

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

November 8, 2011

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

Dear Client:

Your 2010 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 2010 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 November 15, 2011. Mail the California return on or before November 15, 2011 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. No fee is payable with the filing of this report. Mail the California report on or before November 15, 2011 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

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

For calendar year 2010, or fiscal year beginning 7/01, 2010, and ending 6/30, 2011.

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

2010

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.

1 a Form 990 check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b <u>6,484.</u>
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 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 2010 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 2010 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 2010 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 2010 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**

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2010

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01, **2010, and ending** 6/30, **2011**

B Check if applicable:	C	D Employer identification number
<input checked="" type="checkbox"/> Address change	GOCARE, INC. 770 COUNTY SQUARE DRIVE #100 VENTURA, CA 93003	91-2143816
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		805-650-5915
<input type="checkbox"/> Terminated		F Group Exemption Number
<input type="checkbox"/> Amended return		▶
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ WWW.GOCAREKIDS.ORG

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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

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

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

	1 Contributions, gifts, grants, and similar amounts received	1	7,200.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	17,441.
	5a Gross amount from sale of assets other than inventory	5a	117,341.
	b Less: cost or other basis and sales expenses	5b	137,498.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-20,157.
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	2,000.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	6,484.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	13,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	29,672.
	13 Professional fees and other payments to independent contractors	13	7,528.
	14 Occupancy, rent, utilities, and maintenance	14	10,890.
	15 Printing, publications, postage, and shipping	15	4,357.
	16 Other expenses (describe in Schedule O)	16	92,490.
	17 Total expenses. Add lines 10 through 16	17	157,937.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-151,453.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	456,109.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	31,917.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	336,573.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O

Check if the organization used Schedule O to respond to any question in this Part V. X

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed ▶ NONE		

42 a The organization's books are in care of ▶ MICHELLE CEKOV Telephone no. ▶ 805/6505915
 Located at ▶ 770 COUNTY SQUARE, SUITE 100 VENTURA CA ZIP + 4 ▶ 93003

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:.. ▶ <u>NICARAGUA</u>	X	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** _____ N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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

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

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

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

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

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

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

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

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

Sign Here
 Signature of officer: _____ Date: _____
 MICHELLE CEKOV VICE PRESIDENT
 Type or print name and title.

Paid Preparer Use Only
 Print/Type preparer's name: THANHIEN NGUYEN, CPA Preparer's signature: _____ Date: 11/08/11
 Check if self-employed PTIN: N/A
 Firm's name: LINDSAY AND COMPANY LLP Firm's EIN: N/A
 Firm's address: 770 COUNTY SQUARE DR STE 102 VENTURA, CA 93003-5407 Phone no. (805) 650-5915

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

2010

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)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	39,577.	29,470.	9,745.	9,328.	7,200.	95,320.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	39,577.	29,470.	9,745.	9,328.	7,200.	95,320.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						95,320.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	39,577.	29,470.	9,745.	9,328.	7,200.	95,320.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,597.	31,972.	20,177.	23,554.	17,441.	96,741.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						192,061.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	49.6 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	60.2 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
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.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2010. 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 – 2009. 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.

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

PART II, LINE 17B - 10% FACTS AND CIRCUMSTANCES TEST - PRIOR YEAR

THE ORGANIZATION WAS CREATED IN 2001 TO BE A VEHICLE FOR OUR ROTARY CLUBS INTERNATIONAL OPERATIONS, MOSTLY IN NICARAGUA. FOR MOST OF THE FIRST 8 YEARS ALL OF OUR FUNDING CAME THROUGH THE ROTARY CLUB AND DONATIONS FROM PEOPLE ASSOCIATED WITH THE ROTARY CLUB. THE OPERATIONS CONDUCTED ARE DONE IN CONJUNCTION WITH THE PANTANAL, NICARAGUA COMMUNITY COUNCIL. PROGRAMS INCLUDE VOCATIONAL TRAINING, MICRO CREDIT, SCHOLARSHIPS AND IN 2010 WE BUILT A COMMUNITY CENTER FOR THE COMMUNITY THAT HOUSES A COMMUNITY ROOM, COMPUTER LEARNING LAB, LIBRARY AND COMMUNITY OFFICE. THIS FACILITY WAS BUILT ON LAND OWNED BY THE LOCAL ROTARY CLUB THROUGH A SPECIAL USE AGREEMENT WITH THE CITY OF GRANADA, NIC. WE ALSO FUND A PRESCHOOL IN THIS COMMUNITY. THIS YEAR WE BEGAN A PROJECT IN EL MARIAL, HONDURAS IN CONJUNCTION WITH THE MINISTRY OF EDUCATION. THIS PROJECT INVOLVES MULTI YEAR FUNDING COMMITMENT FOR TEACHERS IN THE MIDDLE SCHOOL AT EL MARIAL. WE CONTINUED TO STRENGTHEN OUR PUBLIC BOARD THIS YEAR ADDING SEVERAL NEW MEMBERS. WE PRIMARILY RECRUIT BOARD MEMBERS WITH SUBSTANTIAL EXPERIENCE IN INTERNATIONAL HUMANITARIAN OPERATIONS OR EDUCATIONAL ACTIVITIES.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

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, aggregate 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 aggregate 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 their Form 990, or check the box on line H of its Form 990-EZ, or on 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) (2010)

Name of organization

Employer identification number

GOCARE, INC.

91-2143816

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROTARY CLUB OF VENTURA EAST PO BOX 3012 VENTURA, CA 93003	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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 GOCARE, INC.	Employer identification number 91-2143816
--------------------------------------	--

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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

(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

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-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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

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

WE INITIATED A LEADERSHIP ACADEMY FOR AT RISK KIDS FROM THE COMMUNITY OF EL
PANTANAL, NIC. THIS ACADEMY WAS A THREE DAY PROGRAM BASED ON THE ROTARY R.Y.L.A.
PROGRAM IN D5240, USA. THE PROGRAM INVOLVED LEASING A DORMITORY, MEETING AND
CATERING FACILITY FOR THREE DAYS. IT ALSO INVOLVED TRAVEL COSTS FOR INSTRUCTORS
AND STAFF. 58 KIDS PARTICPATED IN THE PROGRAM.

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

UNTIL THE COMMUNITY CENTER BECOMES SELF SUFFICIENT, WE PROVIDE FUNDS FOR OPERATING
COSTS; PRIMARILY UTILITIES, INTERNET AND SALARIES FOR THE FACILITY MANAGER AND
LIBRARIAN. WE ALSO PROVIDE BOOKS FOR THE LIBRARY IN THE COMMUNITY CENTER.

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

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

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

GOCARE, INC.

91-2143816

**FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES**
PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 117,341.
COST OR OTHER BASIS: 137,498.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -20,157.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -20,157.

**FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

RETURN OF P.Y. GRANT..... \$ 2,000.
TOTAL \$ 2,000.

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

ADVERTISING AND PROMOTION..... \$ 3,862.
AUTO IN NICARAGUA..... 252.
BANK CHGS..... 1,122.
BOOKS..... 412.
COMMUNITY MICRO CREDIT PROGRAM..... 2,000.
DEPRECIATION..... 186.
INFORMATION TECHNOLOGY..... 1,356.
INSURANCE..... 1,530.
LEADERSHIP TRAINING-FOOD..... 1,437.
LICENSES..... 30.
MEETINGS..... 2,134.
OFFICE EXPENSES..... 1,053.
OTHER..... 5,377.
SCHOOL SUPPLIES-PANTANAL..... 9,246.
STAFF TRAINING..... 694.
TEACHING FEES-NICARAGUA..... 13,582.
TELEPHONE..... 1,590.
TRAVEL..... 44,635.
UNIFORMS..... 576.
WEB SITE..... 1,416.
TOTAL \$ 92,490.

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

PRIOR YEAR DEP'N NOT RECOGNIZED..... \$ -3,839.
UNRECOGNIZED CHANGE IN INVESTMENTS..... 35,756.
TOTAL \$ 31,917.

GOCARE, INC.

91-2143816

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

	<u>BEGINNING</u>	<u>ENDING</u>
EQUIPMENT, NET OF DEPN.....	\$ 0.	\$ 1,886.
TOTAL	<u>\$ 0.</u>	<u>\$ 1,886.</u>

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
THIS YEAR WE INCREASED THE SIZE OF THE COMPUTER CLASSROOM AT THE COMMUNITY CENTER TO 20 COMPUTERS. WE ADDED CLASSES FOR MIDDLE SCHOOL KIDS IN MICROSOFT OFFICE (20 KIDS) AS WELL AS CLASSES IN COMPUTER MAINTENANCE (7 KIDS). INCLUDES FOREIGN GRANTS: NO		13,252.
WE CONTINUE TO OPERATE THE PRE SCHOOL IN THE COMMUNITY OF PANTANAL, NIC. THIS SCHOOL EMPLOYEES TWO TEACHERS AND SERVES ABOUT 30 KIDS FROM IMPOVERISHED FAMILIES. INCLUDES FOREIGN GRANTS: NO		9,984.
THIS YEAR WE BEGAN A COMMERCIAL BAKING TRAINING PROGRAM FOR 25 AT RISK WOMEN FROM THE COMMUNITY. INCLUDES FOREIGN GRANTS: NO		8,158.
DURING THE YEAR WE HAD 10 KIDS FROM PANTANLA, NIC ENROLLED IN OUR UNIVERSITY PROGRAM. KIDS FROM THE COMMUNITY WANTING HELP WITH UNIVERSITY FUNDING APPLY TO US. WE WORK WITH THE COMMUNITY COUNCIL TO REVIEW THE APPLICATION WITH THE COUNCIL MAKING THE FINAL SELECTION. WE MONITOR THEIR PROGRESS ON AN ONGOING BASIS. INCLUDES FOREIGN GRANTS: NO		7,938.
CONTINUED WITH ENGLISH LANGUAGE INSTRUCTION FOR 21 AT RISK YOUTHS FROM THE PANTANAL, NIC COMMUNITY. THIS IS A REVOLVING PROGRAM WITH NEW STUDENTS BEING ADMITTED AS OLDER STUDENTS COMPLETE THE PROGRAM. THIS PROGRAM IS IMPLEMENTED THROUGH A LOCAL ENGLISH LANGUAGE INSTRUCTION ACADEMY IN ADDITION, WE BROUGHT DOWN TO NICARAGUA THIS YEAR 4 DIFFERENT GROUPS OF PEOPLE FROM OUR LOCAL ROTARY DISTRICT TO PROVIDE HANDS ON ENGLISH INSTRUCTION FOR OUR STUDENTS. INCLUDES FOREIGN GRANTS: NO		5,411.
WE IMPLEMENTED COMPUTER TRAINING PROGRAMS IN WINDOWS AND MICROSOFT OFFICE FOR AT RISK TEENAGERS FROM THE COMMUNITY OF PANTANAL, NIC. APPROX 20 HIGH SCHOOL AGE KIDS ARE FUNDED THROUGH THIS PROGRAM EVERY SIX MONTHS. THE PROGRAM IS CONDUCTED THROUGH A LOCAL COMMUNITY COMPUTER TRAINING FACILITY. THIS IS A REVOLVING PROGRAM WITH NEW STUDENTS BEING ADMITTED AS OLDER STUDENTS COMPLETE THE PROGRAM INCLUDES FOREIGN GRANTS: NO		5,016.
LAST YEAR, WE CONSTRUCTED A COMMUNITY CENTER FOR THE PANTANAL COMMUNITY. THIS CENTER WAS BUILT ON LAND THAT		

GOCARE, INC.

91-2143816

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

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
<p>THE ROTARY CLUB OF GRANADA HAD ACQUIRED ON A LONG TERM USE LEASE FROM THE CITY OF GRANADA, NICARAGUA. THE CITY MODIFIED THE USE LEASE TO GIVE US LONG TERM USE RIGHTS FOR THE LAND ON WHICH THE COMMUNITY CENTER WAS DEVELOPED. THE LOCAL COMMUNITY COUNCIL MANAGES THE FACILITY. ADDITIONAL COSTS WERE INCURRED THIS YEAR FOR BUILDING IMPROVEMENTS.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		4,582.
<p>THIS YEAR WE STARTED ENGLISH LANGUAGE LEARNING PROGRAMS AT THE COMMUNITY CENTER FOR MIDDLE SCHOOL AGE KIDS. APPROXIMATELY 35 KIDS ARE IN THE CLASS</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		3,046.
<p>WE IMPLEMENTED VOCATIONAL TRAINING PROGRAMS IN SEWING AND COSMETOLOGY FOR AT RISK YOUNG WOMEN IN THE COMMUNITY OF PANTANAL, NIC. THIS PROGRAM WAS IMPLEMENTED THROUGH LOCAL PROVIDERS. 15 WOMEN ARE ENROLLED IN THE PROGRAM AT ANY ONE TIME. THIS IS A REVOLVING PROGRAM WITH NEW STUDENTS BEING ADMITTED AS OLDER STUDENTS COMPLETE THE PROGRAM. UPON GRADUATION WE PROVIDE THE SEWING STUDENTS WITH A PEDAL OPERATED SEWING MACHINE. THE COSMETOLOGY STUDENTS ARE PROVIDED WITH EQUIPMENT AND INITIAL SUPPLIES TO BEGIN THEIR BUSINESSES</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		2,855.
<p>THIS YEAR WE ADDED AN ADULT EDUCATION CLASS (LITERACY) FOR THE COMMUNITY OF PANTANAL, NIC FOR 45 ADULTS WHO DID NOT FINISH ELEMENTARY SCHOOL. THE CLASS IS TAUGHT BY SEVERAL OF OUR UNIVERSITY PROGRAM PARTICIPANTS</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		2,049.
<p>AT THE REQUEST OF THE COMMUNITY COUNCIL WE IMPLEMENTED A MICRO CREDIT PROGRAM THAT IS MANAGED BY THE COMMUNITY COUNCIL. THIS YEAR WE INCREASED THE FUND BY AN ADDITIONAL \$2,000</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		
<p>DIRECT CASH GRANTS TO OTHER 501 (C) (3) ORGANIZATIONS.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>	13,000.	
TOTAL	\$ 13,000.	\$ 62,291.

GOCARE, INC.

91-2143816

**FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
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.
DEEPA WILLINGHAM 770 COUNTY SQUARE DR, STE 102 VENTURA, CA 93003	DIRECTOR 1.00	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

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

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		S/L	5		146
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		S/L	5		40
TOTAL				5,911		0	0	0	0	0	5,911	3,839				186
TOTAL DEPRECIATION				<u>5,911</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,911</u>	<u>3,839</u>				<u>186</u>
GRAND TOTAL DEPRECIATION				<u>5,911</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,911</u>	<u>3,839</u>				<u>186</u>

California Exempt Organization Annual Information Return

Calendar year 2010 or fiscal year beginning month 07 day 01 year 2010, and ending month 06 day 30 year 2011

A First Return Filed? Yes No
B Type of organization Exempt under Section 23701... **D** (insert letter) **CORP #** 2347736
 IRC Section 4947(a)(1) trust...

Corporation/Organization Name **GOCARE, INC.** FEIN 91-2143816

Address 770 COUNTY SQUARE DRIVE #100 City VENTURA, CA 93003 State ZIP Code

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption?.. Yes No
a Is this a group filing for affiliates? See General Instruction L. Yes No
b If 'Yes,' enter the number of affiliates.
c Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)
d Is this a separate return filed by an organization covered by a group ruling? Yes No
e Federal Group Exemption Number.....
f Is a roster of subordinates attached? Yes No
E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date.
F Check the box if the organization filed the following federal forms or schedule:
 1 990T 2 990PF 3 (Schedule H) 990
G 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. See General Instruction F.
 No filing fee is required.
H Accounting method used .. 1 Cash 2 Accrual 3 Other
I 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)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
J 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? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources. \$
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	136,782.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE .SCH. .B	3	7,200.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B.	4	143,982.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	137,498.
	7	Total costs. Add line 5 and line 6.	7	137,498.
	8	Total gross income. Subtract line 7 from line 4.	8	6,484.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	157,937.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	-151,453.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Total payments.	12	
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	10.

Sign Here 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	Date	Telephone
	VICE PRESIDENT		805-650-5915

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's PTIN/SSN
	11/08/11	<input type="checkbox"/>	P00378817
Firm's name (or yours, if self-employed) and address			FEIN
LINDSAY AND COMPANY LLP			80-0630202
770 COUNTY SQUARE DR STE 102			Telephone
VENTURA, CA 93003-5407			(805) 650-5915

May the FTB discuss this return with the preparer shown above? See instructions. Yes 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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	117,341.
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	19,441.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	136,782.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	13,000.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 3	●	11	0.
	12	Other salaries and wages	●	12	28,924.
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	10,890.
	16	Depreciation and depletion (See Instructions)	●	16	186.
	17	Other. Attach schedule. SEE STATEMENT 4	●	17	104,937.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	157,937.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		-1,562.	●	9,265.
2	Net accounts receivable			●	
3	Net notes receivable. Attach schedule		1,450.	●	950.
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach sch.			●	
7	Investments in stock. Attach schedule		433,624.	●	324,472.
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	
10a	Depreciable assets	9,917.		5,911.	
b	Less accumulated depreciation	3,839.	6,078.	4,025.	1,886.
11	Land			●	
12	Other assets. Attach schedule		16,519.	●	
13	Total assets		456,109.		336,573.
Liabilities and net worth					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		456,109.	●	336,573.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		456,109.		336,573.

Schedule M-1 Reconciliation of income per books with income per return			
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	●	-151,453.
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	Total. Add line 1 through line 5		-151,453.
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	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		-151,453.

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

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

OMB No. 1545-0047

2010

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, aggregate 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 aggregate 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 their Form 990, or check the box on line H of its Form 990-EZ, or on 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) (2010)

Name of organization

Employer identification number

GOCARE, INC.

91-2143816

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROTARY CLUB OF VENTURA EAST PO BOX 3012 VENTURA, CA 93003	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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 GOCARE, INC.	Employer identification number 91-2143816
--------------------------------------	--

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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

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

2010 Corporation Depreciation and Amortization

3885

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

Corporation name GOCARE, INC.	California corporation number 2347736
---	---

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 smaller 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 2011. 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.		S/L	5	146.	
XIBEO DISPLAY SY	6/28/02	996.	996.	S/L	5		
T.V.-PATANAL COM	4/27/11	1,194.		S/L	5	40.	
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	186.

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.....	\$	17,441.
RETURN OF P.Y. GRANT.....		2,000.
	TOTAL	<u>\$ 19,441.</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:		\$ 500.
DONEE'S NAME:	PACE UNIVERSAL	
DONEE'S STREET ADDRESS:	725 CROFT LANE	
DONEE'S CITY, STATE, ZIP:	SOLVANG, CA 93463	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	BETTY ANN ONG FOUNDATI	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	BOYS AND GIRLS CLUB	
DONEE'S CITY, STATE, ZIP:	CAMARILLO, CA 93010	
AMOUNT GIVEN:		500.
DONEE'S NAME:	SOLVANG ELEMENTARY SCH	
DONEE'S CITY, STATE, ZIP:	SOLVANG, CA 93463	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	BOYS AND GIRLS CLUB	
DONEE'S CITY, STATE, ZIP:	SANTA PAULA, CA 93060	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	GLOBAL FUND FOR WOMEN	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	FAMILY SERVICES OF SANTA MONICA	
DONEE'S CITY, STATE, ZIP:	SANTA MONICA, CA	
AMOUNT GIVEN:		3,000.
DONEE'S NAME:	DUNN SCHOOL	
DONEE'S CITY, STATE, ZIP:	SANTA YNEZ, CA	
AMOUNT GIVEN:		1,000.
DONEE'S NAME:	SANTA YNEZ VALLEY COTTAGE HOSPITAL	
DONEE'S CITY, STATE, ZIP:	SOLVANG, CA	
AMOUNT GIVEN:		1,000.
	TOTAL	<u>\$ 13,000.</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.
DEEPA WILLINGHAM 770 COUNTY SQUARE DR, STE 102 VENTURA, CA 93003	DIRECTOR 1.00	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		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 4
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 5,638.
ADVERTISING AND PROMOTION.....	3,862.
AUTO IN NICARAGUA.....	252.
BANK CHGS.....	1,122.
BOOKS.....	412.
COMMUNITY MICRO CREDIT PROGRAM.....	2,000.
INFORMATION TECHNOLOGY.....	1,356.
INSURANCE.....	1,530.
LEADERSHIP TRAINING-FOOD.....	1,437.
LEGAL FEES.....	1,418.
LICENSES.....	30.
MEETINGS.....	2,134.
OFFICE EXPENSES.....	1,053.
OTHER.....	5,377.
OTHER EMPLOYEE BENEFIT.....	748.
OTHER FEES.....	472.
POSTAGE AND SHIPPING.....	105.
PRINTING AND PUBLICATIONS.....	4,252.
SCHOOL SUPPLIES-PANTANAL.....	9,246.
STAFF TRAINING.....	694.
TEACHING FEES-NICARAGUA.....	13,582.
TELEPHONE.....	1,590.
TRAVEL.....	44,635.
UNIFORMS.....	576.
WEB SITE.....	1,416.
TOTAL	<u>\$ 104,937.</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> GOCARE, INC. <small>Name of Organization</small> <u>770 COUNTY SQUARE DRIVE #100</u> <small>Address (Number and Street)</small> <u>VENTURA, CA 93003</u> <small>City or Town State ZIP Code</small>	Check if: <input checked="" 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>
--	---

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 7/01/10 ending 6/30/11) list:
 Gross annual revenue \$ 6,484. Total assets \$ 336,573.

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? SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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.

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

STATEMENT 1
FORM RRF-1, PART B, LINE 1
FINANCIAL TRANSACTIONS

THE ORGANIZATION PAID ITS VICE PRESIDENT \$5,437 USD FOR BOOKKEEPING SERVICES.

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		S/L	5		146
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		S/L	5		40
TOTAL				5,911		0	0	0	0	0	5,911	3,839				186
TOTAL DEPRECIATION				<u>5,911</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,911</u>	<u>3,839</u>				<u>186</u>
GRAND TOTAL DEPRECIATION				<u>5,911</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,911</u>	<u>3,839</u>				<u>186</u>