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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2009

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

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

C  
GOCARE, INC.  
770 COUNTY SQUARE DRIVE #102  
VENTURA, CA 93003

D Employer identification number

91-2143816

E Telephone number

805-650-5915

F Group Exemption Number

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

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► WWW.GOCAREKIDS.ORG

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) —  501(c) (3) ▶ (insert no.)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 180,220.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	156,665.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	23,555.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6	
a	Gross revenue (not including \$15,201 of contributions reported on line 19)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► )	8	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	180,220.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	23,516.
13	Professional fees and other payments to independent contractors	13	4,838.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1,974.
16	Other expenses (describe ► SEE STATEMENT 1)	16	154,933.
17	Total expenses. Add lines 10 through 16	17	185,261.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,041.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	415,459.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	45,691.
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	456,109.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22	415,353.	22 438,140.
23		23
24	106.	24 17,969.
25	415,459.	25 456,109.
26	0.	26 0.
27	415,459.	27 456,109.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

6A

7V

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b> (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>SEE STATEMENT 4</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		

28	<u>SEE STATEMENT 5</u>			
		(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	122,027.
29	<u>WE CONTINUE TO OPERATE THE PRE SCHOOL IN THE COMMUNITY OF PANTANAL, NIC. THIS SCHOOL EMPLOYES TWO TEACHERS AND SERVES ABOUT 30 KIDS FROM IMPOVERISHED FAMILIES.</u>			
		(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	8,743.
30	<u>SEE STATEMENT 6</u>			
		(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	3,869.
31	Other program services (attach schedule) <u>SEE STATEMENT 7</u>			
	(Grants \$ 16,300.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	12,302.	
32	<b>Total program service expenses</b> (add lines 28a through 31a)			32 146,941.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs.)

(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
JAN LINDSAY 770 COUNTY SQUARE DR, STE 102 VENTURA, CA 93003	PRESIDENT 0	0.	0.	0.
PAMELA LINDSAY 770 COUNTY SQUARE DR, STE 102 VENTURA, CA 93003	DIRECTOR 0	0.	0.	0.
TOM CROZIER 8072 STONE PLACE VENTURA, CA 93004	DIRECTOR 0	0.	0.	0.
MICHELLE CEKOV 770 COUNTY SQUARE DR, STE 102 VENTURA, CA 93003	VICE PRESIDENT 0	0.	0.	0.
DAVID LINDSAY 770 COUNTY SQUARE DR, STE 102 VENTURA, CA 93003	SECRETARY 0	0.	0.	0.
DEEPA WILLINGHAM 770 COUNTY SQUARE DR, STE 102 VENTURA, CA 93003	DIRECTOR 0	0.	0.	0.
DIANE LINDSAY 770 COUNTY SQUARE DR, STE 102 VENTURA, CA 93003	DIRECTOR 0	0.	0.	0.
STEWART FRIES 392 MIDTEN HOF SOLVANG, CA 93463	DIRECTOR 0	0.	0.	0.
BETTY MACIAS 3448 MOORE ST LOS ANGELES, CA 90066	DIRECTOR 0	0.	0.	0.
JANE MCCLENAHAN 50 DON ANTONIO WAY OJAI, CA 93023	DIRECTOR 0	0.	0.	0.
LYNNE FRIES 392 MIDTEN HOF SOLVANG, CA 93463	DIRECTOR 0	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)		SEE STATEMENT 8	
		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	0.	
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations Enter	39a	N/A
a	Initiation fees and capital contributions included on line 9	39b	N/A
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed ► <u>NONE</u>		
42a	The organization's books are in care of ► <u>MICHELLE CEKOV</u> Telephone no. ► <u>805/6505915</u> Located at ► <u>770 COUNTY SQUARE, SUITE 102, VENTURA CA</u> ZIP + 4 ► <u>93003</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b	X
42c	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ► <u>NICARAGUA</u>	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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				

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

I, 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.

Sign Here

Signature of officer

11-9-10

JAN LINDSAY  
Type or print name and title

PRESIDENT

Paid Preparer's Use Only

Preparer's signature

JAN CORWIN LINDSAY, CPA

Date

11/09/10

Check if self employed

N/A

Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

LINDSAY AND COMPANY, CPA

EIN

N/A

770 COUNTY SQUARE DRIVE, SUITE 102  
VENTURA, CA 93003

Phone no

(805) 650-5915

May the IRS discuss this return with the preparer shown above? See instructions

BAA

Yes  No  
Form 990-EZ (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number  
91-2143816

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )  
3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
9  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III.)  
10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
f  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  
g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Yes	No

**h** Provide the following information about the supported organizations

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

**Total**

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2009**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support****Calendar year (or fiscal year beginning in) ►**

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	31,938.	39,577.	29,470.	9,745.	9,328.	120,058.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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						0.
4 <b>Total.</b> Add lines 1-through 3	31,938.	39,577.	29,470.	9,745.	9,328.	120,058.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 <b>Public support.</b> Subtract line 5 from line 4						120,058.

**Section B. Total Support****Calendar year (or fiscal year beginning in) ►**

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	31,938.	39,577.	29,470.	9,745.	9,328.	120,058.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						79,300.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10						199,358.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	60.2 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	70.6 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

BAA

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

**6 Total.** Add lines 1 through 5

**7a** Amounts included on lines 1, 2, 3 received from disqualified persons

**b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year

**c** Add lines 7a and 7b

**8 Public support** (Subtract line 7c from line 6)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
<b>6 Total.</b>						
<b>7a</b>						
<b>b</b>						
<b>c</b>						
<b>8 Public support</b>						
7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

**9** Amounts from line 6

**10a** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources

**b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

**c** Add lines 10a and 10b

**11** Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

**12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )

**13 Total support.** (add Ins 9, 10c, 11, and 12)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
<b>b</b>						
<b>c</b>						
<b>11</b>						
<b>12</b>						
<b>13 Total support.</b>						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

**15** Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

**16** Public support percentage from 2008 Schedule A, Part III, line 15

15	%
16	%

**Section D. Computation of Investment Income Percentage**

**17** Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

**18** Investment income percentage from 2008 Schedule A, Part III, line 17

17	%
18	%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCES TEST - 2009**

THE ORGANIZATION WAS CREATED IN 2001 TO BE A VEHICLE FOR OUR ROTARY CLUBS INTERNATIONAL OPERATIONS, MOSTLY IN NICARAGUA. FOR MOST OF THE FIRST 8 YEARS ALL OF OUR FUNDING CAME THROUGH THE ROTARY CLUB AND DONATIONS FROM PEOPLE ASSOCIATED WITH THE ROTARY CLUB. THE OPERATIONS CONDUCTED ARE DONE IN CONJUNCTION WITH THE PANTANAL, NICARAGUA COMMUNITY COUNCIL. PROGRAMS INCLUD VOCATIONAL TRAINING, MICRO CREDIT, SCHOLARSHIPS AND THIS YEAR WE BUILT A COMMUNITY CENTER FOR THE COMMUNITY THAT HOUSES A COMMUNITY ROOM, COMPUTER LEARNING LAB, LIBRARY AND COMMUNITY OFFICE. THIS FACILITY WAS BUILT ON LAND OWNED BY THE LOCAL ROTARY CLUB THROUGH A SPECIAL USE AGREEMENT WITH THE CITY OF GRANADA, NIC. WE ALSO FUND A PRESCHOOL IN THIS COMMUNITY. THIS YEAR WE RECEIVED A SUBSTANTIAL ENDOWMENT FROM OUR FAMILY TRUST ON THE DEATH OF ITS GRANTOR. THE INCOME FROM THIS WILL CONTRIBUTE ADDITIONALLY TO OUR OPERATIONS. WE SUBSTANTIALLY INCREASED THE PUBLIC MEMBERSHIP OF OUR BOARD THIS YEAR AND WILL CONTINUE TO DO SO IN THE COMING YEAR. WE PRIMARILY CHOOSE BOARD MEMBERS BASED ON THEIR EXPERIENCE IN INTERNATIONAL DEVELOPMENT AND/OR ROTARY PROJECTS.

2009

## FEDERAL STATEMENTS

PAGE 1

GOCARE, INC.

91-2143816

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$ 660.
AUTO IN NICARAGUA	280.
BANK CHGS	1,433.
CAL REG FEES/LIC	25.
CENSUS PROJECT COST	648.
COMMUNITY CENTER CONST COST	100,677.
COMMUNITY MICRO CREDIT PROGRAM	1,500.
CONTRIBUTIONS TO OTHER 501C3'S	16,300.
INFORMATION TECHNOLOGY	2,196.
MEALS-PANATANAL	385.
MEDICAL EXP-CHILDREN-NICARGUA	691.
MISCELLANEOUS PANTANAL EXP	858.
OFFICE EXPENSES	2,420.
OTHER	16.
SCHOLARSHIPS AND SCHOOLING EXP	3,118.
SCHOOL SUPPLIES-PANTANAL	697.
STAFF TRAINING	461.
STUDENT STIPENDS	629.
TEACHING FEES-NICARAGUA	5,198.
TEACHING FEES-TECUENA	1,031.
TELEPHONE	941.
TRAVEL	14,024.
UNIFORMS	745.
<b>TOTAL</b>	<b>\$ 154,933.</b>

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN VALUE OF INVESTMENTS	\$ 45,691.
<b>TOTAL</b>	<b>\$ 45,691.</b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 106.	\$ 0.
NOTES AND LOANS RECEIVABLE	0.	1,450.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	16,519.
<b>TOTAL</b>	<b>\$ 106.</b>	<b>\$ 17,969.</b>

**STATEMENT 4**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE ORGANIZATION'S PRIMARY PURPOSES ARE TO ASSIST IN THE CARE AND EDUCATION OF IMPOVERISHED YOUTH AND YOUNG ADULTS IN THIRD WORLD COUNTRIES AND TO PROVIDE FOR PUBLIC AWARENESS ON THE ISSUE OF WORLD POVERTY

**STATEMENT 5**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

WE CONSTRUCTED A COMMUNITY CENTER FOR THE PANTANAL COMMUNITY. THIS CENTER WAS BUILT ON LAND THAT THE ROTARY CLUB OF GRANADA HAD ACQUIRED ON A LONG TERM USE LEASE FROM THE CITY OF GRANADA, NICARAGUA. THE CITY MODIFIED THE USE LEASE TO GIVE US LONG TERM USE RIGHTS FOR THE LAND ON WHICH THE COMMUNITY CENTER WAS DEVELOPED. THE LOCAL COMMUNITY COUNCIL MANAGES THE FACILITY. WE HAVE DONATED THE BUILDING TO THE LOCAL COMMUNITY AND HAVE, THUSLY, RECORDED IT AS AN EXPENSE ON OUR BOOKS. ADDITIONAL BUILDING COSTS WERE INCURRED AFTER THIS YEAR END.

**STATEMENT 6**  
**FORM 990-EZ, PART III, LINE 30**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DURING THE YEAR WE HAD THREE KIDS FROM PANTANAL, NIC ENROLLED IN OUR UNIVERSITY PROGRAM. KIDS FROM THE COMMUNITY WANTING HELP WITH UNIVERSITY FUNDING APPLY TO US. WE WORK WITH THE COMMUNITY COUNCIL TO REVIEW THE APPLICATION WITH THE COUNCIL MAKING THE FINAL SELECTION.

**STATEMENT 7**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
WE IMPLEMENTED COMPUTER TRAINING PROGRAMS IN WINDOWS AND MICROSOFT OFFICE FOR AT RISK TEENAGERS FROM THE COMMUNITY OF PANTANAL, NIC. APPROX 15 HIGH SCHOOL AGE KIDS ARE FUNDED THROUGH THIS PROGRAM EVERY SIX MONTHS. THE PROGRAM IS CONDUCTED THROUGH A LOCAL COMMUNITY COMPUTER TRAINING FACILITY. THIS IS A REVOLVING PROGRAM WITH NEW STUDENTS BEING ADMITTED AS OLDER STUDENTS COMPLETE THE PROGRAM INCLUDES FOREIGN GRANTS: NO		2,653.

CONTINUED WITH ENGLISH LANGUAGE INSTRUCTION FOR 10 AT RISK YOUTHS FROM THE PANTANAL, NIC COMMUNITY. THIS IS A REVOLVING PROGRAM WITH NEW STUDENTS BEING ADMITTED AS OLDER STUDENTS COMPLETE THE PROGRAM. THIS PROGRAM IS IMPLEMENTED THROUGH A LOCAL ENGLISH LANGUAGE INSTRUCTION ACADEMY. IN ADDITION, WE BROUGHT DOWN TO NICARAGUA THIS YEAR 3 DIFFERENT GROUPS OF PEOPLE FROM OUR LOCAL ROTARY

**STATEMENT 7 (CONTINUED)**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
DISTRICT TO PROVIDE HANDS ON ENGLISH INSTRUCTION FOR OUR STUDENTS.		2,559.
AT THE REQUEST OF THE COMMUNITY COUNCIL WE IMPLEMENTED A MICRO CREDIT PROGRAM THAT IS MANAGED BY THE COMMUNITY COUNCIL. OUR INITIAL INVESTMENT THIS YEAR WAS \$1,500. MORE FUNDS HAVE BEEN ADVANCED SUBSEQUENT TO THE YEAR END.		1,862.
EDUCATION AND WELL BEING OF IMPOVERISHED CHILDREN IN NICARAGUA. 7 YEARS AGO WE BEGAN WORKING WITH A 12 YEAR OLD GIRL FROM A DYSFUNCTIONAL FAMILY. AT THE TIME WE BEGAN THIS PROJECT SHE WAS NOT IN SCHOOL, WAS FUNCTIONALLY ILLITERATE AND SPENT THE DAY SELLING SOFT DRINKS ON THE STREET TO SUPPORT THE FAMILY AS WELL AS HER MOTHER'S LIQUOR. WE MADE AN ARRANGEMENT WITH THE MOTHER TO OBTAIN HER CONSENT TO TAKE THE CHILD OFF THE STREETS AND SEND HER TO SCHOOL. THE PROJECT FOCUSED ON WORKING WITH IMPOVERISHED CHILDREN FROM DYSFUNCTIONAL BACKGROUNDS. THIS YEAR THE YOUNG LADY IS ATTENDING THE UNIVERSITY.		1,467.
WE IMPLEMENTED VOCATIONAL TRAINING PROGRAMS IN SEWING AND COSMETOLOGY FOR AT RISK YOUNG WOMEN IN THE COMMUNITY OF PANTANAL, NIC. THIS PROGRAM WAS IMPLEMENTED THROUGH LOCAL PROVIDERS. 15 WOMEN ARE ENROLLED IN THE PROGRAM AT ANY ONE TIME. THIS IS A REVOLVING PROGRAM WITH NEW STUDENTS BEING ADMITTED AS OLDER STUDENTS COMPLETE THE PROGRAM. UPON GRADUATION WE PROVIDE THE SEWING STUDENTS WITH A PEDAL OPERATED SEWING MACHINE. THE COSMETOLOGY STUDENTS ARE PROVIDED WITH EQUIPMENT AND INITIAL SUPPLIES TO BEGIN THEIR BUSINESSES		1,261.
WE FUNDED SWIMMING LESSONS FOR THE KIDS ON THE ISLAND OF TECUENA OUTSIDE OF PATZCUARO, MEXICO. THIS WAS A ONE TIME COMMITTMENT MADE IN CONJUNCTION WITH SEVERAL ROTARY CLUBS.		1,000.
OTHER PANTANAL ACTIVITIES. WE WORKED WITH THE COMMUNITY TO DEVELOP A COMMUNITY COUNCIL TO SPEAK FOR THE COMMUNITY OF PANTANAL WHICH HAS NOW GROWN TO 11,000 PEOPLE. THIS YEAR WE CONDUCTED A CENSUS OF THE COMMUNITY UTILIZING GRADUATES OF OUR TRAINING PROGRAM.		803.
UNTIL THE COMMUNITY CENTER BECOMES SELF SUFFICIENT, WE PROVIDE FUNDS FOR OPERATING COSTS; PRIMARILY UTILITIES.		697.
INCLUDES FOREIGN GRANTS: NO		
INCLUDES FOREIGN GRANTS: NO		

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**FEDERAL STATEMENTS**

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**GOCARE, INC.**

**91-2143816**

**STATEMENT 7 (CONTINUED)**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
INCLUDES FOREIGN GRANTS: NO		
DIRECT CASH GRANTS TO OTHER 501(C) (3) ORGANIZATIONS. THE MAJOR PART WAS A GRANT OF 12,000 TO THE BOYS AND GIRLS CLUB OF THE SANTA CLARA VALLEY. THIS ORGANIZATION WAS IN SEVERE FINANCIAL DISTRESS. OUR GRANT WAS MADE TO ASSIST THEM IN WORKING THROUGH THEIR FINANCIAL PROBLEMS.	16,300.	
INCLUDES FOREIGN GRANTS: NO		
	<b>TOTAL \$ <u>16,300.</u></b>	<b>\$ <u>12,302.</u></b>

**STATEMENT 8**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO  
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO