

# Return of Organization Exempt From Income Tax

**2001**

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

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30/2002

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RAINBOWS FOR ALL GOD'S CHILDREN, INC</b>	<b>D</b> Employer identification number <b>36-3262836</b>
	Please use IRS label or print or type Number and street (or P O box if mail is not delivered to street address) Room/suite <b>2100 GOLF ROAD SUITE #370</b>	<b>E</b> Telephone number <b>(847) 952-1770</b>
	City or town, state or country, and ZIP + 4 <b>ROLLING MEADOWS, IL 60008</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify):
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)	

**G** Web site ▶

**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25 000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. **Some states require a complete return.**

**H and I are not applicable to section 527 organizations**

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

**H(b)** If 'Yes,' enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included? (If 'No' attach a list. See instructions)  Yes  No

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

**I** Enter 4-digit GEN: \_\_\_\_\_

**L** Gross receipts. Add lines 6b, 9b, and 10b to line 12: **1,349,517**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received <b>STMT 1</b>			
	<b>a</b> Direct public support	<b>1a</b>	<b>408,712.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>408,712</b> noncash \$ _____)	<b>1d</b>		<b>408,712</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>101,429</b>
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>4,751.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe: _____)	<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>8a</b>			
	<b>b</b> Less cost or other basis and sales expenses	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a) <b>STMT 6</b>	<b>9a</b>	<b>367,067.</b>	
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	<b>144,153</b>	
	<b>c</b> Net income (not including special events) (subtract line 9b from line 9a)	<b>9c</b>		<b>222,914</b>
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>467,558</b>		
	<b>b</b> Less cost of goods sold <b>STMT 7</b>	<b>10b</b>	<b>217,031</b>	
	<b>c</b> Gross profit or (loss) (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		<b>250,527</b>
<b>11</b> Other revenue (from Part VII line 1103)	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>988,333</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>812,688</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>231,468</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>1,044,156</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-55,823</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>349,415</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>293,592.</b>

For Paperwork Reduction Act Notice, see the separate instructions

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21 )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	43,133	21,567	21,566
26	Other salaries and wages	26	441,143	332,561	108,582
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	38,116	27,863	10,253
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32	5,119	5,119	
33	Supplies	33	27,596	24,837	2,759
34	Telephone	34	29,969	26,972	2,997
35	Postage and shipping	35	13,757	13,757	
36	Occupancy	36	137,237	112,127	25,110
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	867	867	
40	Conferences, conventions, and meetings	40			
41	Interest	41	7,568		7,568
42	Depreciation depletion etc (attach schedule)	42	10,469	9,422	1,047
43	Other expenses not covered above (itemize) <b>STMT 8</b>	43a	289,182	237,596	51,586
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e _____	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	44	1,044,156	812,688	231,468

**Joint Costs** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24 )**

What is the organization's primary exempt purpose? <b>STMT 9</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a <u>PRESENT PROGRAMS, TEXT, MATERIALS, TRAINING AND COUNSELING FOR CHILDREN OF SINGLE PARENT HOMES AND STEP CHILDREN</u>  (Grants and allocations \$ _____)	812,688
b _____  (Grants and allocations \$ _____)	
c _____  (Grants and allocations \$ _____)	
d _____  (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	812,688

**Part IV Balance Sheets (See Specific Instructions on page 24 )**

<b>Note</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing	259,724	45	353,432	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a 36,407			
	b Less allowance for doubtful accounts	47b	39,352	47c	36,407
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		209,897	52	155,237
	53 Prepaid expenses and deferred charges		20,458	53	18,553
	54 Investments - securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment basis	STMT 1 57a 85,215				
b Less accumulated depreciation (attach schedule)	57b	64,502	26,959	57c	
58 Other assets (describe ▶ _____)	STMT 12 )	10,816	58	10,816	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		567,206	59	595,158	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	128,757	60	211,415	
	61 Grants payable			61	
	62 Deferred revenue		51,050	62	38,165
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
65 Other liabilities (describe ▶ _____)	STMT 13 )	37,984	65	51,986	
66 <b>Total liabilities</b> (add lines 60 through 65)		217,791	66	301,566	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted		263,894	67	244,740
	68 Temporarily restricted		85,521	68	48,852
	69 Permanently restricted			69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)		349,415	73	293,592	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		567,206	74	595,158	

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



Part VI Other Information (See Specific Instructions on page 27)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)**

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a TRAINING					
b CONFERENCES					58,460
c FACILITATOR					
d TRAINING					42,969
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,751	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	222,914	
102 Gross profit or (loss) from sales of inventory					250,527
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				227,665	351,956
105 Total (add line 104, columns (B), (D) and (E))					579,621

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
102	SALES OF TRAINING MATERIALS MATERIALS ARE ESSENTIAL TO THE PROGRAM FOR TEACHING AND COUNSELING OF CHILDREN AND ADULTS
93AC	TRAINING CONFERENCES TEACHERS/FACILITATORS MUST BE EDUCATED IN ORDER TO TEACH AND COUNSEL PARTICIPANTS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)**

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

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

Please Sign

*Suzanne M. Mustie*

11/1/02

Date

PRESIDENT

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

OMB No 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**RAINBOWS FOR ALL GOD'S CHILDREN, INC**

Employer identification number

**36-3262836**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARY L ROBINSON 55 WOODLAND AVENUE	CERTIFIED DIRECTOR FULL-TIME	52,000.		
JANET THARP 1240 JOHNSON FERRY PL #A50 MARIETA GA 30068	CERTIFIED DIRECTOR FULL-TIME	50,916		
Total number of other employees paid over \$50,000 ▶	NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

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

Part III Statements About Activities (See page 2 of the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amount on line 38, Part VI-A, or line i or Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors officers creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

STMT 18

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

12 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	409,852	350,259	373,831	361,333	1,495,275
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	506,338	553,679	539,824	631,385	2,231,226
18 Gross income from interest dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,419	6,690	7,683	3,359	27,151
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	925,609	910,628	921,338	996,077	3,753,652
24 Line 23 minus line 17	419,271	356,949	381,514	364,692	1,522,426
25 Enter 1% of line 23	9,256	9,106	9,213	9,961	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24. <b>NOT APPLICABLE</b>				26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for lines 15 <u>1,495,275</u> 16 _____ 17 <u>2,231,226</u> 20 _____ 21 _____					27c 3,726,501
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 3,726,501
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f 3,753,652				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.2767 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.7233 %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire (See page 7 of the instructions)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check  a if the organization belongs to an affiliated group  
 Check  b if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is - Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000        \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000     \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000    \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                      \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** **NOT APPLICABLE**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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



**Schedule of Contributors**

**2001**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

Name of organization

Employer identification number

**RAINBOWS FOR ALL GOD'S CHILDREN, INC**

**36-3262836**

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

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 box(es) for both the General rule and a Special rule - see instructions )

**General Rule -**

For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

## Specific Instructions

**Note** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

**RAINBOWS FOR ALL GOD'S CHILDREN, INC**

**36-3262836**

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____	<u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>	_____	<u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>	_____	<u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>	_____	<u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>	<u>VARIOUS HONORARIUMS, CONTRIBUTIONS</u>	<u>148,429</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>	_____	<u>10,000</u>	Person <input checked="" 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

**RAINBOWS FOR ALL GOD'S CHILDREN, INC**

**36-3262836**

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8		5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9		6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10		5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11		7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12		10,000	Person <input checked="" 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

**RAINBOWS FOR ALL GOD'S CHILDREN, INC**

**36-3262836**

**Part I** Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	_____	5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
14	_____	10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
15	_____	15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
16	_____	7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
17	_____	10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
18	_____	9,225	Person <input checked="" 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

**RAINBOWS FOR ALL GOD'S CHILDREN, INC**

**36-3262836**

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>19</u>	_____	<u>6,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>20</u>	_____	<u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>21</u>	_____	<u>6,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>22</u>	_____	<u>7,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>23</u>	_____	<u>22,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>24</u>	_____	<u>8,700</u>	Person <input checked="" 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

**RAINBOWS FOR ALL GOD'S CHILDREN, INC**

**36-3262836**

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
26		15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
27		5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
28		9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
29		10,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
30		8,468	Person <input checked="" 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

**RAINBOWS FOR ALL GOD'S CHILDREN, INC**

**36-3262836**

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		6,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
32		5,090	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
33		5,000	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)

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

DIRECT  
PUBLIC  
SUPPORT  
-----

NAME AND ADDRESS  
-----

DATE  
---

10/01/2001 10,000.

11/01/2001 5,000.

12/01/2001 5,000.

10/01/2001 10,000.

VAR 148,429.

03/01/2002 10,000.

09/01/2001 5,000.

11/01/2001 5,000.

VARIOUS HONORARIUMS, CONTRIBUTIONS

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
	11/01/2001	6,000.
	12/01/2001	5,000.
	07/01/2001	7,500.
	07/01/2001	10,000.
	01/01/2002	5,000.
	12/01/2001	10,000.
	02/01/2002	15,000.
	03/01/2002	7,500.

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
	04/01/2002	10,000.
	04/01/2002	9,225.
	07/01/2001	6,000.
	07/01/2002	5,000.
	09/01/2001	6,000.
	10/01/2001	7,500.
	10/01/2001	22,000.
	02/01/2002	8,700.

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

DIRECT  
PUBLIC  
SUPPORT  
-----

NAME AND ADDRESS  
-----

DATE  
-----

09/01/2001 6,000.

10/01/2001 15,000.

02/01/2002 5,000.

02/01/2002 9,000.

06/01/2002 10,200.

04/02/2002 8,468.

11/14/2001 6,100.

01/14/2002 5,090.

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

DIRECT  
PUBLIC  
SUPPORT

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
-----	10/01/2001	5,000.

TOTAL CONTRIBUTION AMOUNTS

-----  
408,712.  
=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING	178,380.	88,953.	89,427.
APPEAL LETTERS	38,593.	9,680.	28,913.
GEORGIA GOLF OUTING	43,713.	170.	43,543.
NEW JERSEY MARATHON	5,016.	1,069.	3,947.
GEORGIA ORNAMENT SALE	12,762.	7,861.	4,901.
NEW JERSEY OTHER	52,934.	14,209.	38,725.
GEORGA OTHER	4,226.	5,249.	-1,023.
WOLVES FUNDRAISER	4,036.	1,963.	2,073.
NEW JERSEY FREE ASK	17,457.	6,152.	11,305.
BLUES CRUISE	9,950.	8,847.	1,103.
TOTALS	367,067.	144,153.	222,914.

FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR .....	
PURCHASES .....	
SALARIES AND WAGES .....	.
OTHER COSTS .....	
	-----
SUBTOTAL .....	
MINUS ENDING INVENTORY .....	
	-----
COST OF GOODS SOLD .....	217,031.
	=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
INSURANCE	38,251.	28,688.	9,563.
CONVENTION EXHIBIT EXPENSE	2,173.	2,173.	
STAFF MEETING EXPENSE	7,134.	7,134.	
PROGRAM REVISIONS	11.	11.	
SITE DEVELOPMENT	26,079.	26,079.	
ADVERTISING AND PROMOTION	17,493.	17,493.	
AUTOMOBILE EXPENSE	7,618.	7,618.	
PROFESSIONAL FEES	75,947.	42,901.	33,046.
REPAIRS AND MAINTENANCE	6,917.	6,226.	691.
UTILITIES	9,043.	6,059.	2,984.
CONFERENCES	44,707.	44,707.	
FACILITATOR TRAINING	31,946.	31,946.	
DUES AND SUBSCRIPTIONS	2,026.	1,013.	1,013.
NEWSLETTER	2,683.	2,683.	
MISCELLANEOUS	17,154.	12,865.	4,289.
TOTALS	289,182.	237,596.	51,586.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

RAINBOWS FOR ALL GOD'S CHILDREN, INC. PROVIDES TRAINING, MATERIALS AND FACILITATORS IN HELPING ADULTS AND CHILDREN OF ONE PARENT FAMILIES THROUGH STAGES OF GRIEF, DEPRESSION AND GUILT. THE ORGANIZATION ALSO PROVIDES GUIDANCE AND INSTRUCTION FOR PARENTS.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
FURN & FIXT-6/97	SL	13,012		13,012	11,779	1,233	13,012
FURN & FIXT - NJ	SL	4,044		4,044	3,977	67	4,044
FURN & FIXT -PRE96F	SL	16,335		16,335	16,204	131	16,335
FURN & FIXT -NJ	SL	6,272		6,272	5,984	288	6,272
FURN & FIXTURES-HQF	M7	7,386		7,386	4,840	923	5,763
FURN & FIXTURES-NJF	M7	1,335		1,335	445	167	612
FURN & FIXTURES-GAP	M7	1,070		1,070	499	134	633
EQUIPMENT - GA	SL	6,429		6,429	6,429		6,429
FURNITURE DEPOSIT	SL	466		466	93	47	140
P/F HQ 1999	SL	973		973	178	97	275
P/F HQ 2000	SL	1,080		1,080	144	108	252
P/F GA 2001	SL	1,325		1,325	132	133	265
SOFTWARE NJ 2001	SL	5,000		5,000	1,667	1,667	3,334
P/F HQ 2001	SL	1,175		1,175	98	118	216
SOFTWARE HQ 2001	SL	10,495		10,495	1,456	3,498	4,956
P/F NJ 2001	SL	1,225		1,225	31	123	154
P/F HQ 2001	SL	2,250		2,250	37	225	262
P/F NJ 2001	SL	1,120		1,120	37	112	149

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
TOTALS		80,992			60,992	54,032			63,103

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SECURITY DEPOSITS	10,816.
TOTALS	----- 10,816. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
NOTES PAYABLE, BANK	46,157.
NOTES PAYABLE	5,829.
TOTALS	----- 51,986. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
-----	-----
COST OF GOODS SOLD	217,031.
CHANGE IN RESTRICTED ASSETS	36,669.
	-----
TOTAL	253,700.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN  
=====

DESCRIPTION -----	AMOUNT -----
COST OF GOODS SOLD	217,031.
	-----
TOTAL	217,031. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SUZU YEHL MARTA 2015 N. NORTHUMBERLAND PASS PALATINE, IL 60067	FOUNDER FULL	43,133.	NONE	NONE
BROGAN PTACIN 535 S BRISTOL LANE ARLINGTON HEIGHTS, IL 60005	DIRECTOR AS REQ			
JAMES GEISE 524 BURNO DRIVE PALATINE, IL 60067	TREASURER AS REQ			
MICHAEL SWENSON 2717 N VISTA RD ARLINGTON HEIGHTS, IL 60004	VICE CHAIRMAN AS REQ			
RON BEARWALD 960 CEDAR LANE NORTHBROOK, IL 60062	CHAIRMAN AS REQ			
JOHN BOLD 730 GARFIELD LAKE BLUFF, IL 60044	DIRECTOR AS REQ			
ARTHUR CLAUSEN 1927 PAPWORTH ROAD WHEATON, IL 60187	DIRECTOR AS REQ			
BRECK HANSON 514 BRAEMAR NAPERVILLE, IL 60563	DIRECTOR AS REQ			

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARTIN MARTA 2015 N. NORTHUMBERLAND PASS PALATINE, IL 60074	DIRECTOR AS REQ			
THOMAS BEELER 28390 OAK LANE LIBERTYVILLE, IL 60048	DIRECTOR AS REQ'D			
LIZZ CONNOR 1330 PIMLICO PARKWAY LIBERTYVILLE, IL 60048	DIRECTOR AS REQ'D			
JOSEPH GURRERI 659 NEW BRIDGE CT. BARRINGTON, IL 60010	DIRECTOR AS REQ'D			
KIMBERLY METCALFE	DIRECTOR AS REQ'D			
CHERYL TIBUS	DIRECTOR AS REQ'D			
GRAND TOTALS		43,133.	NONE	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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SEE FORM 990, PART V.

2001

RAINBOWS FOR ALL GOD'S CHILDREN, INC

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURN & FIXT-6/97	01/01/1998	13,012	100.000			13,012	11,779	13,012	SL		5,000				1,233
FURN & FIXT - NJ	07/25/1996	4,044	100.000			4,044	3,977	4,044	SL		5,000				67
FURN & FIXT -PRE96	01/01/1998	16,335	100.000			16,335	16,204	16,335	SL		7,000				131
FURN & FIXT -NJ	01/01/1998	6,272	100.000			6,272	5,984	6,272	SL		5,000				288
FURN & FIXTURES-HQ	02/10/1999	7,386	100.000			7,386	4,840	5,763	200DB	HY		7			923
FURN & FIXTURES-NJ	03/19/1999	1,335	100.000			1,335	445	612	200DB	HY		7			167
FURN & FIXTURES-GA	03/04/1999	1,070	100.000			1,070	499	633	200DB	HY		7			134
EQUIPMENT - GA	01/01/1999	6,429	100.000			6,429	6,429	6,429	SL		5,000				
FURNITURE DEPOSIT	07/30/1999	466	100.000			466	93	140	SL		10,000				47
F/F HQ 1999	09/08/1999	973	100.000			973	178	275	SL		10,000				97
F/F HQ 2000	03/23/2000	1,080	100.000			1,080	144	252	SL		10,000				108
F/F GA 2001	07/01/2000	1,325	100.000			1,325	132	265	SL		10,000				133
SOFTWARE NJ 2001	07/25/2000	5,000	100.000			5,000	1,667	3,334	SL		3,000				1,667
F/F HQ 2001	09/21/2000	1,175	100.000			1,175	98	216	SL		10,000				118
SOFTWARE HQ 2001	02/12/2001	10,495	100.000			10,495	1,458	4,956	SL		3,000				3,498
F/F NJ 2001	04/04/2001	1,225	100.000			1,225	31	154	SL		10,000				123
F/F HQ 2001	05/31/2001	2,250	100.000			2,250	37	262	SL		10,000				225
F/F NJ 2001	03/07/2001	1,120	100.000			1,120	37	149	SL		10,000				112
Less Retired Assets															
Subtotals . . . . .		80,992				80,992	54,032	63,103							9,071

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals . . . . .		80,992	54,032	63,103			9,071

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals . . . . .		80,992	54,032	63,103			9,071

TOTALS . . . . .

\*Assets Retired JSA 1X9024 5 000