

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

Open to Public Inspection

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

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

A For the 2002 calendar year, or tax year beginning 2002, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tions.Family Care Foundation
1373 Marron Valley Road
Dulzura, CA 91917

D Employer Identification Number

33-0734917

E Telephone number

619-468-3191 #10

F Accounting method

☐ Cash ☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If "Yes" enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If No attach a list See instructions)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

M Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site ▶ www.familycare.org

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,039,389.

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a 2,984,215.

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 1,040,436. noncash \$ 1,943,779.)

1d 2,984,215

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

978

5 Dividends and interest from securities

5

2,564

6a Gross rents

6a 9,600.

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

9,600

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

15,989.

8a

b Less cost or other basis and sales expenses

25,818

8b

c Gain or (loss) (attach schedule) Statement 1

-9,829

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

-9,829.

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions
reported on line 1a)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11

26,043

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12

3,013,571

13 Program services (from line 44, column (B))

13

2,509,825

14 Management and general (from line 44, column (C))

14

49,858

15 Fundraising (from line 44, column (D))

15

335,468

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17

2,895,151

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18

118,420

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

212,268.

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21

330,688.

SCANNED OCT 07 2003

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

| Do not include amounts reported on line 60, 8b, 9b, 10b, or 16 of Part I | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|---------------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (att sch) See Stmt 2 (cash \$ 373,769. non cash \$ 1913634.) | 22 2,287,403 | 2,287,403 | | |
| 23 Specific assistance to individuals (att sch) | 23 | | | |
| 24 Benefits paid to or for members (att sch) | 24 | | | |
| 25 Compensation of officers, directors, etc. | 25 68,000. | 36,550 | 18,700 | 12,750 |
| 26 Other salaries and wages | 26 | | | |
| 27 Pension plan contributions | 27 | | | |
| 28 Other employee benefits | 28 | | | |
| 29 Payroll taxes | 29 5,371 | 2,887 | 1,477 | 1,007 |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 13,490 | | 13,490 | |
| 32 Legal fees | 32 3,540. | | 3,540. | |
| 33 Supplies | 33 7,742 | 4,987. | 1,335. | 1,420. |
| 34 Telephone | 34 18,013. | 10,243. | 3,764. | 4,006. |
| 35 Postage and shipping | 35 5,898 | 3,394. | 1,214 | 1,290. |
| 36 Occupancy | 36 | | | |
| 37 Equipment rental and maintenance | 37 233. | 132. | 49 | 52. |
| 38 Printing and publications | 38 3,682. | 2,093 | 769. | 820. |
| 39 Travel | 39 2,718 | 2,128. | 351 | 239 |
| 40 Conferences, conventions, and meetings | 40 3,702. | 2,104 | 774. | 824. |
| 41 Interest | 41 26,460. | 25,462. | 485 | 513. |
| 42 Depreciation, depletion, etc (attach schedule) | 42 18,894. | 18,181. | 346 | 367. |
| 43 Other expenses not covered above (itemize): | | | | |
| a See Statement 3 | 43a 430,005. | 114,261 | 3,564 | 312,180. |
| b | 43b | | | |
| c | 43c | | | |
| d | 43d | | | |
| e | 43e | | | |
| 44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 | 44 2,895,151. | 2,509,825 | 49,858. | 335,468. |

Joint Costs. Check ☐ if you are following SOP 98 2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____.

Part III **Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? ☐ See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

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

| | | |
|--|------------------------------|------------|
| a See Statement 5 | | |
| (Grants and allocations \$ 2,287,403) | | 2,509,825. |
| b | | |
| (Grants and allocations \$) | | |
| c | | |
| (Grants and allocations \$) | | |
| d | | |
| (Grants and allocations \$) | | |
| e Other program services | (Grants and allocations \$) | |
| f Total of Program Service Expenses (should equal line 44, column (B), program services) | | 2,509,825 |

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|----------|--------------------|
| ASSETS | 45 Cash – non interest-bearing | 86,514 | 45 | 32,003 |
| | 46 Savings and temporary cash investments | 53,563 | 46 | 216,373 |
| | 47a Accounts receivable | 29,785. | | |
| | b Less allowance for doubtful accounts | | 47c | 29,785 |
| | 48a Pledges receivable | | | |
| | b Less allowance for doubtful accounts | | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51a Other notes & loans receivable (attach sch.) | | | |
| | b Less allowance for doubtful accounts | | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | 5,102 | 53 | 21,985. |
| | 54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 22,119. | 54 | 22,745. |
| | 55a Investments – land, buildings, & equipment basis | | | |
| | b Less accumulated depreciation (attach schedule) | | 55c | |
| 56 Investments – other (attach schedule) | | 56 | | |
| 57a Land, buildings, and equipment basis. | 445,645. | | | |
| b Less accumulated depreciation (attach schedule) Statement 6 | 25,427 | 57c | 420,218. | |
| 58 Other assets (describe <input type="checkbox"/> Statement 6) | 9,606 | 58 | | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 613,193. | 59 | 743,109. | |
| LIABILITIES | 60 Accounts payable and accrued expenses | 17,934 | 60 | 33,611 |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | 2,148. | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | 389,114. | 64b | 385,120 |
| | 65 Other liabilities (describe <input type="checkbox"/> See Statement 7) | -8,271 | 65 | -6,310 |
| | 66 Total liabilities (add lines 60 through 65) | 400,925 | 66 | 412,421 |
| 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 | 78,088 | 67 | 212,035 |
| | 68 Temporarily restricted | 134,180. | 68 | 118,653. |
| | 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, column (B) must equal line 21) | 212,268 | 73 | 330,688 |
| | 74 Total liabilities and net assets/fund balances (add lines 66 and 73) | 613,193 | 74 | 743,109 |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

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

| | | | |
|----------|--|----------|------------|
| a | Total revenue, gains, and other support per audited financial statements | a | 3,013,571. |
| b | 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 | |
| c | Line a minus line b | c | 3,013,571. |
| d | 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 | |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 3,013,571. |

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

| | | | |
|----------|--|----------|------------|
| a | Total expenses and losses per audited financial statements | a | 2,895,151 |
| b | 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 | |
| c | Line a minus line b | c | 2,895,151. |
| d | 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 | |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 2,895,151. |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, 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 | 37,000. | 0 | 0 |
| Dr. Christine Mlot 10612 S Morada Drive Orange, CA 92869 | Treasurer/Dir 5 | 0. | 0. | 0. |
| Robert Fernandez 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 | 37,000. | 0. | 0 |

75 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

☐ Yes ☒ No

Part VII Other Information (See instructions)

| | Yes | No |
|---|-----|-----|
| 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | X |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | | X |
| 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | N/A | |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement | | X |
| 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | | X |
| b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81a Enter direct or indirect political expenditures. See line 81 instructions | 81a | 0. |
| b Did the organization file Form 1120-POL for this year? | 81b | X |
| 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X |
| b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b | N/A |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | N/A |
| 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | 85a | N/A |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | N/A |
| If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | |
| c Dues, assessments, and similar amounts from members | 85c | N/A |
| d Section 162(e) lobbying and political expenditures | 85d | N/A |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/A |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 501(c)(12) organizations Enter a Gross income from members or shareholders | 87a | N/A |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | N/A |
| 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | 88 | X |
| 89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> | | |
| b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | 89b | X |
| c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. | | 0. |
| d Enter Amount of tax on line 89c, above, reimbursed by the organization | | 0 |
| 90a List the states with which a copy of this return is filed <u>California</u> | | |
| b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) | 90b | 0 |
| 91 The books are in care of <u>Lawrence Corley</u> Telephone number <u>619-468-3191</u> Located at <u>1373 Marron valley Road, Delzura, CA</u> ZIP + 4 <u>91917</u> | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u> | | N/A |

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

Note Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings & temporary cash invmnts | | | 14 | 978 | |
| 96 Dividends & interest from securities | | | 14 | 2,564 | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | 16 | 9,600. | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | -9,829. |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a | | | | | |
| b See Statement 8 | | | | 22,056 | 3,987 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 35,198 | -5,842 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 29,356. |

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

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

See Statement 9

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

Date

Date

Check if

Preparer's SSN or PTIN (see General instructions W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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.**

OMB No 1545-0047

2002

Name of the organization

Family Care Foundation

Employer identification number

33-0734917

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

(See instructions List each one If there are none, enter 'None ')

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | |

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

(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | 0 | |

Part 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) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
|--|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | 1,770,787 | 826,073 | 595,747. | 337,655. | 3,530,262 |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | 765 | 765 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 2,427 | 4,378. | 3,738. | 5,545. | 16,088. |
| 19 Net income from unrelated business activities not included in line 18. | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 10 | 19,771. | 19,877. | 16,633 | | 56,281 |
| 23 Total of lines 15 through 22 | 1,792,985 | 850,328 | 616,118. | 343,965 | 3,603,396. |
| 24 Line 23 minus line 17 | 1,792,985 | 850,328 | 616,118 | 343,200 | 3,602,631 |
| 25 Enter 1% of line 23 | 17,930 | 8,503 | 6,161. | 3,440. | |

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

26a 72,053.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

26b 153,540.

c Total support for section 509(a)(1) test. Enter line 24, column (e)

26c 3,602,631.

d Add Amounts from column (e) for lines 18 16,088 19 22 56,281. 26b 153,540.

26d 225,909

e Public support (line 26c minus line 26d total)

26e 3,376,722.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26f 93.73 %

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.

(2001) (2000) (1999) (1998)

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2001) (2000) (1999) (1998)

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 from 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 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

| | | N/A | | Yes | No |
|---|---|------|--|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) | 31 | | | |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| 32 | Does the organization maintain the following: | | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32 a | | | |
| 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? | 32 d | | | |
| 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? | 33 a | | | |
| b | Admissions policies? | 33 b | | | |
| c | Employment of faculty or administrative staff? | 33 c | | | |
| d | Scholarships or other financial assistance? | 33 d | | | |
| e | Educational policies? | 33 e | | | |
| f | Use of facilities? | 33 f | | | |
| g | Athletic programs? | 33 g | | | |
| h | Other extracurricular activities? | 33 h | | | |
| If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34 a | | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34 b | | | |
| If you answered 'Yes' to either 34 a or b, please explain using an attached statement | | | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation | 35 | | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked **a** and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

| | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 Other exempt purpose expenditures | 39 | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 Lobbying nontaxable amount Enter the amount from the following table -- | | |
| If the amount on line 40 is -- | | |
| Not over \$500,000 | | |
| Over \$500,000 but not over \$1,000,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | | |
| Over \$1,500,000 but not over \$17,000,000 | | |
| Over \$17,000,000 | | |
| The lobbying nontaxable amount is -- | | |
| 20% of the amount on line 40 | | |
| \$100,000 plus 15% of the excess over \$500,000 | | |
| \$175,000 plus 10% of the excess over \$1,000,000 | | |
| \$225,000 plus 5% of the excess over \$1,500,000 | | |
| \$1,000,000 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | |
| 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | |
| Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 | | |

4 -Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

| Lobbying Expenditures During 4 -Year Averaging Period | | | | | |
|--|-------------|-------------|-------------|-------------|--------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2002 | (b) 2001 | (c) 2000 | (d) 1999 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non-taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

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

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
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Family Care Foundation

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

Publicly Traded Securities

| | |
|---------------------|---------|
| Gross Sales Price | 15,989 |
| Cost or Other Basis | 25,818. |

Total Gain (Loss) Publicly Traded Securities \$ -9,829.Total Net Gain (Loss) From Noninventory Sales \$ -9,829.

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

Cash Grants and Allocations

| | | |
|-----------------------|--------------------------|------------|
| Class of Activity. | Various | |
| Donee's Name. | Various- See Schedule #2 | |
| Donee's Address | Various | |
| Relationship of Donee | Various | |
| Amount Given | | \$ 373,769 |

Total Cash Grants and Allocations \$ 373,769.Noncash Grants and Allocations

| | | |
|------------------------|-------------------------|------------|
| Class of Activity: | Various | |
| Donee's Name. | Various-See Schedule #3 | |
| Donee's Address. | Various | |
| Relationship of Donee. | Various | |
| Fair Market Value: | | 1,913,634. |

Total Noncash Grants and Allocations \$ 1,913,634.Total Grants and Allocations \$ 2,287,403.

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

| | (A) Total | (B) Program Services | (C) Management & General | (D) Fundraising |
|---------------------------|--------------|----------------------------|--------------------------------|--------------------|
| Bank Charges | 3,219 | 2,310 | 440 | 469 |
| Car Intermediary Fees | 134,784. | | | 134,784. |
| Contract Labor | 42,978. | 41,555 | 846 | 577 |
| Dir Serv -Retreat Support | 21,457. | 21,457 | | |
| Educational Video Exp | 1,050. | 1,050 | | |
| Insurance | 10,007. | 8,559. | 726. | 722. |
| Investment Fees | 66. | 66 | | |

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

| | (A) | (B) | (C) | (D) |
|--------------------------------|--------------------|-------------------------|---------------------------------|--------------------|
| | <u>Total</u> | <u>Program Services</u> | <u>Management & General</u> | <u>Fundraising</u> |
| Marketing & Advertising | 1,601. | | | 1,601. |
| Marketing-Internet Search Eng. | 150,568. | | | 150,568. |
| Payroll Fees | 634. | 342. | 175 | 117. |
| Property Tax | 1,375. | 1,324. | 25. | 26. |
| Publication | 142. | 81. | 30 | 31. |
| Rents | 237. | 228. | 4. | 5. |
| Repairs | 11,092. | 10,674. | 203 | 215. |
| Taxes & Licenses | 1,326. | 754. | 277. | 295. |
| Towing and car auction costs | 22,022 | | | 22,022. |
| Utilities | 15,287. | 14,711. | 280 | 296 |
| Vehicle Fuel & Maintenance | 10,855. | 10,447. | 199. | 209. |
| Workers Compensation | 1,305 | 703. | 359. | 243. |
| Total | \$ 430,005. | \$ 114,261. | \$ 3,564. | \$ 312,180. |

Statement 4
Form 990, Part III
Organization's Primary Exempt Purpose

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

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

| <u>Description</u> | <u>Grants and Allocations</u> | <u>Program Service Expenses</u> |
|---|-------------------------------|---------------------------------|
| The Mission Support and Humanitarian Services Program seeks and provides funding for projects and missions operating under it's umbrella in forty-three countries. These projects provide services to a varied constituency, including guidance to youth at risk, collections and distribution of humanitarian aid, support for foreign and domestic Christian Missions, educational and vocational services for the handicapped, assistance to shelters and food kitchens, and comfort and care to the sick and elderly. | 380,158 | 472,071 |
| The Family Education Program provides knowledge and character building and guidance for youth, the leaders of tomorrow, to help strengthen them, their parents, and their communities. In 1997 Family Care Foundation licensed the worldwide distribution and broadcast three children's educational videoseries. The fee for service distribution and broadcast of these videos, emphasizing family values, is an important component of the Family Education Program | | 3,294. |

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

| Description | Grants and Allocations | Program Service Expenses |
|--|---------------------------|--------------------------------|
| 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 retreatants live on Family Care Foundation premises during their involvement with the program. | | 118,772. |
| 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 | 1,907,245 | 1,915,688 |
| | <u>\$ 2,287,403</u> | <u>\$ 2,509,825</u> |

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

| Category | Basis | Accum Deprec. | Book Value |
|--|--------------------|------------------|--------------------|
| Automobiles / Transportation Equipment | \$ 9,930. | \$ 993. | \$ 8,937. |
| Furniture and Fixtures | 97,083. | 20,806 | 76,277. |
| Buildings | 139,487 | 3,628. | 135,859. |
| Land | 199,145 | | 199,145 |
| Total | <u>\$ 445,645.</u> | <u>\$ 25,427</u> | <u>\$ 420,218.</u> |

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

| | | |
|-------------------------------|--|------------------|
| Temporary Loss on Investments | | \$ -6,310 |
| Total | | <u>\$ -6,310</u> |

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Statement 8
Form 990, Part VII, Line 103
Other Revenue

| Other Revenue | (A) Busi- ness Code | (B) Unrelated Business Amount | (C) Exclu- sion Code | (D) Excluded Amount | (E) Related or Exempt Function |
|---------------------------|------------------------------|--|-------------------------------|---------------------------|---|
| Bed & Breakfast | | | 1 | \$ 645 | |
| Broadcast Income | | | 15 | | |
| Commission Income | | | 2 | | |
| Retreat Income | | | 1 | | |
| Video Licensing & Royalti | | | 15 | | \$ 3,987. |
| Wedding Income | | | 1 | 21,411 | |
| Total | | \$ 0. | | \$ 22,056. | \$ 3,987 |

Statement 9
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

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

Statement 10
Schedule A, Part III, Line 2
Transactions with Trustees, Directors, Etc.

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

In March 2002, the above option was exercised by Family Care Foundation for the purchase of the above property.

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Statement 11
Schedule A, Part IV-A, Line 22
Other Income

| Description | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
|-------------------|-------------------|-------------------|-------------------|--------------|-------------------|
| Video Licencing | \$ 1,230 | \$ 8,187 | \$ 16,633. | \$ 0 | \$ 26,050. |
| Net Rental Income | 9,600. | 9,600 | 0. | 0 | 19,200 |
| Wedding Income | 5,523 | 1,000. | 0 | 0 | 6,523. |
| Commission Income | 48 | 590 | 0. | 0 | 638 |
| Broadcast Income | 2,800. | 0. | 0. | 0. | 2,800. |
| Retreat Income | 500. | 500. | 0. | 0 | 1,000. |
| Bed & Breakfast | 70. | 0 | 0. | 0 | 70. |
| Total | <u>\$ 19,771.</u> | <u>\$ 19,877.</u> | <u>\$ 16,633.</u> | <u>\$ 0.</u> | <u>\$ 56,281.</u> |

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Statement 12

Form 990, Part IV, Line 64b
Other Notes Payable

Line 64b consists of 2 Capital Leases Payable

| | 2001 | 2002 |
|--|-----------|------------|
| Capital Lease Payable-Brookside Farms----- | \$326,009 | -0- |
| Capital Lease Payable-Furniture & Fixtures-- | \$ 63,105 | -0- |
| Note Payable-Farmers & Merchant Bank | -0- | \$ 385,120 |
| Total Other Notes Payable. | \$389,114 | \$385,120 |

These leases are with a member of the Board of Directors of Family Care Foundation. This relationship is explained in more detail in Statement 10.

Family Care Foundation
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Federal Form 990, Part II line 22

SCHEDULE #2, Page 1 of 10

I Cash Grants and Allocations

Program Support for Missions Providing
AIDS Programs

Matumaini
PO Box 689
Westville, Durban 3630, REP. S AFRICA \$10,534 50

Kakelo Community Support Group
PO Box 545
Oyugis, KENYA \$2,000 00

Sathya Sai School & Home
PO Box 70940
Tom Mboya 00400
Nairobi, KENYA \$2,000 00

Kwasha Mukwenu Women's Group
Matero Catholic Church
PO Box 33243
Lusaka, ZAMBIA \$1,000 00

Anglican Children's Project
PO Box 50244
Palm Drive, Chelstone
Lusaka, ZAMBIA \$1,300 00

All Children Are Our Children
4502 Chinook Ct
San Diego, CA 92117 \$1,248 00

Power of Love
11626 Alderidge Lane
San Diego, CA 92131 \$6,376 30

Total \$24,458 80

Program Support for Missions Providing
Broadcast Ministries

Family Care Foundation
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Federal Form 990, Part II line 22

SCHEDULE #2, Page 2 of 10

Africa Radio Ministry
PO Box 29292
Kampala, UGANDA

\$2,333 05

Total

\$2,333 05

Program Support for Missions Providing
Services to the Physically Challenged

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

\$10,960 50

Friends in Deed
No 1, 111 Cross St , Kasturiba Nagar
Adyar, Chennai, INDIA

\$5,142 50

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

\$1,935 50

Family Vol Svcs, Nepal
GPO Box 5741
Katmandu, NEPAL

\$115 20

Hands On, Saigon
Box 14, Thi Nghe PO 70401
Ho Chi Minh City, VIETNAM

\$659 13

Total

\$18,812.83

Program Support for Missions Providing
Drug Prevention and Rehabilitation

Helping Hands, Vladivostok
PO Box 90-196
Vladivostok 690090, RUSSIA

\$466 90

Total

\$466 90

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

SCHEDULE #2, Page 3 of 10

Program Support for Missions Providing
Education & Community Development Programs

| | |
|--|-------------|
| Small Village Plan Family Care Gambia PMB 84, GPO Banjul, THE GAMBIA, West Africa | \$2,987.50 |
| Extra Mile West Africa PO Box 2516, Accra Centra Accra, GHANA | \$198 00 |
| Miles for Smiles PO Box 1944 Arusha, TANZANIA | \$33,407 68 |
| African Educational Services PO Box 33995 Lusaka, ZAMBIA | \$11,680 00 |
| India Reach R-16A Windsor Court, DLF Phase IV Gurgaon, Haryana New Delhi 110019, INDIA | \$18 90 |
| Portico Foundation 289, 19 th Main, 6 th Block Koramangala Bangalore 560-095, INDIA | \$3,286.80 |
| Mapuche Quest Psje Los Copihues, Cabana #3 Casilla 427 Villarrica, IX Region, CHILE | \$315 00 |
| Hope for the Children Casilla 10069 Vina del Mar 4, CHILE | \$27 00 |

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Federal Form 990, Part II line 22

SCHEDULE #2, Page 4 of 10

Educational Workshops Mission
Apdo 253
Chiclayo, Peru
Cuenca, ECUADOR

\$547 50

Casa Cumbre Presentations
AP 18-1431
Correos, Miraflores
Lima, PERU

\$25,087 50

Los Andes Mission
Casilla 321
Trujillo, PERU

\$8,699 54

Love Thy Neighbor
Casilla 18-0249
Lima 18, PERU

\$22 50

Corazones Unidos
Apdo 475, Admon. 1
Morelia, Mich 58000, MEXICO

\$8,563 73

Total

\$94,841 65

Program Support for Missions Providing
Evangelism and Christian Education

China TIPS
1481 E Hwy 372 PMB 451
Pahrump, NV 89048-2146
CHINA

\$299 70

Education With a Purpose
835 E Lamar Blvd. #219
Arlington, TX 76011
CHINA

\$247 50

CVR Ministries
4397 W. Bethany Home Rd #1096
Glendale, AZ 85301

Family Care Foundation
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Federal Form 990, Part II line 22

SCHEDULE #2, Page 5 of 10

| | |
|--|-------------|
| TAIWAN | \$18,880 99 |
| CCLPC PO Box 8624 Shin-Lin PO Taipei, TAIWAN | \$225 00 |
| Asia Vision/Hindi Vision Suite #127 173/3 Surawog Rd. Bangrak Bangkok 10500, THAILAND | \$6,576 30 |
| Challenge Start Up Team PO Box 76 Odessa, Ukraine 65014 C I S | \$8,149 04 |
| Sharing and Caring 13454 South NC 231 Middlesex, NC 27557 CHILE | \$871 50 |
| Total | \$35,250 03 |

Missionary Support for Missions Providing
Food and Clothing Distribution

| | |
|---|-------------|
| Helping Hands, Korea KPO Box 677 Seoul 110-110, KOREA | \$13,093 33 |
|---|-------------|

| | |
|--|---------|
| Missionary Student Exchange Caixa Postal 11 Lauro de Freitas, Bahia, CEP 42700-0 BRAZIL | \$87 00 |
|--|---------|

| | |
|---|----------|
| Casa de Corazones/Fresh Start Apdo 2187-300 Heredia, San Jose, COSTA RICA | \$607 50 |
|---|----------|

Love in Action, Guad
Calzada Club Atlas Sur #500A

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

SCHEDULE #2, Page 6 of 10

| | |
|--|-------------|
| Colonia Club Atlas de Golf Tlaquepaque, Guadalajara, Jal , MEXICO | \$2,925 00 |
| Silver Lining Perla 190, Colonia Miravalle Saltillo, Coahuila, MEXICO | \$693 00 |
| Ayuda Para La Familia Col Del Silencio #9 Colina del Agua Caliente Tijuana, BC, MEXICO | \$1,000 00 |
| Total | \$18,405.83 |
| Program Support for Missions Providing Humanitarian Aid & Relief Work | |
| Family Educational Services, Southern Turkey MBE 138 Mecidiyekoy Istanbul 80470, TURKEY | \$1,277 50 |
| Healing Hearts, Kosovo PO Box 881 1001 Skopje>Former Prishtina, KOSOVO | \$5,670.00 |
| Balkans Relief Mission HH-PP99, Sarajevo BOSNIA-HERZEGOVINA 71000 | \$2,419 20 |
| Project CHARM Zrinski 4, Cakovec Medimurje 4000, CROATIA | \$2,770 20 |
| Children's Bridge of Hope Mariahilferstr, 95/14, A-1060 Vienna, AUSTRIA | \$109 53 |

Family Care Foundation
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Federal Form 990, Part II line 22

SCHEDULE #2, Page 7 of 10

| | |
|---|----------------------------|
| New Horizons Project 3337 S Bristol Santa Ana, CA 92704 Poona, INDIA | \$5,676 30 |
| E Taiwan Family Mission 7 th Floor, 242 Sha Luen Rd. Tamsui, Taipei County, TAIWAN . | \$396 90 |
| Channel of Hope, Philippines PO Box 7709 DAPO 1301 Pasay City, PHILIPPINES | \$6,716 87 |
| FEDES/Hearts in Hands, Chile Correo Villa La Reina, Casilla 101 Penalolen, Santiago, CHILE Aid Shipping & Handling | \$44,305 35 \$39,237 50 |
| Project HELP, Mexico Apdo 6-818 Mexico D.F., MEXICO 06600 | \$192 30 |
| Immediate Disaster Relief 1634 Scenic Shore Dr. Kingwood, TX 77345 Aid Shipping & Handling | \$1,309 07 |
| Teen Volunteer Initiative PO Box 1218 Spring Valley, CA 91979 USA Aid Shipping & Handling | \$1,123 74 \$ 224 72 |
| Total | \$111,429.18 |

Program Support for Missions Providing
Medical Services & Programs

Samaritans
PBS, TNR Chambers 1st Floor
¼ Church Street

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SCHEDULE #2, Page 8 of 10

Bangalore, Karnataka, INDIA \$2,286 70

Eternal Vision
1822 Kings Love Blvd , #203
Naples, FL 34112-5365
PHILIPPINES \$5,534 14

Caring Hearts, Hungary
Budapest 1535 PF 880
Budapest, HUNGARY \$1,928.70

Overseas Missions
Casilla 56-T Agencia Tajamar
Santiago, CHILE \$1,912 50

Total \$11,662 04

Program Support for Missions Providing
Motivational Programs

MexCity Mission
Calle Georgia 139, Col Napoles
Mexico DF 03810, MEXICO \$585 90

Firefly Project
PO Box 1953
La Porte, TX 77572-1953
Ufa Bashkortostan, RUSSIA \$3,307 50

Total \$3,893 40

Program Support for Missions Providing
Orphan and Street Youth Programs

Akado Integrated Health
PO Box 155
Mbita, KENYA \$1,000 00

Accao Voluntaria em Mozambique
Avenida Vladimir Lenine 1071

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

SCHEDULE #2, Page 9 of 10

| | |
|--|-------------|
| Maputo, MOZAMBIQUE | \$527 50 |
| Family Services, Bangalore 706 Barton Center 84, M G Road Bangalore-1 Bangalore, INDIA | \$1,973 70 |
| Hands That Help India SSBS #152 1 st Floor, Babukhan Basheerbagh, Hyderabad, INDIA | \$1,891 20 |
| Chiang Mai Family Services 133/2 Tanon Boonraksa Chiangmai, THAILAND | \$1,215 00 |
| Central Thailand Mission PO Box 40, Minburi PO Bangkok 10510, THAILAND | \$250 44 |
| Love's Bridge, Perm PO Box 5886 Perm 614077, RUSSIA | \$24,382.00 |
| Love's Bridge, Moscow Proletarskii Prospekt 21/2, Dom 124 Moscow, RUSSIA | \$1,446 47 |
| FAVOR Rigoudi Efthymia, CP 137 O.P.1 Bacau 5500, ROMANIA | \$4,088 25 |
| Fazendo do Mundo Um Lugar Melhor Al Rua Praia Vera Cruz, 13/38 Lauro de Freitas Bahia 42700, BRAZIL | \$270 00 |
| Amor en Accion, R.D Apdo 319 Santiago, DOMINICAN REPUBLIC | \$3,577 50 |

Family Care Foundation
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SCHEDULE #2, Page 10 of 10

Amy Carmichael's Caring Home/South Reach
Santa Ana #122
Col Las Fuentes
Zapopan, Jal , CP 45070 MEXICO

\$5,337 54

Total

\$45,959 60

Program Support for Missions Providing
Prison/Inmate/Juvenile Delinquent Rehabilitation

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

\$2,687.50

Healing Colombia
Apdo Aereo 350939
Santafe de Bogota, COLOMBIA

\$2,250 00

Total

\$4,937 50

Medical Assistance to Individuals

Ana Martinez
Long Beach, CA

\$1,000 00

Tim Connolly
Spring Valley, CA

\$ 319 00

GRAND TOTAL

\$373,769 81

Family Care Foundation
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SCHEDULE #3, Page 1 of 3

II Non-Cash Grants

Fair Market Value of Food Donated to Missionary Projects
Bakery products, pastries, trail mix, hot dog buns All food was obtained by donation from vendors Book Value is equal to the fair market value, which was determined by the reference to the usual retail cost normally charged by vendor.

Fair Market Value of Vehicles Donated to the Missionary Project
Discount on travel trailer 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 Other Items Donated to Missionary Projects
Educational books, Computer battery. All Items were obtained by donation from vendors Book value of the items is equal to the fair market value, which was determined by reference to the usual retail cost normally charged by vendor

Program Support for Missions Providing
Evangelism

Project Ecuador
PO Box 17-12-593
Quito, Pichuncha, ECUADOR

| | |
|--------------------------------------|---------|
| Program Support in the form of Books | \$52 90 |
| Total | \$52 90 |

Program Support for Missions Providing
Humanitarian Aid & Relief Work

Teen Volunteer Initiative
PO Box 1218
Spring Valley, CA 91979 USA

| | |
|-------------------------------------|----------|
| Program Support in the form of Food | \$220 46 |
| Total | \$220 46 |

Program Support for Missions Providing
Orphan Ministries

Family Care Foundation
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SCHEDULE #3, Page 2 of 3

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

| | |
|--|----------|
| Program Support in the form of Equipment | \$100 00 |
| Total | \$100 00 |

Amy Carmichael's Caring Home/South Reach
Santa Ana #122
Col Las Fuentes
Zapopan, Jal , CP 45070 MEXICO

| | |
|---|------------|
| Program Support in the form of Travel trailer | \$3,500 00 |
| Total | \$3,500 00 |

| | |
|-------------|------------|
| GRAND TOTAL | \$3,873 36 |
|-------------|------------|

| | |
|-----------------------------|------------|
| Non-Cash Grants | |
| Computers donated to Mexico | \$2,516 00 |

| | |
|--------------------------------|----------|
| Food Assistance to Individuals | \$374 81 |
|--------------------------------|----------|

| | |
|------------------------------------|------------|
| Clothing Assistance to Individuals | \$6,275 50 |
|------------------------------------|------------|

| | |
|------------------------------------|------------|
| Humanitarian Relief to Individuals | |
| School desks & equipment | \$4,156 00 |
| Bull-horn for IDR | \$ 199 00 |
| Tarps | \$ 884 77 |
| Canned food | \$2,502 00 |

| | |
|-------|------------|
| Total | \$7,741 77 |
|-------|------------|

Medical Assistance to Organizations

| | |
|---|----------------|
| Corp de Ayuda al Hospital Regional Casilla 101, Correo Villa de R Santiago, Chile | \$1,892,852 80 |
|---|----------------|

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

SCHEDULE #3, Page 3 of 3

| | |
|-------------|----------------|
| GRAND TOTAL | \$1,913,634 24 |
|-------------|----------------|

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy

| | | |
|---------------|--|---|
| Type or print | Name of Exempt Organization Family Care Foundation | Employer identification number 33 0734917 |
| | Number, street, and room or suite no. If a P.O. box, see instructions 1373 Marron Valley Road | For IRS use only |
| | City, town, or post office, state, and ZIP code. For a foreign address, see instructions Dulzura, CA 91917 | |

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

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

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

- 4 I request an additional 3-month extension of time until 11/15, 20 03.
- 5 For calendar year 2002, or other tax year beginning 20 and ending 20.
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **Financial Audit for 2002 not yet finished. Therefore accurate financial data not available at filing time. The audit is expected to be finished shortly.**

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

Signature and Verification

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

Signature [Signature] Title CPA Date 8/12/03

Notice to Applicant—To Be Completed by the IRS

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

EXTENSION APPROVED

Director _____ By _____ Date AUG 20 2003

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

LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

| | |
|---------------|---|
| Type or print | Name Pete Coulston, CPA |
| | Number and street (include suite, room, or apt. no.) Or a P.O. box number 511 So. Coast Highway 101, #209 |
| | City or town, province or state, and country (including postal or ZIP code) Encinitas, CA 92024 |

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

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

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note** Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only ▶ ☐

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

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

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

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

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

- 1 I request an automatic 3 month (6-month, for 990-T corporation) extension of time until 8/15, 20 03 to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 20 01 or
- ▶ ☐ tax year beginning _____ 20 _____ and ending _____, 20 _____

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

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

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

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

Signature and Verification

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

Signature ▶ Nh. GaultTitle ▶ CPADate ▶ 5/14/03

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)