not including gain or loss from sale of capital assets) (attach schedule)	0	0	0		
8 Total (add lines 1 through 7)	2000	800,000	820,000		
9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22.	0	50,000	100,000		
10 Total (add lines 8 and 9)	2000	850,000	920,000		
11 Gain or loss from sale of capital assets (attach schedule)	0	0	0		
12 Unusual grants.	0	0	0		
13 Total revenue (add lines 10 through 12)	2000	850,000	920,000		
Expenses					
14 Fundraising expenses	0	65,000	70,000		
15 Contributions, gifts, grants, and similar amounts paid (attach schedule)	0	350,000	600,000		
16 Disbursements to or for benefit of members (attach schedule)	0	0	0		
17 Compensation of officers, directors, and trustees (attach schedule)	0	0	0		
18 Other salaries and wages	0	65,000	120,000		
19 Interest	0	0	0		
20 Occupancy (rent, utilities, etc.)	475	13,800	17,000		
21 Depreciation and depletion	0	0	0		
22 Other (attach schedule)	0	14,000	18,700		
23 Total expenses (add lines 14 through 22)	475	507,800	825,700		
24 Excess of revenue over expenses (line 13 minus line 23)	1525	342,200	94,300		

Family Care Foundation
IRS Form 1023
Part IV, Financial Data, Budget

Expense Item Schedules:	1997	1998
Line 15 - Contributions, grants, gifts similar amounts paid		
Direct program services		
Disaster relief efforts	\$ 75,000	\$ 100,000
Service to the poor	125,000	200,000
Family values programs	150,000	300,000
Totals Line 15	\$ 350,000	\$ 600,000
Line 22 - Other		
Office supplies	\$ 1,500	\$ 2,700
Printing	7,000	8,500
Promotional items	4,000	5,000
Meeting expenses	1,500	2,500
Totals Line 22	\$ 14,000	\$ 18,700

Part IV Financial Data (Continued)

B. Balance Sheet (at the end of the period shown)		Current tax year Date <u>1997</u>
Assets		
1 Cash	1	<u>1525</u>
2 Accounts receivable, net	2	<u>0</u>
3 Inventories	3	<u>0</u>
4 Bonds and notes receivable (attach schedule)	4	<u>0</u>
5 Corporate stocks (attach schedule)	5	<u>0</u>
6 Mortgage loans (attach schedule)	6	<u>0</u>
7 Other investments (attach schedule)	7	<u>0</u>
8 Depreciable and depletable assets (attach schedule)	8	<u>0</u>
9 Land	9	<u>0</u>
10 Other assets (attach schedule)	10	<u>0</u>
11 Total assets (add lines 1 through 10)	11	<u>1525</u>
Liabilities		
12 Accounts payable	12	<u>0</u>
13 Contributions, gifts, grants, etc., payable	13	<u>0</u>
14 Mortgages and notes payable (attach schedule)	14	<u>0</u>
15 Other liabilities (attach schedule)	15	<u>0</u>
16 Total liabilities (add lines 12 through 15)	16	<u>0</u>
Fund Balances or Net Assets		
17 Total fund balances or net assets	17	<u>1525</u>
18 Total liabilities and fund balances or net assets (add line 16 and line 17)	18	<u>1525</u>

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation ☐