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Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07-01-2010

, and ending 06-30-2011

B Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization GOCARE INC	D Employer identification number 91-2143816
Number and street (or P. O. box, if mail is not delivered to street address) 770 COUNTY SQUARE DRIVE	E Telephone number (805) 650-5915
City or town, state or country, and ZIP + 4 Ventura, CA 93003	F Group Exemption Number ►

G Accounting method  Cash  Accrual Other (specify) ► \_\_\_\_\_I Website: ► [www.gocarekds.org](http://www.gocarekds.org)J Tax-Exempt status (check only one) —  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 143,982

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received	1	7,200
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	17,441
5a Gross amount from sale of assets other than inventory	5a	117,341
b Less cost or other basis and sales expenses	5b	137,498
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-20,157
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c	0
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	2,000
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	6,484
10 Grants and similar amounts paid (list in Schedule O)	10	13,000
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	29,672
13 Professional fees and other payments to independent contractors	13	7,528
14 Occupancy, rent, utilities, and maintenance	14	10,890
15 Printing, publications, postage, and shipping	15	4,357
16 Other expenses (describe in Schedule O)	16	92,490
17 Total expenses. Add lines 10 through 16	17	157,937
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-151,453
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	456,109
20 Other changes in net assets or fund balances (explain in Schedule O)	20	31,917
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	336,573

**Part II Balance Sheets**Check if the organization used Schedule O to respond to any question in this Part II 

(See the instructions for Part II )

		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>22</b> Cash, savings, and investments		438,140	<b>22</b> 334,687
<b>23</b> Land and buildings		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O)		17,969	<b>24</b> 1,886
<b>25 Total assets</b>		456,109	<b>25</b> 336,573
<b>26 Total liabilities</b> (describe in Schedule O)		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)		456,109	<b>27</b> 336,573

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the 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

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, and other relevant information for each program title

**Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28** See Additional Data Table(Grants \$ ) If this amount includes foreign grants, check here   **28a****29**(Grants \$ ) If this amount includes foreign grants, check here   **29a****30**(Grants \$ ) If this amount includes foreign grants, check here   **30a****31** Other program services (describe in Schedule O)(Grants \$ ) If this amount includes foreign grants, check here   **31a****32 Total program service expenses** (add lines 28a through 31a) **32** 129,253**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )Check if the organization used Schedule O to respond to any question in this Part IV 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
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 tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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 ►		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ►		
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	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Michelle Cekov Telephone no ► (805) 650-5915		
770 COUNTY SQUARESUITE 100 Located at ► VENTURA, CA ZIP + 4 ► 93003		
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)?	42b	No
If "Yes," enter the name of the foreign country ►		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Yes
If "Yes," enter the name of the foreign country ► NU		
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	
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No

	<b>Yes</b>	<b>No</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	<b>45</b>	No
<b>45a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	<b>45a</b>	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	No

**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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	No
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	No
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	No

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".

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
NONE				

**50(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		

**51(d)** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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.

<b>Sign Here</b>	***** Signature of officer  Michelle Cekov Vice President Type or print name and title	2011-11-09 Date
	Preparer's signature  Thanhien Nguyen CPA	Date
	Check if self- employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
<b>Paid Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4  770 COUNTY SQUARE DR STE 102  VENTURA, CA 930035407	EIN <input checked="" type="checkbox"/>
	Phone no <input checked="" type="checkbox"/> (805) 650-5915	

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

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.****► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**Name of the organization  
GOCARE INC**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 a 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 to 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

e  a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

f  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)

g  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

h  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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?

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

i Provide the following information about the supported organization(s)

<b>(i)</b> Name of supported organization	<b>(ii)</b> EIN	<b>(iii)</b> Type of organization (described on lines 1- 9 above or IRC section (see instructions))	<b>(iv)</b> Is the organization in col (i) listed in your governing document?		<b>(v)</b> Did you notify the organization in col (i) of your support?	<b>(vi)</b> Is the organization in col (i) organized in the U S ?	<b>(vii)</b> Amount of support
			<b>Yes</b>	<b>No</b>			
<b>Total</b>							

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	39,577	29,470	9,745	9,328	7,200	95,320
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	39,577	29,470	9,745	9,328	7,200	95,320
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						95,320

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	39,577	29,470	9,745	9,328	7,200	95,320
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,597	31,972	20,177	23,554	17,441	96,741
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)						192,061
12 Gross receipts from related activities, etc (See instructions )					12	
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 501(c)(3) organization, check this box and <b>stop here</b>						►

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

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	49 630 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	60 220 %
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2010.</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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2009.</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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
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		►

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 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 <b>stop here</b> ►						

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

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

**Part IV** **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

#### Facts And Circumstances Test

**Part II, Line 17b--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 include vocational training, micro credit, scholarships and in 2010 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 began a project in El Marial, Honduras in conjunction with the Ministry of Education. This project involves multi year funding commitment for teachers in the middle school at El Marial. We continued to strengthen our public board this year adding several new members. We primarily recruit board members with substantial experience in international humanitarian operations or educational activities.**

Part II, Line 17b--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 include vocational training, micro credit, scholarships and in 2010 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 began a project in El Marial, Honduras in conjunction with the Ministry of Education. This project involves multi year funding commitment for teachers in the middle school at El Marial. We continued to strengthen our public board this year adding several new members. We primarily recruit board members with substantial experience in international humanitarian operations or educational activities.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**

GOCARE INC

**Employer identification number**

91-2143816

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1	Other Assets 1	EQUIPMENT, NET OF DEPN - Beginning \$0 EQUIPMENT, NET OF DEPN - Ending \$1886

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Decreases 1	PRIOR YEAR DEPN NOT RECOGNIZED \$3839

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Increases 1	UNRECOGNIZED CHANGE IN INVESTMENTS \$35756

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	LICENSES \$30

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	AUTO IN NICARAGUA \$252

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	BOOKS \$412

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	UNIFORMS \$576

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	STAFF TRAINING \$694

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	BANK CHGS \$1122

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	WEB SITE \$1416

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	LEADERSHIP TRAINING-FOOD \$1437

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	TELEPHONE \$1590

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	COMMUNITY MICRO CREDIT PROGRAM \$2000

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	MEETINGS \$2134

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	OTHER \$5377

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	SCHOOL SUPPLIES-PANTANAL \$9246

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	TEACHING FEES-NICARAGUA \$13582

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1530

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$186

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$44635

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1003	Other Expenses 1003	Information Technology \$1356

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1053

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$3862

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	RETURN OF P Y GRANT \$2000

**Additional Data**

**Software ID:** 10000105  
**Software Version:** 2010v3.2  
**EIN:** 91-2143816  
**Name:** GOCARE INC

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<b>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, and other relevant information for each program title.</b>	<b>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</b>
<b>28</b> We initiated a leadership academy for at risk kids from the community of El Pantanal, Nic. This academy was a three day program based on the Rotary R Y L A program in D5240, USA. The program involved leasing a dormitory, meeting and catering facility for three days. It also involved travel costs for instructors and staff. 58 kids participated in the program. (Grants \$ 30,585)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
<b>29</b> This year we initiated a program to fund middle school teachers in the community of El Marial, Honduras. This is a joint program with the Honduras Ministry of Education. (Grants \$ 16,149)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
<b>30</b> This year we added an adult education class (literacy) for the Community of Pantanal, Nic for 45 adults who did not finish elementary school. The class is taught by several of our university program participants. (Grants \$ 2,049)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
This year we increased the size of the computer classroom at the Community Center to 20 computers. We added classes for middle school kids in Microsoft Office (20 kids) as well as classes in computer maintenance (7 kids). (Grants \$ 13,252)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
This year we began a commercial baking training program for 25 at risk women from the community. (Grants \$ 8,158)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
This year we started English language learning programs at the Community Center for middle school age kids. Approximately 35 kids are in the class. (Grants \$ 3,046)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
Direct cash grants to other 501(c)(3) organizations (Grants \$ )      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	13,000
During the year we had 10 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. We monitor their progress on an ongoing basis. (Grants \$ 7,938)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
Until the community center becomes self sufficient, we provide funds for operating costs, primarily utilities, internet and salaries for the facility manager and librarian. We also provide books for the library in the community center. (Grants \$ 20,228)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
Last year, 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. Additional costs were incurred this year for building improvements. (Grants \$ 4,582)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
At the request of the community council we implemented a micro credit program that is managed by the community council. This year we increased the fund by an additional \$2,000. (Grants \$ )      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
We continue to operate the pre school in the community of Pantanal, Nic. This school employs two teachers and serves about 30 kids from impoverished families. (Grants \$ 9,984)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
Continued with English language instruction for 21 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 4 different groups of people from our local Rotary District to provide hands on English instruction for our students. (Grants \$ 5,411)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
We implemented computer training programs in Windows and Microsoft Office for at risk teenagers from the community of Pantanal, Nic. Approx 20 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. (Grants \$ 5,016)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
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. (Grants \$ 2,855)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	

## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
VICKI ARNDT 770 COUNTY SQUARE DR STE 100 VENTURA, CA 93003	Director 1 00	0		
EVIE GREENE 770 COUNTY SQUARE DR STE 100 VENTURA, CA 93003	Director 1 00	0		
Lynne Fries 392 Midten Hof Solvang, CA 93463	Director 2 00	0		
Jane McClenahan 50 Don Antonio Way Ojai, CA 93023	Director 1 00	0		
BETTY MACIAS 3448 MOORE ST LOS ANGELES, CA 90066	Director 1 00	0		
Stewart Fries 392 Midten Hof Solvang, CA 93463	Director 2 00	0		
Diane Lindsay 770 County Square Dr Ste 100 Ventura, CA 93003	Director 1 00	0		
Deepa Willingham 770 County Square Dr Ste 102 Ventura, CA 93003	Director 1 00	0		
David Lindsay 770 County Square Dr Ste 100 Ventura, CA 93003	Secretary 2 00	0		
Michelle Cekov 770 COUNTY SQUARE DR STE 100 Ventura, CA 93003	Vice President 20 00	0		
Tom Crozier 8072 Stone Place Ventura, CA 93004	Director 2 00	0		
Pamela Lindsay 770 County Square Dr Ste 100 Ventura, CA 93003	Director 1 00	0		
Jan Lindsay 770 COUNTY SQUARE DR STE 100 Ventura, CA 93003	President 20 00	0		