

**LINDSAY AND COMPANY LLP  
770 COUNTY SQUARE DR STE 102  
VENTURA, CA 93003-5407  
(805) 650-5915**

May 10, 2013

GOCARE, INC.  
770 COUNTY SQUARE DRIVE Suite 100  
Ventura, CA 93003

Dear Client:

Your 2011 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2011 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by June 17, 2013. Mail the California return on or before June 17, 2013 and make the check payable to:

**FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0701**

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$150 payable by May 15, 2013. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 15, 2013 to:

**REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470**

Please be sure to call us if you have any questions.

Sincerely,

Thanhien Nguyen, CPA

# TD F 90-22.1

(Rev. January 2012)  
Department of the Treasury

Do not use previous editions of this form

## REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar Year Ended 12/31

**2011**

Amended

### Part I Filer Information

2 Type of Filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or Other — Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number

912143816

4 Foreign identification (Complete only if item 3 is not applicable)

a Type:  Passport  Other \_\_\_\_\_

b Number \_\_\_\_\_ c Country of Issue \_\_\_\_\_

5 Individual's Date of Birth MM/DD/YYYY

If filer has no U.S. Identification Number complete item 4.

6 Last Name or Organization Name

GOCARE, INC.

7 First Name

8 Middle Initial

9 Address (Number, Street, and Apartment or Suite Number)

770 COUNTY SQUARE DRIVE #100

10 City

VENTURA

11 State

CA

12 ZIP/Postal Code

93003

13 Country

US

14 Does the filer have a financial interest in 25 or more financial accounts?

Yes If 'Yes' enter total number of accounts \_\_\_\_\_

(If 'Yes' is checked, do not complete Part II or Part III, but retain records of this information)

No

### Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported

32,501.

16 Type of account a  Bank b  Securities c  Other — Enter type below

17 Name of Financial Institution in which account is held

BANCO DE AMERICA CENTRAL - NICARAGUA

18 Account number or other designation

356025296

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

KM4 1/2CARRETERA A MASAYA

20 City

MANAGUA

21 State, if known

22 Zip/Postal Code, if known

23 Country

NICARAGUA

### Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

CFO

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. **See Instructions For Definitions.**

### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

**Part II Continued – Information on Financial Account(s) Owned Separately**

Form TD F 90-22.1

**Complete a Separate Block for Each Account Owned Separately**

Page Number

2 of 4

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year <u>2011</u>		3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <b>912143816</b>		6 Last Name or Organization Name <b>GOCARE, INC.</b>			
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below					
17 Name of Financial Institution in which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below					
17 Name of Financial Institution in which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below					
17 Name of Financial Institution in which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below					
17 Name of Financial Institution in which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below					
17 Name of Financial Institution in which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below					
17 Name of Financial Institution in which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below					
17 Name of Financial Institution in which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below					
17 Name of Financial Institution in which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below					
17 Name of Financial Institution in which account is held							

**Part III Information on Financial Account(s) Owned Jointly**

**Form TD F 90-22.1**

**Complete a Separate Block for Each Account Owned Jointly**

Page Number

3 of 4

This side can be copied as many times as necessary in order to provide information on all accounts.

<b>1</b> Filing for calendar year  _ 2011 _	<b>3-4</b> Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 912143816	<b>6</b> Last Name or Organization Name  GOCARE, INC.
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<b>15</b> Maximum value of account during calendar year reported	<b>16</b> Type of account <b>a</b> <input type="checkbox"/> Bank <b>b</b> <input type="checkbox"/> Securities <b>c</b> <input type="checkbox"/> Other — Enter type below
--	--

<b>17</b> Name of Financial Institution in which account is held
--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

<b>20</b> City	<b>21</b> State, if known	<b>22</b> Zip/Postal Code, if known	<b>23</b> Country
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<b>24</b> Number of joint owners for this account	<b>25</b> Taxpayer Identification Number of principal joint owner, if known. See instructions.
---	--

<b>26</b> Last Name or Organization Name of principal joint owner	<b>27</b> First Name of principal joint owner, if known	<b>28</b> Middle initial, if known
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<b>29</b> Address (Number, Street, Suite or Apartment) of principal joint owner, if known
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<b>30</b> City, if known	<b>31</b> State, if known	<b>32</b> Zip/Postal Code, if known	<b>33</b> Country, if known
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<b>15</b> Maximum value of account during calendar year reported	<b>16</b> Type of account <b>a</b> <input type="checkbox"/> Bank <b>b</b> <input type="checkbox"/> Securities <b>c</b> <input type="checkbox"/> Other — Enter type below
--	--

<b>17</b> Name of Financial Institution in which account is held
--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

<b>20</b> City	<b>21</b> State, if known	<b>22</b> Zip/Postal Code, if known	<b>23</b> Country
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<b>24</b> Number of joint owners for this account	<b>25</b> Taxpayer Identification Number of principal joint owner, if known. See instructions.
---	--

<b>26</b> Last Name or Organization Name of principal joint owner	<b>27</b> First Name of principal joint owner, if known	<b>28</b> Middle initial, if known
---	---	------------------------------------

<b>29</b> Address (Number, Street, Suite or Apartment) of principal joint owner, if known
---

<b>30</b> City, if known	<b>31</b> State, if known	<b>32</b> Zip/Postal Code, if known	<b>33</b> Country, if known
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<b>15</b> Maximum value of account during calendar year reported	<b>16</b> Type of account <b>a</b> <input type="checkbox"/> Bank <b>b</b> <input type="checkbox"/> Securities <b>c</b> <input type="checkbox"/> Other — Enter type below
--	--

<b>17</b> Name of Financial Institution in which account is held
--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
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<b>20</b> City	<b>21</b> State, if known	<b>22</b> Zip/Postal Code, if known	<b>23</b> Country
----------------	---------------------------	-------------------------------------	-------------------

<b>24</b> Number of joint owners for this account	<b>25</b> Taxpayer Identification Number of principal joint owner, if known. See instructions.
---	--

<b>26</b> Last Name or Organization Name of principal joint owner	<b>27</b> First Name of principal joint owner, if known	<b>28</b> Middle initial, if known
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<b>29</b> Address (Number, Street, Suite or Apartment) of principal joint owner, if known
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<b>30</b> City, if known	<b>31</b> State, if known	<b>32</b> Zip/Postal Code, if known	<b>33</b> Country, if known
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**Part IV Information on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)**

Form TD F 90-22.1

Page Number

4 of 4

**Complete a Separate Block for Each Account**

This side can be copied as many times as necessary in order to provide information on all accounts.

<b>1</b> Filing for calendar year  _ 2011 _	<b>3-4</b> Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 912143816	<b>6</b> Last Name or Organization Name  GOCARE, INC.
---	--	---

<b>15</b> Maximum value of account during calendar year reported	<b>16</b> Type of account a <input type="checkbox"/> Bank    b <input type="checkbox"/> Securities    c <input type="checkbox"/> Other -- Enter type below
--	---

**17** Name of Financial Institution with which account is held

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

<b>20</b> City	<b>21</b> State, if known	<b>22</b> Zip/Postal Code, if known	<b>23</b> Country
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<b>34</b> Last Name or Organization Name of Account Owner			<b>35</b> Taxpayer Identification Number of Account Owner
---	--	--	---

<b>36</b> First Name	<b>37</b> Middle initial	<b>38</b> Address (Number, Street, and Apartment or Suite No.)	
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<b>39</b> City	<b>40</b> State	<b>41</b> Zip/Postal Code	<b>42</b> Country
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**43** Filer's Title with this Owner

<b>15</b> Maximum value of account during calendar year reported	<b>16</b> Type of account a <input type="checkbox"/> Bank    b <input type="checkbox"/> Securities    c <input type="checkbox"/> Other -- Enter type below
--	---

**17** Name of Financial Institution with which account is held

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
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<b>20</b> City	<b>21</b> State, if known	<b>22</b> Zip/Postal Code, if known	<b>23</b> Country
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<b>34</b> Last Name or Organization Name of Account Owner			<b>35</b> Taxpayer Identification Number of Account Owner
---	--	--	---

<b>36</b> First Name	<b>37</b> Middle initial	<b>38</b> Address (Number, Street, and Apartment or Suite No.)	
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<b>39</b> City	<b>40</b> State	<b>41</b> Zip/Postal Code	<b>42</b> Country
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**43** Filer's Title with this Owner

<b>15</b> Maximum value of account during calendar year reported	<b>16</b> Type of account a <input type="checkbox"/> Bank    b <input type="checkbox"/> Securities    c <input type="checkbox"/> Other -- Enter type below
--	---

**17** Name of Financial Institution with which account is held

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
---	--	--	--

<b>20</b> City	<b>21</b> State, if known	<b>22</b> Zip/Postal Code, if known	<b>23</b> Country
----------------	---------------------------	-------------------------------------	-------------------

<b>34</b> Last Name or Organization Name of Account Owner			<b>35</b> Taxpayer Identification Number of Account Owner
---	--	--	---

<b>36</b> First Name	<b>37</b> Middle initial	<b>38</b> Address (Number, Street, and Apartment or Suite No.)	
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<b>39</b> City	<b>40</b> State	<b>41</b> Zip/Postal Code	<b>42</b> Country
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**43** Filer's Title with this Owner

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning 7/01, 2011, and ending 6/30, 2012.

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

**2011**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

GOCARE, INC.

91-2143816

Name and title of officer

MICHELLE CEKOV

VICE PRESIDENT

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here. . . . .	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> <u>8,478,355.</u>
<b>2a</b> Form 990-EZ check here. . . . .	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here. . . . .	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here. . . . .	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . . .	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize LINDSAY AND COMPANY LLP to enter my PIN 01511 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. . . . . 77556793003  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**

**2011**

Department of the Treasury  
Internal Revenue Service

Under 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.

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning** 7/01, **2011, and ending** 6/30, **2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> GOCARE, INC. 770 COUNTY SQUARE DRIVE #100 VENTURA, CA 93003	<b>D</b> Employer Identification Number 91-2143816	<b>E</b> Telephone number 805-650-5915
<b>F</b> Name and address of principal officer: JAN LINDSAY SAME AS C ABOVE		<b>G</b> Gross receipts \$ 9,579,793.	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>J</b> Website: ▶ WWW.GOCAREKIDS.ORG		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of Formation: 2001	<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>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</u>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		13
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		8
<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>		0
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		20
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)			8,420,463.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-96,013.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			153,905.
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			8,478,355.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			11,000.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			53,826.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶			
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			239,092.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			303,918.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12			8,174,437.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)		336,573.	8,697,202.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20		0.	47,542.
			336,573.	8,649,660.

**Part II Signature Block**

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 Type or print name and title.	Date	VICE PRESIDENT
<b>Paid Preparer Use Only</b>	Print/Type preparer's name THANHIEN NGUYEN, CPA	Preparer's signature 5/10/13	Check <input checked="" type="checkbox"/> if self-employed PTIN P00378817
	Firm's name ▶ LINDSAY AND COMPANY LLP Firm's address ▶ 770 COUNTY SQUARE DR STE 102 VENTURA, CA 93003-5407		Firm's EIN ▶ 80-0630202 Phone no. (805) 650-5915

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: [ ]) (Expenses \$ 53,257. including grants of \$ [ ]) (Revenue \$ [ ])

COMMUNITY CENTER IN PANTANAL - WE OWN THE BUILDING WHICH HAS A LIBRARY, COMPUTER CLASSROOM WITH 25 COMPUTERS, A LARGE COMMUNITY ROOM AND AN OFFICE IN PANTANAL, NICARAGUA. THE BUILDING IS BUILT ON LAND OWNED BY THE GOVERNMENT AND LEASED TO US FREE ON A 30 YEAR LEASE. WE CONDUCT MANY OF OUR CLASSES FROM THIS FACILITY AND OTHER, UNRELATED GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS UTILIZE THE FACILITY FOR THEIR INSTRUCTIONAL PROGRAMS AS WELL. WE HAVE A PAID MANAGER, JANITOR, AND LIBRARIANS. WE ALSO PAY FOR UTILITIES, INTERNET SERVICE AND REPAIRS.

4b (Code: [ ]) (Expenses \$ 45,313. including grants of \$ [ ]) (Revenue \$ [ ])

UNIVERSITY SCHOLARSHIP PROGRAM - GOCARE PROVIDED UNIVERSITY SCHOLARSHIPS COVERING TUITION, SUPPLIES AND TRANSPORTATION TO 37 STUDENTS (36 IN NICARAGUA, 1 IN HONDURAS). THESE ARE CONTINUING SCHOLARSHIPS COVERING EACH STUDENTS ONGOING UNIVERSITY COSTS PROVIDED CERTAIN MINIMUM ACADEMIC STANDARDS ARE MET BY EACH STUDENT.

4c (Code: [ ]) (Expenses \$ 22,412. including grants of \$ [ ]) (Revenue \$ [ ])

VOCATIONAL TRAINING PROGRAM - WE PROVIDE VOCATIONAL TRAINING PROGRAMS FOR 69 YOUNG ADULTS IN THE EMPLOYMENT VOCATIONS OF SEWING, BEAUTICIAN, BAKING AND ELECTRICIAN. 24 OF THESE STUDENTS LIVE IN THE COMMUNITY OF EL MARILLAL, HONDURAS. THE REMAINDER ARE FROM PANTANAL, NICARAGUA. AFTER THE SUCCESSFUL COMPLETION OF THESE TRAINING COURSES, GOCARE PROVIDES THE STUDENTS WITH THE TOOLS AND SUPPLIES WITH WHICH TO BEGIN THEIR NEW TRADES. WE CONTRACT WITH GOVERNMENT LICENSED VOCATIONAL SCHOOLS TO PROVIDE THIS TRAINING.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 120,014. including grants of \$ [ ]) (Revenue \$ [ ])

4e Total program service expenses 240,996.



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>25b</b> Is the organization 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? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>35b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2011)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="0"/>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>		
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="0"/>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input type="checkbox"/>		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		
<b>4 a</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)? <input type="checkbox"/>		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? <input type="checkbox"/>		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <input type="checkbox"/>		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <input type="checkbox"/>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? <input type="checkbox"/>		
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
<b>11 a</b>	Gross income from members or shareholders. <input type="text"/>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <input type="checkbox"/>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <input type="text"/>		
<b>13 c</b>	Enter the amount of reserves on hand. <input type="text"/>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1 b</b> 8		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . . <b>SEE SCHEDULE O</b>	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. <b>SEE SCHEDULE O</b>		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . . . . .	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. . . . .		X
<b>b</b>	Other officers of key employees of the organization. . . . .		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ MICHELLE CEKOV 770 COUNTY SQUARE, SUITE 100 VENTURA CA 93003 805/6505915

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAMELA LINDSAY DIRECTOR	1							0.	0.	0.
(2) TOM CROZIER DIRECTOR	2							0.	0.	0.
(3) KELLY TILLER DIRECTOR	0							0.	0.	0.
(4) DIANE LINDSAY DIRECTOR	1							0.	0.	0.
(5) STEWART FRIES DIRECTOR	2							0.	0.	0.
(6) BETTY MACIAS DIRECTOR	1							0.	0.	0.
(7) JANE MCCLLENAHAN DIRECTOR	1							0.	0.	0.
(8) LYNNE FRIES DIRECTOR	2							0.	0.	0.
(9) EVIE GREENE DIRECTOR	1							0.	0.	0.
(10) VICKI ARNDT DIRECTOR	1							0.	0.	0.
(11) JAN LINDSAY PRESIDENT	20			X				0.	0.	0.
(12) MICHELLE CEKOV VICE PRESIDENT	20			X				0.	0.	0.
(13) DAVID LINDSAY SECRETARY	2			X				0.	0.	0.
(14) _____										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

<b>1 b Sub-total</b> .....	0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> .....	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 8,420,463.					
	<b>g</b> Noncash contributions included in lns 1a-1f: \$	7,212,400.					
<b>h Total.</b> Add lines 1a-1f .....			8,420,463.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>						
	<b>2 a</b> -----						
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....							
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		21,511.			21,511.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		507,971.					
		<b>b</b> Less: rental expenses .....	354,066.				
	<b>c</b> Rental income or (loss) .....	153,905.					
	<b>d</b> Net rental income or (loss) .....		153,905.	153,905.			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		629,848.					
		<b>b</b> Less: cost or other basis and sales expenses .....	747,372.				
	<b>c</b> Gain or (loss) .....	-117,524.					
	<b>d</b> Net gain or (loss) .....		-117,524.	-117,524.			
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>				
	<b>b</b> Less: direct expenses .....		<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>				
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>					
<b>b</b> Less: cost of goods sold .....		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> -----							
<b>b</b> -----							
<b>c</b> -----							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			8,478,355.	36,381.	0.	21,511.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX.  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	11,000.	11,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	42,539.	42,539.		
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	1,906.	1,906.		
10 Payroll taxes.	9,381.	9,381.		
11 Fees for services (non-employees):				
a Management				
b Legal	2,159.	1,183.	976.	
c Accounting	20,983.	9,855.	11,128.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other				
12 Advertising and promotion.	3,262.	1,005.	2,257.	
13 Office expenses.	7,921.	4,570.	3,351.	
14 Information technology.	4,611.	3,221.	1,390.	
15 Royalties.				
16 Occupancy.	39,432.	29,224.	10,208.	
17 Travel.	37,746.	35,527.	2,219.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	81.		81.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	18,950.		18,950.	
23 Insurance.	2,180.		2,180.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TUITION- UNIVERSITY	30,836.	30,836.		
b OTHER	12,911.	12,911.		
c SUPPLIES	11,354.	11,354.		
d UNIFORMS	5,512.	4,838.	674.	
e All other expenses. SEE SCH. O	41,154.	31,646.	9,508.	
25 Total functional expenses. Add lines 1 through 24e.	303,918.	240,996.	62,922.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash — non-interest-bearing	9,266.	1	44,119.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9	1,044.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	7,469,849.		
	b	Less: accumulated depreciation	10b	156,364.	10c	7,313,485.
	11	Investments — publicly traded securities		324,472.	11	1,332,903.
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		949.	15	5,651.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		336,573.	16	8,697,202.	
LIABILITIES	17	Accounts payable and accrued expenses		17	6,552.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	40,990.
	26	<b>Total liabilities.</b> Add lines 17 through 25		0.	26	47,542.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>					
	27	Unrestricted net assets	336,573.	27	8,649,660.	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	<b>Total net assets or fund balances.</b>		336,573.	33	8,649,660.
34	<b>Total liabilities and net assets/fund balances.</b>		336,573.	34	8,697,202.	

BAA

Form 990 (2011)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,478,355.
2	Total expenses (must equal Part IX, column (A), line 25)	2	303,918.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,174,437.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	336,573.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	5	138,650.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,649,660.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

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 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
(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?.....		

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	29,470.	9,745.	9,328.	7,200.	8,414,463.	8,470,206.
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.					6,000.	6,000.
4 <b>Total.</b> Add lines 1 through 3.	29,470.	9,745.	9,328.	7,200.	8,420,463.	8,476,206.
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).						8,273,453.
6 <b>Public support.</b> Subtract line 5 from line 4.						202,753.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.	29,470.	9,745.	9,328.	7,200.	8,420,463.	8,476,206.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	31,972.	20,177.	23,554.	17,441.	21,511.	114,655.
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.						8,590,861.
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 <b>stop here</b> .						<input type="checkbox"/>

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	2.36 %
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	49.63 %
16a <b>33-1/3% support test – 2011.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>33-1/3% support test – 2010.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2011.</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.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2010.</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.	<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"/>	

**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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> 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.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> 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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 lns 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15.	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests – 2011.** 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 – 2010.** 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 **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.



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

**2011**

Name of the organization

GOCARE, INC.

Employer identification number

91-2143816

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

GOCARE, INC.

91-2143816

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 3,925,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 3,255,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 32,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 1,232,870.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

GOCARE, INC.

91-2143816

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	REAL PROPERTY	\$ 3,925,000.	7/01/11
3	REAL PROPERTY	\$ 3,255,000.	7/01/11
4	LAND	\$ 32,400.	7/01/11
5	INVESTMENT	\$ 1,232,870.	7/01/11
		\$	
		\$	

Name of organization  
**GOCARE, INC.**

Employer identification number  
**91-2143816**

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$ \_\_\_\_\_ N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

GOCARE, INC.

91-2143816

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number of easements, total acreage, and other details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures and their associated revenues and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		2,703,947.		2,703,947.
b Buildings		4,476,053.	133,385.	4,342,668.
c Leasehold improvements		195,578.	10,465.	185,113.
d Equipment		36,041.	3,365.	32,676.
e Other		58,230.	9,149.	49,081.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,313,485.

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	40,990.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	40,990.

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). **SEE PART XIV**

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	8,478,355.
2 Total expenses (Form 990, Part IX, column (A), line 25)	303,918.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	8,174,437.
4 Net unrealized gains (losses) on investments	35,004.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV.)	
9 Total adjustments (net). Add lines 4 through 8	35,004.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	8,209,441.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	
1 Total revenue, gains, and other support per audited financial statements	1 8,513,359.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2a 35,004.
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e 35,004.
3 Subtract line 2e from line 1	3 8,478,355.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 8,478,355.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
1 Total expenses and losses per audited financial statements	1 303,918.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3 303,918.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 303,918.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

--- **PART X - FIN 48 FOOTNOTE** ---

--- THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE ---

--- UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ---

--- ESTIMABLE. AS OF JUNE 30, 2012, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS ---

--- REQUIRING ACCRUAL. ---

**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

GOCARE, INC.

Employer identification number

91-2143816

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered 'Yes'**  
**on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

GOCARE, INC.

Employer identification number

91-2143816

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous	X	1	1,232,870.	
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential	X	1	3,925,000.	
16 Real estate – Commercial	X	1	3,255,000.	
17 Real estate – Other	X	1	32,400.	
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2011

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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A series of horizontal dashed lines provided for supplemental information.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

GOCARE, INC.

Employer identification number

91-2143816

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

LEADERSHIP ACADEMY PROGRAM - 2011-2012 WAS THE SECOND YEAR WE CONDUCTED OUR 3 DAY LEADERSHIP ACADEMY FOR KIDS LIVING IN ABJECT POVERTY. WE DEVELOPED THE PROGRAM BASED ON THE ROTARY YOUTH LEADERSHIP AWARD PROGRAM THAT IS UTILIZED EXTENSIVELY IN THE UNITED STATES. THIS YEAR WE RENTED A CAMP WITH DORMITORIES IN THE MOUNTAINS IN NICARAGUA. WE SPONSORED 60 HIGH SCHOOL AGE KIDS FROM POOR COMMUNITIES. AN ADDITIONAL 20 OLDER KIDS WHO WERE GRADUATES OF THE PREVIOUS YEAR'S ACADEMY RETURNED AS COUNSELORS. SOME OF THE ROTARY CLUBS IN NICARAGUA SENT 9 STUDENTS FROM THEIR LOCAL SCHOOLS AND ALSO PROVIDED INSTRUCTORS FOR THE PROGRAMS.

PRE-SCHOOL PROGRAM - GOCARE OPERATES A PRE-SCHOOL FOR CHILDREN UNDER THE AGE OF 5 IN PANTANAL, NICARAGUA. IN THE 2011-2012 FISCAL YEAR 37 KIDS WERE ENROLLED IN THE PRE-SCHOOL. WE OWN THE FACILITY AND PROVIDE THE TEACHERS. THE NICARAGUAN MINISTRY OF EDUCATION CONDUCTS OVERSIGHT AND PROVIDES PROGRAMMATIC GUIDANCE AND TEACHER TRAINING.

ENGLISH LANGUAGE INSTRUCTION PROGRAM - WE PROVIDE ENGLISH LANGUAGE INSTRUCTION FOR 79 STUDENTS RANGING FROM MIDDLE SCHOOL AGE TO COLLEGE AGE. FOR THE OLDER STUDENTS WE CONTRACT WITH A LOCAL PRIVATE SCHOOL FOR THE INSTRUCTION WHICH TAKES PLACE ON THEIR CAMPUS. FOR THE MIDDLE SCHOOL AGE KIDS, THE INSTRUCTION IS PROVIDED BY OUR INSTRUCTORS AT OUR COMMUNITY CENTER IN PANTANAL, NICARAGUA.

EL MARILLIAL, HONDURAS SCHOOL TEACHERS PROGRAM - WE ENTERED INTO AN AGREEMENT WITH THE HONDURAN MINISTRY OF EDUCATION TO PROVIDE FUNDING FOR MIDDLE SCHOOL TEACHERS IN THE COMMUNITY OF EL MARRIAL, HONDURAS FOR ONE YEAR. THE PROGRAM WAS NOT RENEWED.

Name of the organization

GOCARE, INC.

Employer identification number

91-2143816

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

COMPUTER INSTRUCTION PROGRAM - GOCARE PROVIDED COMPUTER INSTRUCTION INCLUDING BASIC OPERATIONS AND UTILIZATION OF MICROSOFT OFFICE. THERE WERE 115 STUDENTS WHO COMPLETED THE COURSE THIS FISCAL YEAR. 30 OF THESE ARE HIGH SCHOOL AGE STUDENTS WHO ATTEND A LOCAL COMPUTER LEARNING ACADEMY IN GRANADA, NICARAGUA. 61 OF OUR STUDENTS ARE MIDDLE SCHOOL AGED OR YOUNGER AND THEY ARE TAUGHT IN OUR COMPUTER CLASSROOM AT OUR COMMUNITY CENTER IN PANTANAL, NICARAGUA BY THE OLDER STUDENTS WHO HAVE GRADUATED FROM THE PREVIOUSLY MENTIONED COMPUTER LEARNING ACADEMY [ALUMNI]. THERE IS ALSO A SMALL CLASS FOR 14 ADULTS THAT IS ALSO TAUGHT BY OUR PROGRAM ALUMNI. FREE INTERNET ACCESS AND COMPUTER USAGE IN OUR COMPUTER CLASSROOM AT THE COMMUNITY CENTER IS MADE AVAILABLE TO PROGRAM GRADUATES DURING THE EVENING HOURS.

DIRECT CASH GRANTS TO OTHER 501(C)(3) ORGANIZATIONS.

ADULT REMEDIAL EDUCATION PROGRAM - DURING THE FISCAL YEAR 2011-2012 WE PROVIDED ADULT EDUCATION PROGRAMS TO 72 ADULTS UNDER THE AUSPICES OF THE NICARAGUAN MINISTRY OF EDUCATION WHO PROVIDED INSTRUCTIONAL MATERIALS AND PROGRAMMATIC GUIDANCE. GOCARE CONDUCTED THESE CLASSES USING OUR COLLEGE SCHOLARSHIP RECIPIENTS IN THE COMMUNITY CENTER IN PANTANAL, NICARAGUA.

STUDENT MENTORING PROGRAM - THIS WAS THE FIRST YEAR FOR OUR MENTORING PROGRAM. 60 ELEMENTARY AGE KIDS PARTICIPATED BY COMING TO THE COMMUNITY CENTER IN PANTANAL EACH AFTERNOON FOR 3 HOURS. TABLES WERE SET UP AND SCHOOL TEXTBOOKS WERE MADE AVAILABLE FROM THE COMMUNITY CENTER LIBRARY. STUDENTS DID THEIR HOMEWORK AND WERE MENTORED BY OUR HIGH SCHOOL AND COLLEGE AGE STUDENTS. IN ADDITION, THESE OLDER STUDENTS WORKED WITH THE ELEMENTARY STUDENTS WHO WERE HAVING FINANCIAL DIFFICULTIES AT HOME THAT PREVENTED THEIR ATTENDING SCHOOL. GOCARE PROVIDED FUNDS FOR SHOES, UNIFORMS AND

Name of the organization

Employer identification number

GOCARE, INC.

91-2143816

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

SCHOOL SUPPLIES THAT COULD BE UTILIZED BY THE MENTORING STUDENTS TO HELP THE AT RISK KIDS.

ALUMNI PROGRAM - WE REMAIN IN CONTACT WITH OUR PROGRAM GRADUATES ON A CONTINUOUS BASIS. A DATA BASE IS MAINTAINED OF OUR ALUMNI AND ONCE A YEAR WE SPONSOR AN ALUMNI REUNION PARTY AND PROVIDE THEM WITH T SHIRTS WITH OUR LOGO. OUR ALUMNI SERVE AS AN ONGOING SOURCE OF INSTRUCTORS AND PROGRAM ASSISTANTS.

CHILDREN'S READING PROGRAM - WE CONDUCT READING PROGRAMS TO ENCOURAGE YOUNG CHILDREN TO READ. MOST OF THE FAMILIES IN THESE POOR COMMUNITIES DO NOT OWN BOOKS AND THE CHILDREN ARE NOT ENCOURAGED TO READ. IN FACT, MANY OF THE PARENTS ARE BARELY ABLE TO READ. IN THE 2011-2012 FISCAL YEAR, 92 KIDS WERE INVOLVED IN THESE PROGRAMS UTILIZING BOOKS FROM OUR LIBRARY IN THE COMMUNITY CENTER. THESE PROGRAMS ARE RUN BY OUR UNIVERSITY SCHOLARSHIP RECIPIENTS.

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

OFFICERS ARE ALL DIRECTLY RELATED. 5 DIRECTORS ARE ALSO DIRECTLY RELATED.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

990 REVIEWED BY ADMINISTRATIVE BOARD ALL OF WHOM ARE FAMILIAR WITH ACTIVITIES

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ON REQUEST; FORM 990 ON WEB SITE AND ON GUIDESTAR WEB SITE

GOCARE, INC.

91-2143816

**FORM 990, PART IX, LINE 24E  
OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ALUMNI PROGRAM	1,898.	1,898.		
AUTO IN NICARAGUA	3,396.	3,317.	79.	
BANK CHGS	2,435.	1,985.	450.	
BOOKS				
COMMUNITY MICRO CREDIT PROGRAM				
DORMITORY	3,417.	3,417.		
DUES & MEMBERSHIPS	1,295.		1,295.	
EMPLOYEE SITE VISITS	324.	324.		
FOREIGN TAXES	837.	130.	707.	
INTERNET	1,038.	1,038.		
LEADERSHIP TRAINING-FOOD				
LICENSES	779.		779.	
MEALS	5,344.	4,674.	670.	
MEETINGS	3,375.	1,824.	1,551.	
MIDDLE SCHOOL PROGRAM	1,000.	1,000.		
MISCELLANEOUS	43.	86.	-43.	
OTHER TAXES	628.		628.	
POSTAGE AND SHIPPING	380.	242.	138.	
PRINTING AND PUBLICATIONS	512.	110.	402.	
RECONCILIATION DISCREPANCIES	94.	4.	90.	
REPAIRS AT SCHOOL	723.	723.		
ROUNDING ADJ	-3.		-3.	
SCHOOL SUPPLIES-PANTANAL				
SECURITY/ALARM	5,188.	5,188.		
STAFF TRAINING	4,415.	2,850.	1,565.	
TEACHING FEES-NICARAGUA	1,200.		1,200.	
TELEPHONE	2,836.	2,836.		
WEB SITE				
TOTAL	\$ 41,154.	\$ 31,646.	\$ 9,508.	\$ 0.

**FORM 990, PART XI, LINE 5  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....	\$ 35,004.
PRIOR PERIOD ADJUSTMENT.....	103,646.
TOTAL	\$ 138,650.

## GOCARE, INC.

91-2143816

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 990/990-PF																	
1	DIGITAL PROJECTOR	11/30/01		2,843							2,843	2,843	S/L	5		0	
2	COPIER-PATANAL COMM CTR	8/31/10		878							878	146	S/L	5		176	
3	XIBEO DISPLAY SYSTEM	6/28/02		996							996	996	S/L	5		0	
4	T.V.-PATANAL COMM CTR	4/27/11		1,194							1,194	40	S/L	5		239	
	TOTAL			5,911		0	0	0	0	0	5,911	4,025				415	
BUILDINGS																	
6	LOMA VISTA-BUILDING	7/01/11		1,634,781							1,634,781		S/L	MM	39	.02461	40,232
8	TELEGRAPH RD-BUILDING	7/01/11		572,940							572,940		S/L	MM	39	.02461	14,100
10	ELMONTE-BUILDING	7/01/11		351,186							351,186		S/L	MM	27.5	.03485	12,239
12	AZTEC AVE-BUILDING	7/01/11		227,509							227,509		S/L	MM	27.5	.03485	7,929
14	N BRENT-BUILDING	7/01/11		259,615							259,615		S/L	MM	27.5	.03485	9,048
16	SAINT PAULS-BUILDING	7/01/11		288,549							288,549		S/L	MM	27.5	.03485	10,056
18	FOOTHILL-BUILDING	7/01/11		361,116							361,116		S/L	MM	27.5	.03485	12,585
20	N SANTA ROSA-BUILDING	7/01/11		221,599							221,599		S/L	MM	27.5	.03485	7,723
22	BARSTOE-BUILDING	7/01/11		315,000							315,000		S/L	MM	27.5	.03485	10,978
24	MOCKINGBIRD-BUILDING	7/01/11		243,758							243,758		S/L	MM	27.5	.03485	8,495
	TOTAL BUILDINGS			4,476,053		0	0	0	0	0	4,476,053	0				133,385	
FURNITURE AND FIXTURES																	
36	FURNITURE & FIXTURES	10/27/11		29,352							29,352		S/L	7		2,795	
	TOTAL FURNITURE AND FIXTURE			29,352		0	0	0	0	0	29,352	0				2,795	



## GOCARE, INC.

91-2143816

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
27	IMPROVEMENT - US	12/29/11		76,700							76,700		S/L HY	5	.10000	7,670
	TOTAL IMPROVEMENTS			76,700		0	0	0	0	0	76,700	0				7,670
LAND																
5	LOMA VISTA-LAND	7/01/11		465,219							465,219					0
7	TELEGRAPH RD-LAND	7/01/11		582,060							582,060					0
9	EL MONTE-LAND	7/01/11		298,814							298,814					0
11	AZTEC AVE-LAND	7/01/11		122,491							122,491					0
13	N BRENT-LAND	7/01/11		240,385							240,385					0
15	SAINT PAULS-LAND	7/01/11		211,451							211,451					0
17	FOOTHILL-LAND	7/01/11		288,884							288,884					0
19	N SANTA ROSA-LAND	7/01/11		153,401							153,401					0
21	BARSTOW-LAND	7/01/11		210,000							210,000					0
23	MOCKINGBIRD-LAND	7/01/11		131,242							131,242					0
	TOTAL LAND			2,703,947		0	0	0	0	0	2,703,947	0				0
MACHINERY AND EQUIPMENT																
30	COMPUTER	10/21/11		1,640							1,640		S/L	5		219
31	COMPUTER	10/26/11		982							982		S/L	5		131
32	TV SET - CONFERENCE ROOM	9/16/11		1,740							1,740		S/L	5		261
33	PRINTER	10/24/11		241							241		S/L	5		32
34	PRINTER	3/31/12		337							337		S/L	5		17
	TOTAL MACHINERY AND EQUIPME			4,940		0	0	0	0	0	4,940	0				660

## GOCARE, INC.

91-2143816

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
NICARAGUA																	
26	IMPROVEMENT - NICARAGUA	11/30/11		15,232							15,232		S/L	MM	39	.01605	244
28	COMPUTER	7/31/11		1,471							1,471		S/L		5		270
29	COMPUTERS	2/29/12		1,700							1,700		S/L		5		113
35	FURNITURE & FIXTURES	11/30/11		22,967							22,967		S/L		7		1,914
37	VEHICLE	1/31/12		27,613							27,613		S/L		5		2,301
38	EQUIPMENT	2/29/12		317							317		S/L		5		21
39	IMPROVEMENTS NICARAGUA	7/01/11		103,646							103,646		S/L	MM	39	.02461	2,551
TOTAL NICARAGUA				172,946		0	0	0	0	0	172,946	0					7,414
TOTAL DEPRECIATION				<u>7,469,849</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,469,849</u>	<u>4,025</u>					<u>152,339</u>
GRAND TOTAL DEPRECIATION				<u>7,469,849</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,469,849</u>	<u>4,025</u>					<u>152,339</u>

TAXABLE YEAR **2011** **California Exempt Organization**  
**Annual Information Return**

FORM  
**199**

Calendar Year 2011 or fiscal year beginning month **07** day **01** year **2011**, and ending month **06** day **30** year **2012**

Corporation/Organization Name <b>GOCARE, INC.</b>		California corporation number <b>2347736</b>
Address (suite, room, or PMB no.) <b>770 COUNTY SQUARE DRIVE #100</b>		FEIN <b>91-2143816</b>
City <b>VENTURA, CA 93003</b>	State	ZIP Code

- A** First Return .....  Yes  No
- B** Amended Return .....  Yes  No
- C** IRC Section 4947(a)(1) trust .....  Yes  No
- D** Final Return .....  Yes  No
- Dissolved   •  Surrendered (Withdrawn)
- Merged/Reorganized   Enter date: • \_\_\_\_\_
- E** Check accounting method:  
 1  Cash   2  Accrual   3  Other
- F** Federal return filed?  
 1 •  990T   2 •  990 (PF)   3 •  Sch H (990)
- G** Is this a group filing for the subordinates/affiliates? .....  Yes  No  
 If 'Yes,' attach a roster. See instructions
- H** Is this organization in a group exemption? .....  Yes  No  
 If 'Yes,' What's the parent's name?  
 \_\_\_\_\_
- I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ... •  Yes  No  
 If 'Yes,' explain, and attach copies of revised documents.

- J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ..... •  Yes  No  
 If 'Yes,' complete and attach form FTB 3509.
- K** Is the organization exempt under R&TC Section 23701g? ..... •  Yes  No  
 If 'Yes,' enter gross receipts from nonmember sources ..... \$ \_\_\_\_\_
- L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. .... •
- M** Is the organization a Limited Liability Company? ..... •  Yes  No
- N** Did the organization file Form 100 or Form 109 to report taxable income? ..... •  Yes  No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... •  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8. .... •	<b>1</b>	<b>1,159,330.</b>
	<b>2</b> Gross dues and assessments from members and affiliates ..... •	<b>2</b>	
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. .... <b>SEE SCH. B</b> •	<b>3</b>	<b>8,420,463.</b>
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B. .... •	<b>4</b>	<b>9,579,793.</b>
	<b>5</b> Cost of goods sold ..... •	<b>5</b>	
	<b>6</b> Cost or other basis, and sales expenses of assets sold. .... •	<b>6</b>	<b>747,372.</b>
	<b>7</b> Total costs. Add line 5 and line 6 ..... •	<b>7</b>	<b>747,372.</b>
	<b>8</b> Total gross income. Subtract line 7 from line 4. .... •	<b>8</b>	<b>8,832,421.</b>
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18. .... •	<b>9</b>	<b>657,984.</b>
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ..... •	<b>10</b>	<b>8,174,437.</b>
<b>Filing Fee</b>	<b>11</b> Filing fee \$10 or \$25. See General Instruction F. .... •	<b>11</b>	<b>10.</b>
	<b>12</b> Total payments ..... •	<b>12</b>	
	<b>13</b> Penalties and Interest. See General Instruction J. .... •	<b>13</b>	
	<b>14</b> Use tax. See General Instruction K. .... •	<b>14</b>	
	<b>15</b> <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result. .... •	<b>15</b>	<b>10.</b>
<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer _____	Title <b>VICE PRESIDENT</b>	Date _____
<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date <b>5/10/13</b>	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours, if self-employed) and address <b>LINDSAY AND COMPANY LLP</b> <b>770 COUNTY SQUARE DR STE 102</b> <b>VENTURA, CA 93003-5407</b>		• Telephone <b>805-650-5915</b>
			• Paid PTIN <b>P00378817</b>
			• FEIN <b>80-0630202</b>
			• Telephone <b>(805) 650-5915</b>
May the FTB discuss this return with the preparer shown above? See instructions. .... •			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	507,971.
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	629,848.
	7	Other income. Attach schedule. <b>SEE STATEMENT 1</b>	●	7	21,511.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	1,159,330.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. <b>SEE STATEMENT 2</b>	●	9	11,000.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. <b>SEE STATEMENT 3</b>	●	11	0.
	12	Other salaries and wages	●	12	42,539.
	13	Interest	●	13	81.
	14	Taxes	●	14	9,381.
	15	Rents	●	15	39,432.
	16	Depreciation and depletion (See instructions)	●	16	152,335.
	17	Other Expenses and Disbursements. Attach schedule. <b>SEE STATEMENT 4</b>	●	17	403,216.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	657,984.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		9,266.		44,119.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock		324,472.		1,332,903.
8	Mortgage loans				
9	Other investments Attach schedule				
10 a	Depreciable assets	5,911.		4,765,902.	
b	Less accumulated depreciation	4,025.	1,886.	156,364.	4,609,538.
11	Land				2,703,947.
12	Other assets. Attach schedule. <b>STM. 5</b>		949.		6,695.
13	<b>Total assets</b>		336,573.		8,697,202.
<b>Liabilities and net worth</b>					
14	Accounts payable				6,552.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. <b>STM. 6</b>				40,990.
19	Capital stock or principle fund		336,573.		8,649,660.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		336,573.		8,697,202.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	8,174,437.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5		8,174,437.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		8,174,437.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

CA PUBLIC DISCLOSURE COPY

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

**2011**

Name of the organization

GOCARE, INC.

Employer identification number

91-2143816

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

GOCARE, INC.

91-2143816

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 3,925,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 3,255,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 32,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 1,232,870.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GOCARE, INC.

91-2143816

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	REAL PROPERTY		
		\$ 3,925,000.	7/01/11
3	REAL PROPERTY		
		\$ 3,255,000.	7/01/11
4	LAND		
		\$ 32,400.	7/01/11
5	INVESTMENT		
		\$ 1,232,870.	7/01/11
		\$	
		\$	

BAA

Name of organization  
**GOCARE, INC.**

Employer identification number  
**91-2143816**

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$ \_\_\_\_\_ N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



# 2011 Corporation Depreciation and Amortization

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>GOCARE, INC.</b>	California corporation number <b>2347736</b>
---	---

**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12.....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
DIGITAL PROJECTO	11/30/01	2,843.	2,843.	S/L	5		
COPIER-PATANAL C	8/31/10	878.	146.	S/L	5	176.	
XIBEO DISPLAY SY	6/28/02	996.	996.	S/L	5		
T.V.-PATANAL COM	4/27/11	1,194.	40.	S/L	5	239.	
LOMA VISTA-LAND	7/01/11	465,219.			0		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	152,339.

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						22

# 2011 Corporation Depreciation and Amortization

**3885**

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Corporation name <b>GOCARE, INC.</b>	California corporation number <b>2347736</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12.....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LOMA VISTA-BUILD	7/01/11	1,634,781.		S/L	39	40,232.	
TELEGRAPH RD-LAN	7/01/11	582,060.			0		
TELEGRAPH RD-BUI	7/01/11	572,940.		S/L	39	14,100.	
EL MONTE-LAND	7/01/11	298,814.			0		
ELMONTE-BUILDING	7/01/11	351,186.		S/L	28	12,239.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
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22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						22

# 2011 Corporation Depreciation and Amortization

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1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
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5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12.....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
AZTEC AVE-LAND	7/01/11	122,491.			0		
AZTEC AVE-BUILDING	7/01/11	227,509.		S/L	28	7,929.	
N BRENT-LAND	7/01/11	240,385.			0		
N BRENT-BUILDING	7/01/11	259,615.		S/L	28	9,048.	
SAINT PAULS-LAND	7/01/11	211,451.			0		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
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# 2011 Corporation Depreciation and Amortization

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Corporation name <b>GOCARE, INC.</b>	California corporation number <b>2347736</b>
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**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
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3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
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5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12.....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
SAINT PAULS-BUIL	7/01/11	288,549.		S/L	28	10,056.	
FOOTHILL-LAND	7/01/11	288,884.			0		
FOOTHILL-BUILDIN	7/01/11	361,116.		S/L	28	12,585.	
N SANTA ROSA-LA	7/01/11	153,401.			0		
N SANTA ROSA-BUI	7/01/11	221,599.		S/L	28	7,723.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
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# 2011 Corporation Depreciation and Amortization

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Corporation name <b>GOCARE, INC.</b>	California corporation number <b>2347736</b>
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6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12.....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
BARSTOW-LAND	7/01/11	210,000.			0		
BARSTOE-BUILDING	7/01/11	315,000.		S/L	28	10,978.	
MOCKINGBIRD-LAND	7/01/11	131,242.			0		
MOCKINGBIRD-BUIL	7/01/11	243,758.		S/L	28	8,495.	
IMPROVEMENT - NI	11/30/11	15,232.		S/L	39	244.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
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Corporation name <b>GOCARE, INC.</b>	California corporation number <b>2347736</b>
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1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
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3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
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5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
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13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12.....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
IMPROVEMENT - US	12/29/11	76,700.		S/L	5	7,670.	
COMPUTER	7/31/11	1,471.		S/L	5	270.	
COMPUTERS	2/29/12	1,700.		S/L	5	113.	
COMPUTER	10/21/11	1,640.		S/L	5	219.	
COMPUTER	10/26/11	982.		S/L	5	131.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
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**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

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TV SET - CONFERE	9/16/11	1,740.		S/L	5	261.	
PRINTER	10/24/11	241.		S/L	5	32.	
PRINTER	3/31/12	337.		S/L	5	17.	
FURNITURE & FIXT	11/30/11	22,967.		S/L	7	1,914.	
FURNITURE & FIXT	10/27/11	29,352.		S/L	7	2,795.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
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11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2012. Add line 9 and line 10, less line 12.....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
<b>VEHICLE</b>	<b>1/31/12</b>	<b>27,613.</b>		<b>S/L</b>	<b>5</b>	<b>2,301.</b>	
<b>EQUIPMENT</b>	<b>2/29/12</b>	<b>317.</b>		<b>S/L</b>	<b>5</b>	<b>21.</b>	
<b>IMPROVEMENTS NIC</b>	<b>7/01/11</b>	<b>103,646.</b>		<b>S/L</b>	<b>39</b>	<b>2,551.</b>	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

**Part IV Amortization**

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12.....						22	



GOCARE, INC.

91-2143816

**STATEMENT 1**  
**FORM 199, PART II, LINE 7**  
**OTHER INCOME**

OTHER INVESTMENT INCOME.....	\$	21,511.
TOTAL	\$	<u>21,511.</u>

**STATEMENT 2**  
**FORM 199, PART II, LINE 9**  
**CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	VENTURA FAMILY YMCA	
DONEE'S STREET ADDRESS:	TELEPHONE RD	
DONEE'S CITY, STATE, ZIP:	VENTURA, CA 93003	
AMOUNT GIVEN:		\$ 250.
DONEE'S NAME:	BETTY ANN ONG FOUNDATI	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	BOYS AND GIRLS CLUB OF CAMARILLO	
DONEE'S CITY, STATE, ZIP:	CAMARILLO, CA 93010	
AMOUNT GIVEN:		750.
DONEE'S NAME:	SOLVANG ELEMENTARY SCH	
DONEE'S CITY, STATE, ZIP:	SOLVANG, CA 93463	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	BOYS AND GIRLS CLUB	
DONEE'S CITY, STATE, ZIP:	SANTA PAULA, CA 93060	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	FAMILY SERVICES OF SANTA MONICA	
DONEE'S CITY, STATE, ZIP:	SANTA MONICA, CA	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	THE ROTARY FOUNDATION	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	RAPE, ABUSE & INCEST NATIONAL NETWORK	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	CHILD'S PLAY	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	OPERATION FOOTPRINT BAJA PROJECT	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	COMMUNITY CONSCIENCE	
AMOUNT GIVEN:		1,000.
TOTAL	\$	<u>11,000.</u>

GOCARE, INC.

91-2143816

**STATEMENT 3  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAN LINDSAY 770 COUNTY SQUARE DR, STE 100 VENTURA, CA 93003	PRESIDENT 20.00	\$ 0.	\$ 0.	0.
PAMELA LINDSAY 770 COUNTY SQUARE DR, STE 100 VENTURA, CA 93003	DIRECTOR 1.00	0.	0.	0.
TOM CROZIER 8072 STONE PLACE VENTURA, CA 93004	DIRECTOR 2.00	0.	0.	0.
MICHELLE CEKOV 770 COUNTY SQUARE DR, STE 100 VENTURA, CA 93003	VICE PRESIDENT 20.00	0.	0.	0.
DAVID LINDSAY 770 COUNTY SQUARE DR, STE 100 VENTURA, CA 93003	SECRETARY 2.00	0.	0.	0.
KELLY TILLER 770 COUNTY SQUARE DRIVE, # 100 VENTURA, CA 93003	DIRECTOR 0	0.	0.	0.
DIANE LINDSAY 770 COUNTY SQUARE DR, STE 100 VENTURA, CA 93003	DIRECTOR 1.00	0.	0.	0.
STEWART FRIES 392 MIDTEN HOF SOLVANG, CA 93463	DIRECTOR 2.00	0.	0.	0.
BETTY MACIAS 3448 MOORE ST LOS ANGELES, CA 90066	DIRECTOR 1.00	0.	0.	0.
JANE MCCLENAHAN 50 DON ANTONIO WAY OJAI, CA 93023	DIRECTOR 1.00	0.	0.	0.
LYNNE FRIES 392 MIDTEN HOF SOLVANG, CA 93463	DIRECTOR 2.00	0.	0.	0.
EVIE GREENE 770 COUNTY SQUARE DR, STE 100 VENTURA, CA 93003	DIRECTOR 1.00	0.	0.	0.

GOCARE, INC.

91-2143816

## STATEMENT 3 (CONTINUED)

FORM 199, PART II, LINE 11

## COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

## CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VICKI ARNDT 770 COUNTY SQUARE DR, STE 100 VENTURA, CA 93003	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

## STATEMENT 4

FORM 199, PART II, LINE 17

## OTHER EXPENSES

ACCOUNTING FEES.....	\$ 20,983.
ADVERTISING AND PROMOTION.....	3,262.
ALUMNI PROGRAM.....	1,898.
AUTO IN NICARAGUA.....	3,396.
BANK CHGS.....	2,435.
DORMITORY.....	3,417.
DUES & MEMBERSHIPS.....	1,295.
EMPLOYEE SITE VISITS.....	324.
FOREIGN TAXES.....	837.
INFORMATION TECHNOLOGY.....	4,611.
INSURANCE.....	2,180.
INTERNET.....	1,038.
LEGAL FEES.....	2,159.
LICENSES.....	779.
MEALS.....	5,344.
MEETINGS.....	3,375.
MIDDLE SCHOOL PROGRAM.....	1,000.
MISCELLANEOUS.....	43.
OFFICE EXPENSES.....	7,921.
OTHER.....	12,911.
OTHER EMPLOYEE BENEFIT.....	1,906.
OTHER TAXES.....	628.
POSTAGE AND SHIPPING.....	380.
PRINTING AND PUBLICATIONS.....	512.
RECONCILIATION DISCREPANCIES.....	94.
RENTAL EXPENSES.....	220,681.
REPAIRS AT SCHOOL.....	723.
SECURITY/ALARM.....	5,188.
STAFF TRAINING.....	4,415.
SUPPLIES.....	11,354.
TEACHING FEES-NICARAGUA.....	1,200.
TELEPHONE.....	2,836.
TRAVEL.....	37,746.
TUITION- UNIVERSITY.....	30,836.
UNIFORMS.....	5,512.
TOTAL	\$ 403,219.

GOCARE, INC.

91-2143816

STATEMENT 5  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS

OTHER .....	6,693.
ROUNDING .....	2.
TOTAL	<u>\$ 6,695.</u>

STATEMENT 6  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES

SECURITY DEPOSITS .....	40,990.
TOTAL	<u>\$ 40,990.</u>

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>117911</u>  <b>GOCARE, INC.</b> <small>Name of Organization</small>  <b>770 COUNTY SQUARE DRIVE #100</b> <small>Address (Number and Street)</small>  <b>VENTURA, CA 93003</b> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>2347736</u>  Federal Employer ID No. <u>91-2143816</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/11 ending 6/30/12) list:  
 Gross annual revenue \$ 8,478,355. Total assets \$ 8,697,202.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 805-650-5915

Organization's e-mail address JCL@LINDSAYANDCOMPANYCPA.COM

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

<b>MICHELLE CEKOV</b>	<b>VICE PRESIDENT</b>	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

## GOCARE, INC.

91-2143816

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 199																	
1	DIGITAL PROJECTOR	11/30/01		2,843							2,843	2,843	S/L	5		0	
2	COPIER-PATANAL COMM CTR	8/31/10		878							878	146	S/L	5		176	
3	XIBEO DISPLAY SYSTEM	6/28/02		996							996	996	S/L	5		0	
4	T.V.-PATANAL COMM CTR	4/27/11		1,194							1,194	40	S/L	5		239	
	TOTAL			5,911		0	0	0	0	0	5,911	4,025				415	
BUILDINGS																	
6	LOMA VISTA-BUILDING	7/01/11		1,634,781							1,634,781		S/L	MM	39	.02461	40,232
8	TELEGRAPH RD-BUILDING	7/01/11		572,940							572,940		S/L	MM	39	.02461	14,100
10	ELMONTE-BUILDING	7/01/11		351,186							351,186		S/L	MM	27.5	.03485	12,239
12	AZTEC AVE-BUILDING	7/01/11		227,509							227,509		S/L	MM	27.5	.03485	7,929
14	N BRENT-BUILDING	7/01/11		259,615							259,615		S/L	MM	27.5	.03485	9,048
16	SAINT PAULS-BUILDING	7/01/11		288,549							288,549		S/L	MM	27.5	.03485	10,056
18	FOOTHILL-BUILDING	7/01/11		361,116							361,116		S/L	MM	27.5	.03485	12,585
20	N SANTA ROSA-BUILDING	7/01/11		221,599							221,599		S/L	MM	27.5	.03485	7,723
22	BARSTOE-BUILDING	7/01/11		315,000							315,000		S/L	MM	27.5	.03485	10,978
24	MOCKINGBIRD-BUILDING	7/01/11		243,758							243,758		S/L	MM	27.5	.03485	8,495
	TOTAL BUILDINGS			4,476,053		0	0	0	0	0	4,476,053	0				133,385	
FURNITURE AND FIXTURES																	
36	FURNITURE & FIXTURES	10/27/11		29,352							29,352		S/L	7		2,795	
	TOTAL FURNITURE AND FIXTURE			29,352		0	0	0	0	0	29,352	0				2,795	

## GOCARE, INC.

91-2143816

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
27	IMPROVEMENT - US	12/29/11		76,700							76,700		S/L HY	5	.10000	7,670
	TOTAL IMPROVEMENTS			76,700		0	0	0	0	0	76,700	0				7,670
LAND																
5	LOMA VISTA-LAND	7/01/11		465,219							465,219					0
7	TELEGRAPH RD-LAND	7/01/11		582,060							582,060					0
9	EL MONTE-LAND	7/01/11		298,814							298,814					0
11	AZTEC AVE-LAND	7/01/11		122,491							122,491					0
13	N BRENT-LAND	7/01/11		240,385							240,385					0
15	SAINT PAULS-LAND	7/01/11		211,451							211,451					0
17	FOOTHILL-LAND	7/01/11		288,884							288,884					0
19	N SANTA ROSA-LAND	7/01/11		153,401							153,401					0
21	BARSTOW-LAND	7/01/11		210,000							210,000					0
23	MOCKINGBIRD-LAND	7/01/11		131,242							131,242					0
	TOTAL LAND			2,703,947		0	0	0	0	0	2,703,947	0				0
MACHINERY AND EQUIPMENT																
30	COMPUTER	10/21/11		1,640							1,640		S/L	5		219
31	COMPUTER	10/26/11		982							982		S/L	5		131
32	TV SET - CONFERENCE ROOM	9/16/11		1,740							1,740		S/L	5		261
33	PRINTER	10/24/11		241							241		S/L	5		32
34	PRINTER	3/31/12		337							337		S/L	5		17
	TOTAL MACHINERY AND EQUIPME			4,940		0	0	0	0	0	4,940	0				660

## GOCARE, INC.

91-2143816

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
NICARAGUA																	
26	IMPROVEMENT - NICARAGUA	11/30/11		15,232							15,232		S/L	MM	39	.01605	244
28	COMPUTER	7/31/11		1,471							1,471		S/L		5		270
29	COMPUTERS	2/29/12		1,700							1,700		S/L		5		113
35	FURNITURE & FIXTURES	11/30/11		22,967							22,967		S/L		7		1,914
37	VEHICLE	1/31/12		27,613							27,613		S/L		5		2,301
38	EQUIPMENT	2/29/12		317							317		S/L		5		21
39	IMPROVEMENTS NICARAGUA	7/01/11		103,646							103,646		S/L	MM	39	.02461	2,551
TOTAL NICARAGUA				172,946		0	0	0	0	0	172,946	0					7,414
TOTAL DEPRECIATION				<u>7,469,849</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,469,849</u>	<u>4,025</u>					<u>152,339</u>
GRAND TOTAL DEPRECIATION				<u>7,469,849</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,469,849</u>	<u>4,025</u>					<u>152,339</u>