

Return of Organization Exempt From Income Tax

2000

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

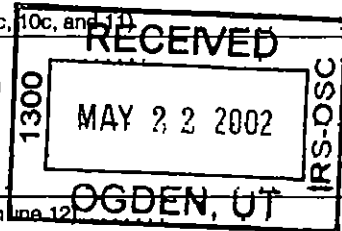
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001
B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return
C WARMLINE FAMILY RESOURCE CENTER, 1010 HURLEY WAY #290, SACRAMENTO, CA 95825
D Employer identification number 68-0391212
E Telephone number 916-922-9276
F Check if application pending

G Organization type (check only one) 501(c)(3)
Note H and I are not applicable to section 527 orgs
H(a) Is this a group return filed for affiliates?
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Enter 4-digit group exemption no. (GEN)
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

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

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for contributions, program service revenue, gross rents, investment income, sales of assets, special events, and inventory sales. Total revenue is 165,476 and total expenses is 177,064.



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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 20.)

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 (att sch ) (cash \$ _____ non cash \$ _____ )	22				
23	Specific assistance to individuals (att sch )	23				
24	Benefits paid to or for members (att sch )	24				
25	Compensation of officers, directors, etc	25	31,609	25,287	6,322	
26	Other salaries and wages	26	86,728	86,728		
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	7,527	7,125	402	
30	Professional fundraising fees	30				
31	Accounting fees	31	600		600	
32	Legal fees	32				
33	Supplies	33	5,029	4,778	251	
34	Telephone	34	3,867	3,674	193	
35	Postage and shipping	35	4,423	4,202	221	
36	Occupancy	36	1,160		1,160	
37	Equipment rental and maintenance	37	4,213	4,002	211	
38	Printing and publications	38	10,298	9,783	515	
39	Travel	39	5,247	4,985	262	
40	Conferences, conventions, and meetings	40	7,722	7,722		
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	1,200	960	240	
43	Other expenses (itemize) a MISC.	43a	7,441	7,069	372	
	b	43b				
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15.	44	177,064	166,315	10,749	0

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  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 23)

What is the organization's primary exempt purpose? ▶ See Statement 2	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a See Statement 3	
(Grants and allocations \$ 0 )	166,315
b	
(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) ▶	166,315

**Part IV Balance Sheets** (See Specific Instructions on page 23)

<b>Note</b>		(A)		(B)
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year
<b>ASSETS</b>	<b>45</b> Cash - non-interest-bearing	2,853	<b>45</b>	1,313
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47 a</b> Accounts receivable		<b>47a</b>	
	<b>b</b> Less allowance for doubtful accounts		<b>47b</b>	<b>47c</b>
	<b>48 a</b> Pledges receivable		<b>48a</b>	
	<b>b</b> Less allowance for doubtful accounts		<b>48b</b>	<b>48c</b>
	<b>49</b> Grants receivable	53,292	<b>49</b>	55,069
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach sch)		<b>50</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule)		<b>51a</b>	
	<b>b</b> Less allowance for doubtful accounts		<b>51b</b>	<b>51c</b>
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	1,250
	<b>54</b> Investments - securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	
	<b>55 a</b> Investments - land, buildings, and equipment basis		<b>55a</b>	
	<b>b</b> Less accumulated depreciation (attach schedule)		<b>55b</b>	<b>55c</b>
<b>56</b> Investments - other (attach schedule)		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment basis	11,122	<b>57a</b>		
<b>b</b> Less accumulated depreciation (attach schedule) Stmt 4	6,828	<b>57b</b>	<b>57c</b>	
<b>58</b> Other assets (describe ▶ _____ )	4,666	<b>58</b>	4,294	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	60,811	<b>59</b>	61,926	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	15,938	<b>60</b>	27,162
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ _____ )		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65)	15,938	<b>66</b>	27,162	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted	44,873	<b>67</b>	33,362
	<b>68</b> Temporarily restricted		<b>68</b>	1,402
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<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)	44,873	<b>73</b>	34,764	
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	60,811	<b>74</b>	61,926	

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 26)	N/A	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
<b>77</b> 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	77		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
<b>80a</b> 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?	80a		X
<b>b</b> If "Yes," enter the name of the organization <b>N/A</b> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
<b>81a</b> Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
<b>b</b> Did the organization file Form 1120-POL for this year?	81b		X
<b>82a</b> 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?	82a	X	
<b>b</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 for reporting in Part III)	82b		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
<b>85</b> 501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A	
<b>b</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	85b	N/A	
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A	
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
<b>86</b> 501(c)(7) organizations Enter			
<b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
<b>87</b> 501(c)(12) organizations Enter			
<b>a</b> Gross income from members or shareholders	87a	N/A	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
<b>88</b> 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	88		X
<b>89a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <b>0</b> , section 4912 <b>0</b> , section 4955 <b>0</b>			
<b>b</b> 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
<b>d</b> Enter Amount of tax in 89c, above, reimbursed by the organization			0
<b>90a</b> List the states with which a copy of this return is filed <b>California</b>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		8
<b>91</b> The books are in care of <b>Warmline Family Resource Ctr.</b> Telephone no <b>(916) 922-9276</b> Located at <b>1010 Hurley Way, Sacramento, CA</b> ZIP code <b>95825</b>			
<b>92</b> 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 <b>92</b>			N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30 )

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	
<b>93</b> Program service revenue					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain/loss from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> <u>Miscellaneous</u>			1	1,292	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				1,292	
<b>105</b> Total (add line 104, columns (B), (D), and (E))					1,292

**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 31 )

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)
	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31 )

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31 )

- (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, the information is true and correct. I am a preparer of this return and the information is based on all information of which I have knowledge.

Date 5-15-2002 **Al Millan**  
 Executive Director  
 Type or print name and title

**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

**2000**

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

WARMLINE FAMILY RESOURCE CENTER

Employer identification number

68-0391212

**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 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 1 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 ▶	0	

**Part III Statements About Activities**

	Yes	No
<b>1</b> 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 ▶ \$ <u>                    </u> <u>N/A</u> 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	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Part V	2d	X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ?	3	X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?	4a	X
<b>b</b> 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 (See page 2 of the instructions)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 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, page 5 )

**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) )

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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 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	164,775	223,383	211,810		599,968
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc purpose					
18 Gross income from interest dividends amounts received from payments on securities (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					
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 sch Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	164,775	223,383	211,810		599,968
24 Line 23 minus line 17	164,775	223,383	211,810		599,968
25 Enter 1% of line 23	1,648	2,234	2,118		

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	11,999
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts		26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	599,968
d Add Amounts from column (e) for lines	18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)		26e	599,968
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	100.00%

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year N/A	(1999) _____ (1998) _____ (1997) _____ (1996) _____	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year		(1999) _____ (1998) _____ (1997) _____ (1996) _____	
c Add Amounts from column (e) for lines	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)		27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 (See page 5 of the instructions)

**Part V**

**Private School Questionnaire** (See page 5 of the instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 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 )

	Yes	No
29		
30		
31		

- 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 )

32a		
32b		
32c		
32d		

- 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 )

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

- 34 a 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

34a		
34b		

- 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

35		
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**Part VI-A** Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<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 -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
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	<b>41</b>	
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>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 9 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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  
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

N/A

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

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



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

**Schedule of Contributors**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization

WARMLINE FAMILY RESOURCE CENTER

Employer identification number

68-0391212

Organization type (check one) - Section  501(c)( 3 ) ◀ (enter number),  527 or  
 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations** - Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

**Note:** This form is generally not open to public inspection except for section 527 organizations

**KFA** For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ **Schedule B (Form 990 or 990-EZ) (2000)**

Name of organization <b>WARMLINE FAMILY RESOURCE CENTER</b>	Employer identification number <b>68-0391212</b>
--	---

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>109,481</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ <u>6,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ <u>12,945</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
—	_____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
—	_____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
—	_____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

WARMLINE FAMILY RESOURCE CENTER

68-0391212

**Part II** Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

WARMLINE FAMILY RESOURCE CENTER

68-0391212

**Part III** Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions)

► \$

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

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

MAIL TO  
 Registry of Charitable Trusts  
 P O Box 903447  
 Sacramento, CA 94203-4470

STREET ADDRESS  
 1300 I Street, Room 1130  
 Sacramento, CA 95814  
 Telephone (916) 445-2021

WEBSITE ADDRESS  
 http://caag.state.ca.us/charities/

2001  
**REGISTRATION/RENEWAL FEE REPORT**

TO ATTORNEY GENERAL OF CALIFORNIA  
 Sections 12586 and 12587, California Government Code  
 11 CCR Sections 311 and 312

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

**RRF-1 EXTENSIONS WILL NOT BE GRANTED**

Enter State Charity Registration Number, Name, and Address of Organization Below

Check if

State Charity Registration Number \_\_\_\_\_

- Change of address
- Initial report
- Amended report
- Final report

WARMLINE FAMILY RESOURCE CENTER

Name of Organization

1010 HURLEY WAY #290

Address (Number and Street)

Corporate or Organization No 1992325

SACRAMENTO, CA 95825

City or Town State and ZIP Code

Federal Employer ID No 68-0391212

**PART A - ACTIVITIES**

		Yes	No
1	During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a) If the answer is yes, you are required by Title 11 of the California Code of Regulations, sections 311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.			
2	For your most recent full accounting period (beginning <u>7/01/00</u> ending <u>6/30/01</u> ) list Gross receipts \$ <u>165,476</u> Total assets \$ <u>61,926</u> Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		

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

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

		Yes	No
1	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	During this reporting period, were the services of a professional fundraiser or fundraising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. See Statement 1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 916-922-9276

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

Al Millan Executive Director

Signature of authorized officer

Printed Name

Title

Date

5/14/02

10:37AM

**Statement 1**  
**Form RRF-1, Part B, Line 6**  
**Government Agency That Provided Funding**

Sacramento County, Office of Education  
9738 Lincoln Village Drive  
Sacramento, CA 95827  
(916) 228-2500

Yolo County, Office of Education  
1240 Harter Avenue  
Woodland, CA 95776  
(530) 668-6700

WARMLINE FAMILY RESOURCE CENTER

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10:37AM

**Statement 1**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

Cash to accrual adjustment .....	..	\$	1,479
	Total	\$	<u>1,479</u>

**Statement 2**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

Warmline provides information, education and support to promote and strengthen the foundation of families and children with special needs to face the challenges of the present and create new dreams for the future.

**Statement 3**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
In connection with a contract with Sacramento County of Education, passed through the State of California Department of Developmental Services, Warmline developed a Family Resource Center/Network Plan (FRCP) with input and concurrence from local agencies providing early intervention services. The FRCP includes 1) Parent-to-Parent Support 2) Information Dissemination and Referral 3) Public Awareness 4) Family-Professional Collaboration 5) Transition Assistance for Families 6) specific Services and Assistance to Families of Children with Solely Low Incidence Disabilities.	\$ 0	109,481
Other Programs - Miscellaneous programs provide information, education and support for families of children with special needs.	0	56,834
	<u>\$ 0</u>	<u>166,315</u>

## WARMLINE FAMILY RESOURCE CENTER

68-0391212

5/14/02

10:37AM

**Statement 4**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Asset	Basis	Accum. Deprec.	Book Value
Furniture and fixtures	\$ 11,122	6,828	4,294
Total	<u>\$ 11,122</u>	<u>6,828</u>	<u>4,294</u>

**Statement 5**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Pln Contrib	Expense Account/ Other
Cindy Arstein-Kerslake 1010 Hurley Way Sacramento, CA 95825	Director As needed	\$ 0	0	0
Judy Hawley 1010 Hurley Way Sacramento, CA 95825	Director As needed		0	0
Cathy Mikitka 1010 Hurley Way Sacramento, CA 95825	Director As needed		0	0
Jim O'Donnell 1010 Hurley Way Sacramento, CA 95825	Director As needed		0	0
Michael Rosenberg 1010 Hurley Way Saacramento, CA 95825	Director As needed		0	0
Shirley Skaden-Smith 1010 Hurley Way Sacramento, CA 95825	Director As needed		0	0
Joyce Thompson-Pierce 1010 Hurley Way Sacramento, CA 95825	Director As needed		0	0
Duncan Young 1010 Hurley Way Sacramento, CA 95825	Director As needed		0	0

WARMLINE FAMILY RESOURCE CENTER

68-0391212

5/14/02

10:37AM

Statement 5 (continued)  
 Form 990, Part V  
 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Pln Contrib.	Expense Account/ Other
Stephanie Pringle-Fox 1010 Hurley Way Sacramento, CA 95825	Executive Direc 40+	\$ 31,609	0	0
		Total	<u>\$ 31,609</u>	<u>0</u>
			<u>0</u>	<u>0</u>