

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)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning June 1, 2001, and ending May 31, 2002

B Check if applicable: <input checked="" 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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BENEVOLENT HEALTHCARE FOUNDATION		D Employer identification number 84 1568566
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9055 EAST MINERAL CIRCLE, SUITE 110		E Telephone number (303) 727-9414
		City or town state or country, and ZIP + 4 CENTENNIAL, CO 80112		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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

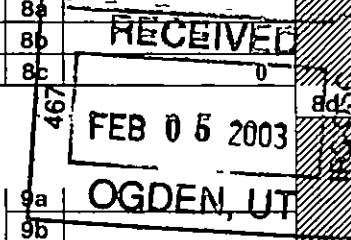
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **12,550,467**

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? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN ▶

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

		1a	1b	1c	1d
Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	12,397,940			
	b Indirect public support				
	c Government contributions (grants)				
	d Total (add lines 1a through 1c) (cash \$ <u>863,712</u> noncash \$ <u>11,534,228</u>)				12,397,940
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				0
	3 Membership dues and assessments				
	4 Interest on savings and temporary cash investments				
	5 Dividends and interest from securities				6,349
	6a Gross rents	146,178			
	b Less rental expenses				
	c Net rental income or (loss) (subtract line 6b from line 6a)				146,178
7 Other investment income (describe ▶)					
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less cost or other basis and sales expenses				
	c Gain or (loss) (attach schedule)	0	0		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))				0
Revenue	9 Special events and activities (attach schedule)				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)				
	b Less direct expenses other than fundraising expenses				
	c Net income or (loss) from special events (subtract line 9b from line 9a)				0
Revenue	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold				
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				0
	11 Other revenue (from Part VII, line 103)				0
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12,550,467
Expenses	13 Program services (from line 44, column (B))				12,362,059
	14 Management and general (from line 44, column (C))				178,010
	15 Fundraising (from line 44, column (D))				53,676
	16 Payments to affiliates (attach schedule)				
	17 Total expenses (add lines 16 and 44, column (A))				12,593,745
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)				(43,278)
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				1,000
	20 Other changes in net assets or fund balances (attach explanation)				2,063,008
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				2,020,730



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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	11,534,228	11,534,228	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	321,671	257,337	64,334
26	Other salaries and wages	26	126,659	101,327	25,332
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	37,380	29,904	7,476
30	Professional fundraising fees	30	33,907		33,907
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	3,687	2,950	737
34	Telephone	34	10,241	8,193	2,048
35	Postage and shipping	35	105,195	101,626	925
36	Occupancy	36			
37	Equipment rental and maintenance	37	1,034	1,034	
38	Printing and publications	38	24,521	12,752	11,769
39	Travel	39	44,176	35,341	8,835
40	Conferences, conventions, and meetings	40			
41	Interest	41	39,137	31,310	7,827
42	Depreciation, depletion, etc (attach schedule)	42	72,136	57,709	14,427
43	Other expenses (itemize) a MISC	43a	66,910	42,300	19,254
	b TRANSPORTATION	43b	34,751	27,801	6,950
	c PROFESSIONAL FEES	43c	36,800	29,440	7,360
	d INSURANCE	43d	62,527	50,022	12,505
	e WAREHOUSE EXPENSE	43e	38,785	38,785	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	12,593,745	12,362,059	178,010

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? PROVING MEDICAL SUPPLIES ASSISTANCE	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
a MEDICAL SUPPLIES DONATED TO ADDRESS THE NEEDS OF CERTAIN PRE-SELECTED COMMUNITIES SHOWING A VOID IN MEDICAL SUPPLIES AND MATERIALS (Grants and allocations \$ _____)	12,362,059
b DONATED WAREHOUSE, UTILITIES, OFFICE SPACE AND SHIPPING VALUED AT \$847,642 (Grants and allocations \$ _____)	
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	12,362,059

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

Note		(A)		(B)	
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>		Beginning of year		End of year	
Assets	45	Cash—non-interest-bearing	1,000	45	37,847
	46	Savings and temporary cash investments		46	145,296
	47a	Accounts receivable		47a	
	b	Less allowance for doubtful accounts	0	47c	0
	48a	Pledges receivable		48a	
	b	Less allowance for doubtful accounts	0	48c	0
	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	0	51c	0
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule) ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	8,003
	55a	Investments—land, buildings, and equipment basis		55a	
	b	Less accumulated depreciation (attach schedule)	0	55c	0
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment basis	2,650,699	57a	
	b	Less accumulated depreciation (attach schedule)	150,669	57c	2,500,030
	58	Other assets (describe ▶ <u>LOAN COSTS, NET OF ACCUM AMORT</u>)		58	6,267
59	Total assets (add lines 45 through 58) (must equal line 74)	1,000	59	2,697,443	
Liabilities	60	Accounts payable and accrued expenses		60	20,126
	61	Grants payable		61	
	62	Deferred revenue		62	
	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	653,387
	65	Other liabilities (describe ▶ <u>TENANT SECURITY DEPOSITS</u>)		65	3,200
66	Total liabilities (add lines 60 through 65)	0	66	676,713	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	1,000	67	2,012,730
	68	Temporarily restricted		68	8,000
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	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	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,000	73	2,020,730	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,000	74	2,697,443	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements ▶	a	13,398,109
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 847,642		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4) ▶	b	847,642
c	Line a minus line b ▶	c	12,550,467
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	12,550,467

a	Total expenses and losses per audited financial statements ▶	a	13,441,387
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 847,642		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4) ▶	b	847,642
c	Line a minus line b ▶	c	12,593,745
d	Amounts included on line 17, Form 990 but not on line a.		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	12,593,745

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES JACKSON PO BOX 651, EVERGREEN, CO 80439	CHAIR 40 HOURS	0	0	0
DOUG JACKSON PO BOX 195, EVERGREEN, CO 80439	PRESIDENT 40 HOURS	103,333	0	0
GEORGE ROBERGE DENVER, CO	VICE PRESIDENT 40 HOURS	150,000	0	0
GEORGE EDWARD COLVIN NASHVILLE, TN	EXECUTIVE DIRECTOR 40 HOURS	21,699	0	0
TODD WATNE HOUSTON, TX	EXECUTIVE DIRECTOR 40 HOURS	46,639	0	0
ROBERT BENSON CENTENNIAL, CO	DIRECTOR	0	0	0
RICHARD CAMPBELL DENVER, CO	DIRECTOR	0	0	0
GENE OSBORNE CENTENNIAL, CO	DIRECTOR	0	0	0
DANIEL YHANNES DENVER, CO	DIRECTOR	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see Specific Instructions on page 27

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

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions 81a _____		
b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b _____ 847,642		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c _____		
d	Section 162(e) lobbying and political expenditures 85d _____		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e _____		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f _____		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a _____		
b	Gross receipts, included on line 12, for public use of club facilities 86b _____		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a _____		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b _____		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
90a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions) 90b _____ 10		
91	The books are in care of ▶ DOUG JACKSON Telephone no ▶ (303) 727-9414 Located at ▶ SEE PAGE 1 ZIP + 4 ▶ _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 _____		

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 _____					
b _____					
c _____					
d _____					
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					
96 Dividends and interest from securities			14	6,349	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	146,178	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		152,527	0
105 Total (add line 104, columns (B), (D), and (E))					152,527

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)
▼	

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

[Handwritten signature]

1/27/03
Date

ACKSON - PRESIDENT/CEO

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

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization

Employer identification number

BENEVOLENT HEALTHCARE FOUNDATION

84 1568566

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
NONE				
Total number of other employees paid over \$50,000 ▶				



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 ▶		



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

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

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?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

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

e Transfer of any part of its income or assets?

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

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

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

	Yes	No
1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4		X

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)

(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)	1,000				1,000
16 Membership fees received					0
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					0
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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,000	0	0	0	1,000
24 Line 23 minus line 17	1,000	0	0	0	1,000
25 Enter 1% of line 23	10	0	0	0	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

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	26a	
c Total support for section 509(a)(1) test Enter line 24, column (e)	26b	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26c	
e Public support (line 26c minus line 26d total)	26d	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26e	
	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) 0 (1999) 0 (1998) 0 (1997) 0

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) 0 (1999) 0 (1998) 0 (1997) 0

c Add Amounts from column (e) for lines 15 <u>1,000</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>	27c	1,000
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>	27d	0
e Public support (line 27c total minus line 27d total)	27e	1,000
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	1,000
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	100.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.00%

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
29 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?		
30 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?		
31 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)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d 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)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
35 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		

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)

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

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization BENEVOLENT HEALTHCARE FOUNDATION	Employer identification number 84 1568566
	Number, street, and room or suite no. If a P.O. box, see instructions 9055 EAST MINERAL CIRCLE, SUITE 110	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions CENTENNIAL, CO 80112	

Check type of return to be filed (File a separate application for each return)

- Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

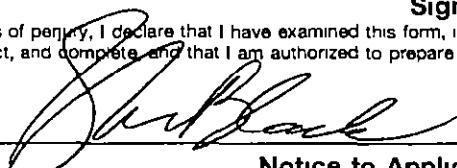
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **APRIL 15**, 2003
- 5 For calendar year _____, or other tax year beginning **JUNE 1**, 2001 and ending **MAY 31**, 2002
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IN NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE & ACCURATE RETURN**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form.

Signature  Title **CPA** Date **1-14-03**

Notice to Applicant—To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other

COPY

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name REYNOLDS HENRIE & ASSOCIATES
	Number and street (include suite, room, or apt no.) Or a P.O. box number 7900 E UNION AVE, SUITE 900
	City or town, province or state, and country (including postal or ZIP code) DENVER, CO 80237

Response Not Yet Received

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)
Note Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization BENEVOLENT HEALTHCARE FOUNDATION	Employer identification number 84 1568566
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions 9055 EAST MINERAL CIRCLE, SUITE 110	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CENTENNIAL, CO 80112	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until JANUARY 15, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20__ or
 ▶ tax year beginning JUNE 1, 2001, and ending MAY 31, 2002

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶ 10-14-02

COPY

Form #990

Tax Year 2001

Benevolent Healthcare Foundation
Employer I D. Number 84-1568566

Year Ending May 31, 2002

Form 990, Page 1, Part I, Revenues, Expenses and Changes in Net Assets, Line 20

Benevolent Healthcare Foundation was split off from Benevolent
Brotherhood Foundation (employer I D # 23-7178786) on June 1, 2001
These were the assets received from Benevolent Brotherhood Foundation

Name Benevolent Healthcare Foundation

Federal I.D No 84-1568566

Tax Year 2001

Year Ending 5/31/02

The following information is provided regarding information reported on line 23 of Form 990

<u>Type of Activity in Which Payment Was Made</u>	<u>Total of Payments</u>
Distribution of medical supplies to communities throughout the world that lack sufficient medical supplies and health care	\$ 11,534,228

Benevolent Healthcare Foundation

Donated Property Schedule

FYE 5/31/02

FMV=\$5/sq foot

<u>Location</u>	<u>Area</u>	<u>FMV/mo</u>	<u>Months</u>	<u>Value</u>
<u>Arizona</u>				
Sublease with We are Famil	25,000	10,417	12	125,000
<u>Denver</u>				
Oakland Street	10,000	4,167	5	20,833
Evans St	5,000	2,083	3	6,250
Walnut Street	3,500	1,458	3	4,375
East 45th	5,730	1,552	8	12,416
N Broadway	40,000	16,667	1	16,667
Equinox building	3,536	5,746	3	17,238
Villa Italia	2,670	1,113	1	1,113
Jason St	8,000	3,333	3	10,000
<u>Nashville</u>				
Warehouse-Clifton Partners	104,000	43,333	12	520,000
Sorting Center	9,000	3,750	12	45,000
<u>Houston</u>				
Warehouse	50,000	20,833	3	62,500
<u>Los Angeles</u>				
Warehouse	5,000	2,083	3	6,250
	271,436	116,536		\$847,642

Form #990

Tax Year 2001

Benevolent Healthcare Foundation
Employer ID Number 84-1568566

Year Ending May 31, 2002

Form 990, Page 3, Part IV, Balance Sheet, Line 54

Investments

A G Edwards & Sons
Equities

\$ 8,003

Form #990

Tax Year 2001

Benevolent Healthcare Foundation

Employer I D # 84-1568566

Accumulated depreciation for year end 5/31/02

See attached depreciation schedule

Client 2070

BENEVOLENT HEALTHCARE FOUNDATION

1/18/03

11 08AM

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.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Lifa	Rate	Current Depr.	
Form 1120																	
Amortization																	
13	LOAN FEES	9/07/00		8,356				0	0	0	8,356	895	S/L	7		1,194	
Total Amortization																	
				8,356				0	0	0	8,356	895				1,194	
Auto / Transport Equipment																	
12	SAAB	11/30/00		13,000				0	0	0	13,000	1,625	S/L	HY	5	20000	2,600
14	TRUCK NASHVILLE	5/10/01		14,000				0	0	0	14,000	350	S/L	HY	5	20000	2,800
16	ISUZU TRUCK	5/08/02		5,000				0	0	0	5,000		S/L	5		83	
17	TRUCK DENVER	3/31/99		13,000				0	0	0	13,000	5,633	S/L	HY	5	20000	2,600
Total Auto / Transport Equipment																	
				45,000				0	0	0	45,000	7,608				8,083	
Buildings																	
11	BUILDING KUNER ROAD	9/07/00		2,113,650				0	0	0	2,113,650	39,631	S/L	40		52,841	
Total Buildings																	
				2,113,650				0	0	0	2,113,650	39,631				52,841	
Improvements																	
18	LEASEHOLD IMPROVEMENTS	5/31/02		12,993				0	0	0	12,993	0	S/L	5		0	
Total Improvements																	
				12,993				0	0	0	12,993	0				0	
Land																	
10	LAND KUNER ROAD	9/07/00		417,973				0	0	0	417,973	0				0	
Total Land																	
				417,973				0	0	0	417,973	0				0	

Client 2070

BENEVOLENT HEALTHCARE FOUNDATION

1/18/03

11 08AM

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.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
Machinery and Equipment																	
1	GATEWAY FILE SERVER	1/01/99		7,658							7,658	3,702	S/L	HY	5 20000	1,532	
2	DELL LAPTOP	1/01/99		3,600							3,600	1,740	S/L	HY	5 20000	720	
3	FORD TRUCK A	1/01/99		13,500							13,500	6,525	S/L	HY	5 20000	2,700	
4	FORD TRUCK B	1/01/99		13,500							13,500	6,525	S/L	HY	5 20000	2,700	
5	CATERPILLAR PALLET JACK	1/01/99		1,500							1,500	725	S/L	HY	5 20000	300	
6	MANUAL PALLET JACK	1/01/99		200							200	97	S/L	HY	5 20000	40	
7	WAREHOUSE EQUIPMENT	1/01/90		11,000							11,000	11,000	S/L	HY	5	0	
8	LAPTOP COMPUTER	7/31/99		5,688							5,688	2,086	S/L	HY	5 20000	1,138	
9	PRINTER	5/30/00		439							439	88	S/L	HY	5 20000	88	
15	PALLET RACKING DENVER	5/31/01		4,000							4,000		S/L	HY	5 20000	800	
Total Machinery and Equipment																	
				61,085	0	0	0	0	0	0	61,085	32,488					10,018
Total Depreciation				<u>2,650,701</u>	0	0	0	0	0	0	<u>2,650,701</u>	<u>79,727</u>					<u>70,942</u>
Grand Total Amortization																	
				8,356	0	0	0	0	0	0	8,356	895					1,194
Grand Total Depreciation				<u>2,650,701</u>	0	0	0	0	0	0	<u>2,650,701</u>	<u>79,727</u>					<u>70,942</u>